

ASS. REC. BY: Toughin

REF: CS3/ASM 22007162 Tug 3

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: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: FBR1980X Yr Regn: 2020, March
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha R15 C.C. 155
Colour Red/Black A/C: Insured / Std / NI / NA
Sp. Reading 102946 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ME1RG525BK0062395
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modl: NI / S/Rim / STD A/Rim or _____
Tyre Size: F: 110 / 70 R17
R: 140 / 70 R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____



(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: 411K
IDAC Accident Rpt: _____ 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
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Front _____ Rear _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 28/7/22
Survey held at S/Motoring
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action / Instruction
	<u>Repair Range : 4000-5000</u> <u>5 days</u>

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: _____
Resurvey No. of Trip: _____

Rep. Format: _____
Lump Sum / B.B. / % _____

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

Survey Fee: _____
Transportation: _____
S + RS. \$ _____
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	22/07/2022 15:26 (SGT)
Reported by	Both
Date of Accident	11/07/2022 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR1980X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VOON JOON HIN
NRIC No	SXXXX911H
Email Address	JOONHIN0601@GMAIL.COM
Mobile Phone No	(Phone) +65-90582975
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15 ABS MANUAL
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	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01000946

DRIVER

Name of Driver	VOON JOON HIN
NRIC No	SXXXX911H
Date Of Birth	01/06/1988
Occupation	Indoor

Date Of Driving Pass	07/09/2016
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90582975
Alt. Phone Number	-
Email Address	JOONHIN0601@GMAIL.COM
Address	3D FIGARO STREET
Address complement	-
Postcode	458328
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	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED.

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	SMV9004R
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90047982
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	VOON JOON HIN
Gender	Male
Phone No	(Phone) +65-90582975
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR1980X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IM-UK:ANI:NU:UE

2. *Use of Permit*—no good data at all by the Policyholder, not on the Authorized Driver.

to the non-liable defendant to repudiate policy liability

⁵ Any false reporting may be referred to the Police for investigation.

[†] Granted under the Personal Data Protection Act (PDPA)

Large-scale differences between groups and countries

Any member, any workshop and the General Insurance Association of Singapore (GIA) hereby warrant to extend, 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 exclusively for the **Personal Information** and disclosure transfer such Personal Information to "insurers" who have insured vehicles involved in this accident (all "insurers" who have insured vehicles) involved in this accident shall be collectively referred to as the **Insurers**. The insurers' lawyers/barristers, the Ministry, Authority of Singapore and any relevant government department, agency, courts and/or public authorities shall be the **Authorized Parties**.

(2) processing, handling and/or releasing of my data or including the content of the same in any releases or publications relating to the claims

4. re-estimating the accident probability there.

(v) complying with applicable law in administering processing, handling and storage of the data collected for the Purposes;

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12/4/2017
12/4/2017

[illegible]

Skeleton Plan



**SINGAPORE
POLICE FORCE**



120220718.0068

Police Station Of Origin:
Bedok South NPI
20 Chai Chee Drive SINGAPORE 469043
Tel No: 1800-2448993

Report No: 120220718.0068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/07/2022 15:09

Vicr. Report No :
35/20220711/0150

Station Diary No.:
24

Informant's Particulars

Name of Informant: VOON JOON HEN			Address: 30 FIGARO STREET SINGAPORE 450328	
ID Type / ID No.: NRIC NO / S88669117			Contact No : Home/Office: Mobile: 80682975	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 34	Date of Birth: 01/06/1988	Type of Informant: Rider	
Race: Chinese			Language: Malay	
Occupation: SALESMAN			Institution / School Name: Date of Expiry:	
			Driving Licence Information: Class: 2B,3	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/07/2022 15:50	Type of Location: Straight Road
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Location:

EAST COAST ROAD

Weather: Sunny	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR1980X	Motorcycle	YAMAHA	R15 ABS MANUAL	Red	Seriously Damaged	0
SMU9004R		AUDI		Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: Nil

Use of Pedestrian Crossing: N/A



SINGAPORE
POLICE FORCE



20220718 2035

Police Station Of Origin
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1600-2448990

Report No: 20220718 2035

CONTINUATION OF REPORT

Rider Name	VOON JOON HIN	ID No	S886591111
Related Vehicle	FBR186CX (Motorcycle)	Contact No	90582975
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: N/A
Date Treatment	11/07/2022	Date Discharge	16/07/2022
No. of Days granted Medical Leave	12	Degree of Injury	Serious

Brief Details.

On the above mentioned date and time, I was riding my motorcycle along East Coast Road and I intent 112 Katong to start my part time job as a food delivery rider. As I was riding, pass by Siglap Road I noticed a dark colour Audi was halfway out of East Coast drive and did not signal to turn right or left. I was riding on the left of 2 lanes and I changed to the right lane as the car was blocking the left lane. As I was nearing suddenly the car moved forward and stopped, blocking the right lane. I was already too near and I was not able to brake in time and hit onto the front right bumper of the car. My motorcycle then swerved to the right and I tried to stabilized myself by leaning to the left but I fell to the left. I suffered injuries on my left hand last 3 fingers, left knee and toes. I was conveyed by ambulance to CGH where I was warded to till 16/7/2022 and was given 12 days of medical leave. I lived nearby the accident location. Thus, my wife came down and took a picture of the car that I hit (SMU9004R).



SINGAPORE
POLICE FORCE



170220718-10-6

Police Station Of Origin
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448888

Ref: 1800-2448888

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474880 stating the **report number** as reference.

Signature of Officer Recording The Report:

G
SGT 3 RADIN SALIHUJ IMRAN
BIN RADIN FADLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2022 15:09

Officer In Charge Of Case:
IP-GIT:
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No: 654748247

Classification Of Case:

XP163