

Ass. Fee By:

REF: CS/INC22008127/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured **SDG 8389S**

Policy No. _____

Claims No. **MT/1183616-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

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

Veh No: **SLK3188Y** Yr Regn: **2017 / Jan.**

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Mercedes Benz GLA180** c.c. **1595**

Colour: **Silver** A/C: Insured / Std / NI / NA

Sp. Reading: **111133** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WDC1569422J283/66**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Modi: Nil **S/Rim** / STD A/Rim or

Tyre Size: F: **235/50R18**

R: **235/50R18**

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

TOYO / YOKO or **Continental**

Front

Rear

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **96** mm

D.O.A. **4/8/2022** D.O.I. **23/08/22**

Survey held at **Twin Car**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s, u/c

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

Date / Time	Action / Instruction
	TP INC.
20/9/22	Adrian informed LS \$8800 (red 6501.45, 42%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **22/9/22-typist**

Report Form: **TP**

Days Of Repair: **6**

Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

3 + RS. Si

Photos

Others

Add Fee: ☐ : Sign Insp ☐ : Interview ☐ : Photo

☐ : Photo

☐ : Photo

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 Actual 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	07/08/2022 08:36 (SGT)
Reported by	Both
Date of Accident	04/08/2022 20:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS LOYANG AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3188Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO LAI POH
NRIC No	S1692695G
Email Address	victor_ho@wekaasia.com.sg
Mobile Phone No	(Phone) +65-96650083
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300251726QMY

DRIVER

Name of Driver	HO LAI POH
NRIC No	S1692695G
Date Of Birth	10/05/1965
Occupation	Outdoor

Date Of Driving Pass	20/02/1992
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96650083
Alt. Phone Number	-
Email Address	victor_ho@wekaasia.com.sg
Address	307 TAMPINES STREET 32
Address complement	#06-102
Postcode	-
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 - Change/cross lane
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	FEMALE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHEMENT

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	SDG8389S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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	HO LAI POH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLK3188Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TEE LEK
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLK3188Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	BRYAN
Phone	(Phone) +65-81183659
Email	-

SKETCH PLAN

2

-g) 500 200 100 100

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. 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.

Policyholder's Signature

Date & Time :

Driver's Signature (If driver is not the policyholder)

Date & Time :

Witnessed by Reporting Centre

Personnel

Sketch Plan 05/08/2022 @ 1630HRS

REFER TO ANNEX A

Describe Circumstances of the Accident

DATE : 4/8/2022	
TIME : 2035 HRS	
LOCATION : TPE TOWARDS LOYANG AVENUE	
VEHICLES INVOLVED :	
VEHICLE A : SL R3188Y	VEHICLE B : SDG8389S
VEHICLE C :	VEHICLE D :
NO. OF PASSENGERS : 1	
CIRCUMSTANCES OF ACCIDENT :	
REFER TO ANNEX B	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time :

