

ASS. REC. BY:

REF: SNR/22008495/KV

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ City No

of 8 s/m

Insured: _____

Policy No. _____

Claims No. _____

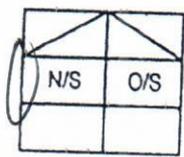
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 11am

(Policy Condition)

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



Bal. or Market Value: \$40k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN/OUT

Veh No: SKU1250Y Yr Regn: 06, 15

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

Truck / Trailer or A) Golf Wagon

Make: Volkswagen 75i c.c. 1197

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp. Reading: 172337 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW 877 AU 8FW 338216

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 28/8/22 D.O.I. 1/9/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>27/9</u>	<u>11:24 8 2700 Car</u>

Date/Time, File Pass to? : Prell. Report : Final Report

1) _____
Date/Time, File Return to?

2) _____

Report Format :
Lump Sum / I.B.I: (\$ _____)

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

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

Survey Fee:	_____
Transportation:	_____
S - RS. SI	_____
Fuel	_____
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 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	29/08/2022 13:50 (SGT)
Reported by	Both
Date of Accident	28/08/2022 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU1250Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH JEE BAH
NRIC No	SXXXX919H
Email Address	PAPAKOH@ME.COM
Mobile Phone No	(Phone) +65-98287267
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01009535

DRIVER

Name of Driver	KOH JEE BAH
NRIC No	SXXXX919H
Date Of Birth	12/11/1951
Occupation	Outdoor

Date Of Driving Pass	02/07/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98287267
Alt. Phone Number	-
Email Address	PAPAKOH@ME.COM
Address	BLK103, BEDOK NORTH AVE 4, #07-2000
Address complement	-
Postcode	460103
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	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5748G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC1280R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643

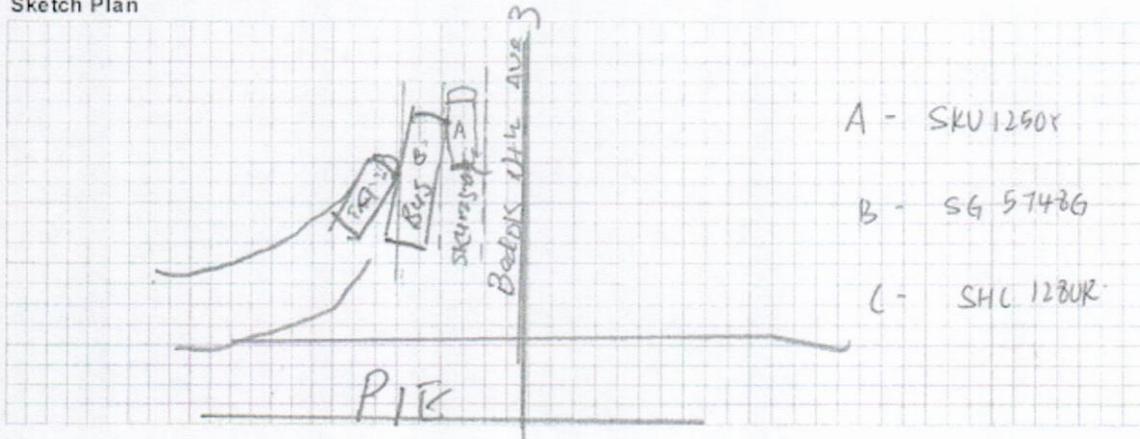
Tel: 6463 1235 Fax: 6453 7944

Witnessed by (Claims Centre)
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



A - SKU 1250X

B - SG 5748G

C - SHL 128UR



**SINGAPORE
POLICE FORCE**



T/20220828/2056

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 489678
Tel No: 1800-2449999

1 of 3
Report No. T/20220828/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2022 15:35	Vide Report No.: G/20220828/0099	Station Diary No.: 66
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Informant's Particulars

