

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

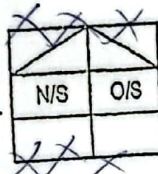
Insured: GBJ 6357EPolicy No. DMCVSNW00071042202Claims No. SNM22D205073/C02/LEEPG

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SL-6 6388M Yr Regn: 25/19/16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda Bionte c.c. 1998Colour: white A/C: Insured / Std / NI / NASp. Reading N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM 655 107160 110012

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front R/Bal. 4 mmL/Bal. 4 mmD.O.A. 26/7/22 D.O.I. 26/7/22Survey held at Accord AutoDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-78X

PR-39,905

NK-30,095

29/7/22 Submit uneconomical total loss

MV:\$70,000 Ita:\$39,905 ny:\$30,095 est:\$40,000

Order/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 29/7/22-typist

Report Format: _____

Lump Sum / I.B.A. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$) _____

Survey Fee: _____

Transportation: _____

S + R.S. \$ _____

Photos _____

Others _____

TOTAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	25/07/2022 10:48 (SGT)
Reported by	Both
Date of Accident	20/07/2022 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG6388M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM CHEE PENG
NRIC No	SXXXX319B
Email Address	simcp90279888@gmail.com
Mobile Phone No	(Phone) +65-92230236
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Bianche
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01013836

DRIVER

Name of Driver	SIM CHEE PENG
NRIC No	SXXXX319B
Date Of Birth	10/06/1966
Occupation	Outdoor

Date Of Driving Pass 05/11/1986
 Driving experience 35 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92230236
 Alt. Phone Number -
 Email Address simcp90279888@gmail.com
 Address BLK 341 WOODLANDS AVE 1 #08-613
 Address complement -
 Postcode 730341
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
 Weather Conditions Raining
 Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? Yes
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Woodlands West Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18003639999
 Alt. Police Station Phone No (Fax) +65-63640997
 Police Station Address 1 Woodlands St 12 Singapore 738622
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT NO.T/20220722/2088

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ6357E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN8794U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM CHEE PENG
Gender	-
Phone No	(Phone) +65-92230236
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG6388M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

Veh A: 8LG 6388M
Veh B: 6B3 6357E
Veh C: YH 8794U

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

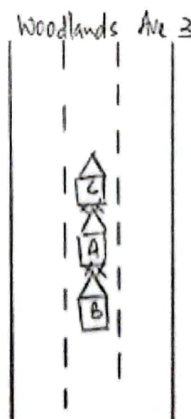
 23/7/2022
Policyholder's Signature / Date & Time
16/10/2022

Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

VERA SLG 6388M

VEHICLE GR7 6354E

Vehicle: YN 8794 U

Please Refer To The Police Report NO. 1/20220122/2022

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 11-10 a.m.

Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220722/2088

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20220722/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 18:14		Vide Report No.: L/20220720/0040		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: SIM CHEE PENG			Address: APT BLK 341 WOODLANDS AVENUE 1 #08-613 SINGAPORE 730341		
ID Type / ID No.: NRIC NO / S1751319B			Contact No.: Home/Office: Mobile: 92230236		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 10/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/07/2022 08:45	Type of Location: Straight Road
Location: WOODLANDS AVENUE 3				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ6357E	Lorry	TOYOTA	DYNA 150 5MT	Blue	Slightly Damaged	0
SLG6388M	Car	MAZDA	BIANTE SKYACTIV- G 2.0 SP.6EAT	White	Seriously Damaged	0
YN8794U	Lorry	MITSUBISHI	ICANTER FEB71ER4S DEC	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220722/2088

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220722/2088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG6388M	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0101383 6	25/10/2021	24/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WEI PENGFEI		ID No.	G8602340M
Related Vehicle	GBJ6357E (Lorry)		Contact No.	80395800
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 23/05/2023
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	SIM CHEE PENG		ID No.	S1751319B
Related Vehicle	SLG6388M (Car)		Contact No.	92230236
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/07/2022		Date Discharge	20/07/2022
No. of Days granted Medical Leave	07		Degree of Injury	Serious
Driver				
Name	NG SING KEU		ID No.	S0224097A
Related Vehicle	YN8794U (Lorry)		Contact No.	81105201
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220722/2088

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220722/2088

CONTINUATION OF REPORT

Brief Details.

V1 SLG6388M

V2 GBJ6357E

V3 YN8794U

I am the driver of V1

On the above mentioned date , time and location , I was driving along the center lane at woodlands ave3 on my way home . Upon reaching the traffic light I came to a stop. There were about 7 vehicle ahead of me and we were all stationary. Suddenly V2 collided into my rear and due to the sudden impact my vehicle also collided in to V3 which was Infront of me .Due to the impact of the collision I suffered injury on both my leg and my neck. I immediately called 999 and soon after the Traffic police and Ambulance came to scene and I was conveyed to the hospital .I also called my wife to inform her about the matter and she came down to the scene to exchange particulars with the other parties . The rear of my Vehicle was also seriously damaged and the entire rear was dented inwards and the front of my vehicle was clipped under the lorry infront of me thus also suffered damages .

I am making this report for insurance purposes and also as advised by the traffic police officer