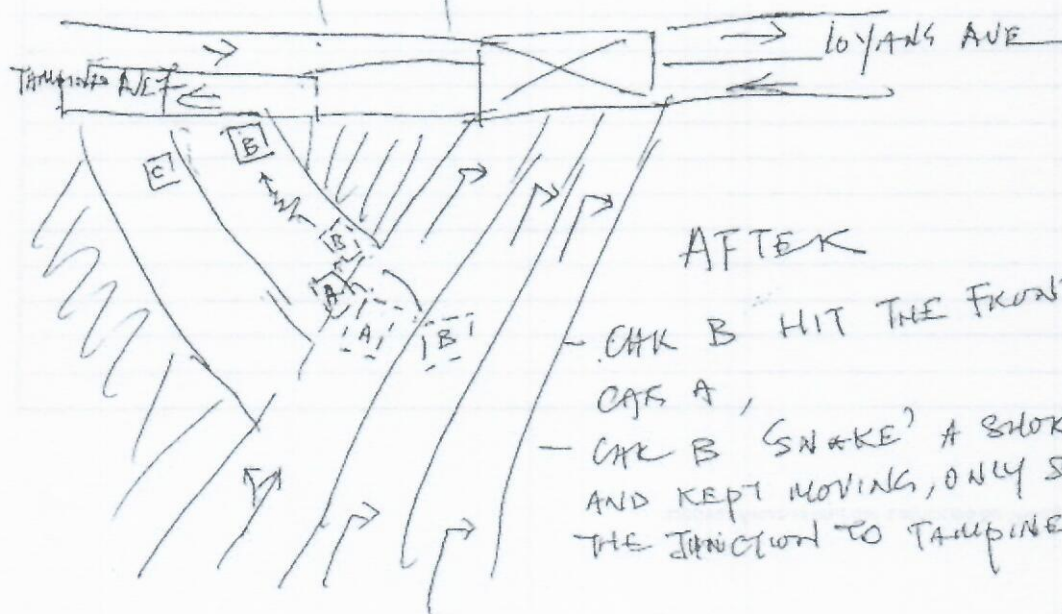
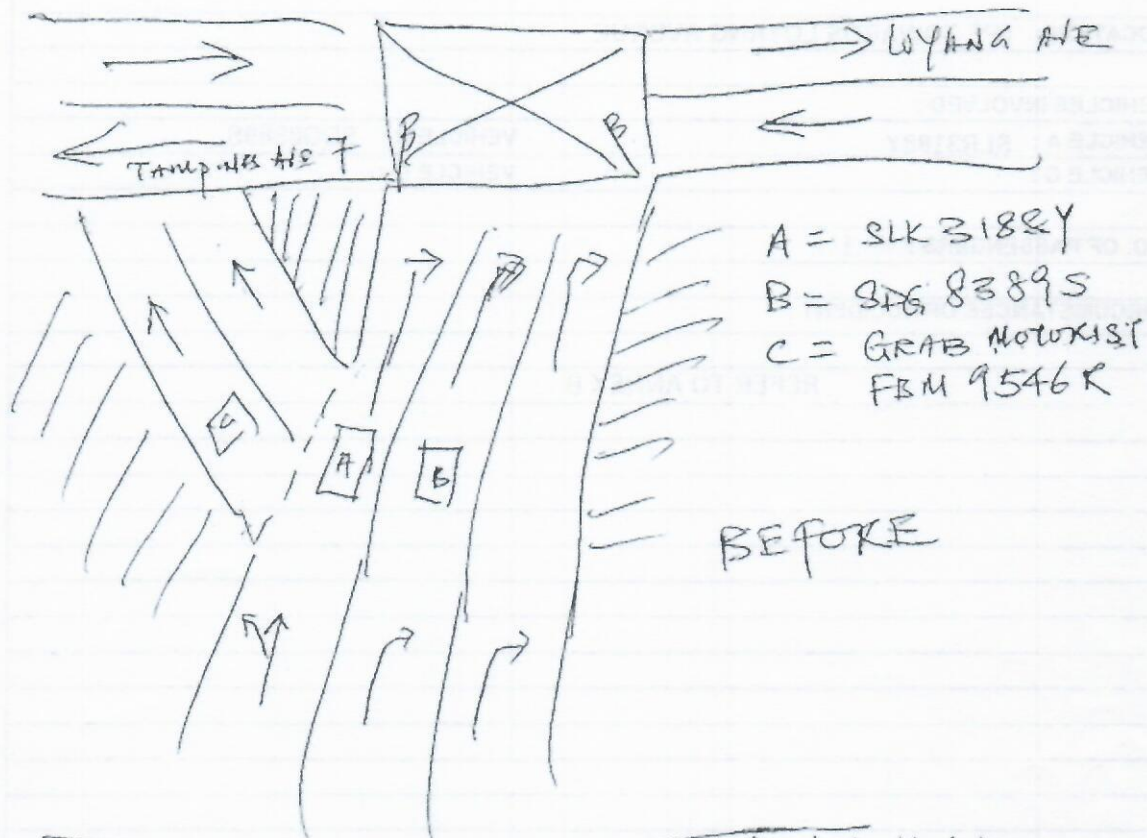
05/08/2022 @ 1630HRS