Name of Informant: KOH JEE BAH		Address: APT BLK 103 BEDOK NORTH AVENUE 4 #07-2000 SINGAPORE 460103	
ID Type / ID No.: NRIC NO / S0075919H		Contact No.: Home/Office: Mobile: 98287267	
Nationality: SINGAPORE CITIZEN		Email: papakoh@me.com	
Sex: Male	Age: 70	Date of Birth: 12/11/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TECHNICAL MANAGER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2022 09:25	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 3				
Lamp Post Number: 48				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5748G	Bus/Coach/Mi nibus				Slightly Damaged	0
SHC1280R	TAXI	TOYOTA		Blue	Slightly Damaged	1
SKU1250Y	Car	VOLKSWAGO N	GOLF A7 1.2 TSI AT 5G12DZ	Grey	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220828/2056

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3
Report No. T/20220828/2056

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU1250Y	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV0100953 5	30/06/2022	29/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH JEE BAH	ID No.	S0075919H
Related Vehicle	SKU1250Y (Car)	Contact No.	98287267
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/08/2022 at about 0925hours, I was driving my vehicle, SKU1250Y along Bedok North Ave 3 towards Bedok Reservoir Road. My vehicle was in the centre of the 3 lanes. Suddenly, one bus bearing plate SG5748G that was on the left, the front of the bus had hit onto the left side of my vehicle causing a dent to both the front and back door.

I stopped the vehicle and went down to make a check and discovered that there was another vehicle involved which is a taxi bearing plate SHC1280R. The taxi had hit onto the bus, causing the bus to swerve right towards my vehicle. My vehicle has an in-car CCTV.

Shortly after, the police came down and took our statements. The police officer had taken my SD card and advised me to lodge a police report with regards to the matter.

During that point of time, I was in the vehicle with my wife.



SINGAPORE
POLICE FORCE



T/20220828/2056

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 465676
Tel No: 1800-2449999

3 of 3
Report No. T/20220828/2056

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 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G/ SR STAFF SGT KWEK LIZA FARLIZA BINTE BAKHTIAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2022 15:35
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case:

NP168



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202208-001344(00)

SMRT AUTOMOTIVE SERVICES PTE LTD
NO. 60
WOODLANDS IND PARK E4
SINGAPORE 757705

Date : 30/08/2022
Vehicle No. : SKU1250Y
Make/Model : VOLKSWAGEN GOLF A7 1.2 TSI AT
5G12DZ
Mileage (km) : 0
Chassis No. : WWZZZAUZFW338216
Accident Date : 28/08/2022 00:00:00
Claim No. : SG5748G
Reference : JO202208-1688
Policy No. : D22MTPV01009535

Contact : -

Fax No. :

*NOT Notified
11pm @ 2700h
Resurvey After Paint
5 days*

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	LH taillamp	1.0	285.00	<i>Sm</i> 285.00 <i>X</i>
2	LH front door <i>1170</i>	1.0	1,170.00	<i>R</i> 1,170.00 <i>✓</i>
3	LH rear door <i>1170</i>	1.0	1,170.00	<i>R</i> 1,170.00 <i>✓</i>
4	LH front door outer handle	1.0	158.00	<i>sm</i> 158.00 <i>✓</i>
5	LH front door outer handle cap	1.0	35.00	<i>Sm</i> 35.00 <i>X</i>
6	LH door hinges	2.0	135.00	<i>R</i> 270.00 <i>X</i>
List Total :				3,088.00
20% Discount S\$				617.60
				<hr/> 2,470.40

LABOUR :

* To remove and refit door glass	1.0	180.00	180.00	<i>1200</i>
-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	750.00	750.00	<i>500</i>
- Spray painting on affected & replace parts	1.0	900.00	900.00	<i>750</i>
				<hr/> 1,830.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

E. & O.E.	Total S\$:	4,300.40
	GST 7% S\$:	301.03
	Amount Due S\$:	<hr/> 4,601.43

[Signature]
for CITY AUTO PTE LTD