Driver's Signature (if driver is not the policyholder)
Date & Time :

Witnessed by Reporting Centre
Personnel

ANNEX A

On 04/08/2022 At about 8:30pm



VICOR H6
816926956

ANNEX B (PAGE 1)

A = SLK 3188Y (MY CAR)
 B = SDG 8389S
 C = GRAB MOTORIST FBW 9546R

ON 04 AUG 2022 AT ABOUT 8:30 PM, I WAS DRIVING TOWARDS LOYANG AVE ^(AFTER EXITING PIE) AT SPEED 50 KM/H PREPARING TO STOP AS THERE IS A TRAFFIC LIGHT AHEAD AT THE JUNCTION.

OUT OF SUDDEN, CAR B (ON THE RIGHT OF MY CAR) ON SECOND LANE, MADE A DRASTIC TURN (TO FLICK OUT) TOWARDS TAMPINES AVE 7, AND HIT THE FRONT OF MY CAR.

CAR B 'SNAKE' A SHORT DISTANCE INTO THE FLYER TOWARDS TAMPINES AVE 7, AND KEPT MOVING FORWARD, DESPITE MY HORNING. I SAW MOTOR C POINTED AT CAR B (SEE PHOTO). CAR B THEN STOPPED, WITH ME CHASING BEHIND. THE DRIVER i.e PEARL HE

OF CAR B THEN MOVED OUT OF HER CAR, AND SAID SHE DID NOT KNOW WHAT HAPPENED. THE GRAB DRIVER THEN TOLD HER THAT SHE HAS HIT MY CAR, AND SUPPOSED TO STOP. THE GRAB DRIVER THEN WALKED TOWARDS ME, AND OFFERED TO BE MY WITNESS. HE GAVE ME HIS CONTACT NUMBER AND ALSO ALLOWED ME TO TAKE A PHOTO OF HIS BIKE.

AFTER EXCHANGING OUR PARTICULARS, WE MOVED ON. LATER IN THE NIGHT, AT 22:41 PM, THE LADY DRIVER OF CAR B CALLED ME AND SAID SORRY. SHE THEN HANDED HER PHONE TO HER FATHER TO TALK. HER FATHER APOLOGISED TO ME AND SAID HIS DAUGHTER WAS WRONG AFTER THE CAR RECORDED VIDEO CLIP. HE SUGGESTED TO PRIVATE SETTLEMENT BY REPAIRING MY CAR, INSTEAD OF INSURANCE CLAIM, AND EXPLAINED HIS-DAUGHTER JUST GOT HER LICENCE A YEAR. SHE WAS RUNNING ERRAND FOR HER MOTHER, AND PICKING UP THING FROM TAMPINES MALL.

VICTIM HO
 816926956

ANNEX B (PAGE 2)

HE ARRANGED TO MEET UP ON 05/08/2022
 AT 2PM AT AUTOBAY @ KAKI BUTI #01-112.
 THE PRIVATE SETTLEMENT DID NOT WORK OUT
 AS HE WAS NOT WILLING TO PAY THE REQUIRED
 GST FOR SIMPLE REPAIR.
 THUS, THE REPORT WAS MADE AT 4.30PM ON
 05/08/2022.

CHK A $\Rightarrow$ HP 96650083 (VICOR) WITH A PASSENGER
 CHK B $\Rightarrow$ HP 98169823 (PEARL) 96717217
 MOTOR C $\Rightarrow$ HP 81183659 (BRYAN) (CHECK FATHER)

IN ADDITION TO THE PHOTO SUBMITTED.

ALSO, THOSE SCREENSHOTS FROM PHONE //

I WILL TRY TO RETRIEVE MY CHK'S VIDEO
 AS I'VE NEVER TOUCH IT BEFORE SINCE
 I BOUGHT THE CHK. WILL GO TO C&C //

VICOR HO
 816926956