

Ass. FEO. BY:

REF: CS3/CTI22006958/Avy3 -1

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 **SMG 8969L**

Policy No. **DMPCSNW00005492201**

Claims No. **SNM22D205041/C02/TANCHC**

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 Rport: _____ 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: **SKK1248H.** Yr Regn: **2020 / Feb.**

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

Truck / Trailer or

Make: **Toyota Camry** c.c **2487**

Colour: **Black.** A/C: Insured / Std / NI / NA

Sp.Reading: **44963.** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **AXVH701046628***

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

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

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

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

Tyre Size: F: **235/45R18.**

R: **235/45R18.**

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

TOYO / YOKO or

Front _____ Rear _____

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

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

D.O.A. **18/7/2022** D.O.I. **21/07/22.**

Survey held at **Bluwel.**

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
	TP China.
15/8/22	Submit PRS, repair range \$4,000-\$4,500
	MV:
	PV:
	Nett:
13/10/22	Submit LS \$5200 (red 2200, 29%)

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) **13/10/22-typist**

And Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

Days Of Repair: **6**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

8 + RS. SI

Photos

Others

Report Format: _____

LKK

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 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. 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	19/07/2022 17:05 (SGT)
Reported by	Both
Date of Accident	18/07/2022 19:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK1248H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANG SU PING
NRIC No	S7876442B
Email Address	youwei1975@gmail.com
Mobile Phone No	(Phone) +65-90686060
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2500

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA531809

DRIVER

Name of Driver	CHUA YEOU WEI
NRIC No	S7526835A
Date Of Birth	06/09/1975
Occupation	Indoor

Date Of Driving Pass	29/10/1996
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90070423
Alt. Phone Number	-
Email Address	youwei1975@gmail.com
Address	10 ANG MO KIO AVE 2 #20-09
Address complement	-
Postcode	567696
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	TANG SU PING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220718/2118.

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	NOT AVAILABLE. WITH TP WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG8969L
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	VEHICLE B
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

Report Police Report

Declaration

We declare the foregoing particulars are true in every respect

[Signature]
 Policyholder's Signature / Date & Time
 1912 02 3pm

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time
 1912 02, 3pm

Witnessed by Reporting Centre Personnel

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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 judgement 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:

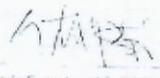
(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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) investigating the accident and/or my claims;
 - (ii) any litigation and/or dealing with my instructions or responding to any enquiries by me;
 - (iii) 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/emails/packages) and/or
 - (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

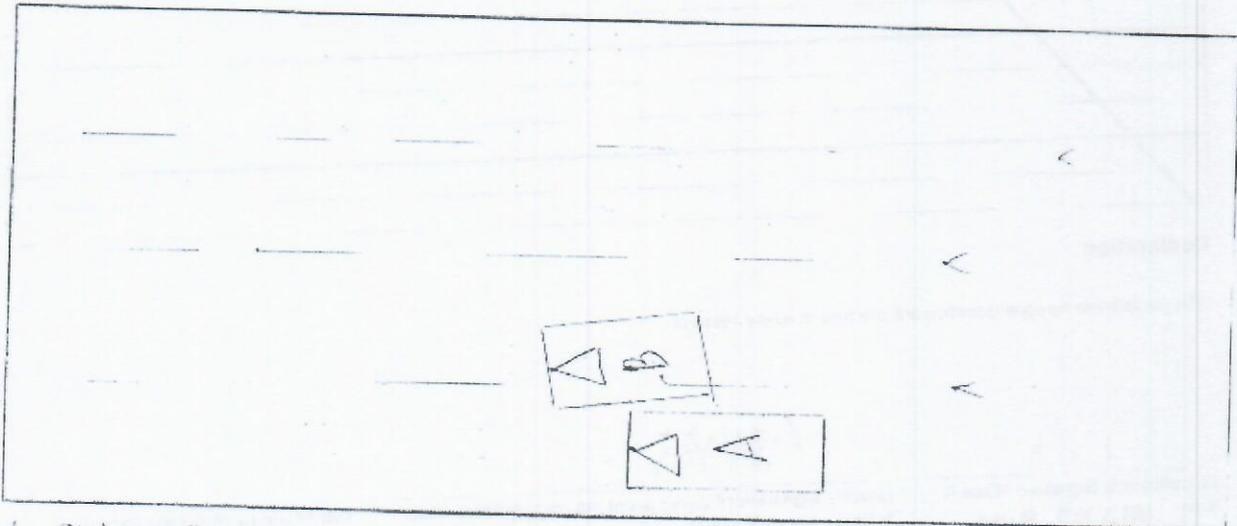
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect and disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (which includes their lawyers/law firms) which may be seated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature: 
 Date & Time: 19/11/22, 3pm
 Sketch Plan

Driver's Signature: 
 Date & Time: 19/11/22, 3pm

Witnessed by Report as Centre Person(s)
 (Name as in NRIC/ID card)



A - SKK04811
 B - SM68969L

Describe Circumstances of the Accident

Report Police Report

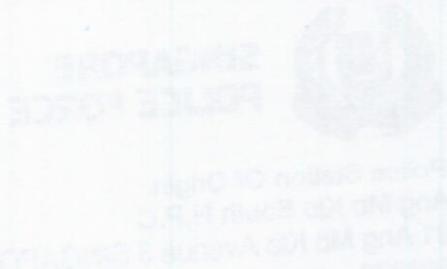
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
1912 02 13 pm

Driver's Signature (if driver is not the policyholder) / Date & Time
1912 02 13 pm

Witnessed by Reporting Centre Personnel



LETTER OF UNDERTAKING

I/We TAN XIAO PENG, the owner of vehicle no. SC 612221

My/Our Insurance is under M/s AXA Insurance Pte Ltd. I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop.

Signed and Acknowledge by:

.....
Name & signature of policyholder

.....
Company stamp

.....
Date

Condition No of Insurance	Year	Model	Brand
Condition No of Insurance 1	Year	Model	Brand
Condition No of Insurance 2	Year	Model	Brand
Condition No of Insurance 3	Year	Model	Brand



**SINGAPORE
POLICE FORCE**



T/20220718/2118

1 of 3

Report No. T/20220718/2118

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/07/2022 21:35

Vide Report No.:
F/20220718/0167

Station Diary No.:
138

Informant's Particulars

Name of Informant: CHUA YEOU WEI		Address: 10 ANG MO KIO AVENUE 2 #20-09 SINGAPORE 567696	
ID Type / ID No.: NRIC NO / S7526835A		Contact No.: Home/Office: Mobile: 90070423	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 06/09/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR PROJECT MANAGER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2022 19:30	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 1			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK1248H	Car	TOYOTA	CAMRY	Black	Seriously Damaged	1
SMG8969L	Car	TOYOTA	PRIUS PLUS	Silver		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20220718/2118

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Report No. T/20220718/2118

CONTINUATION OF REPORT

Driver			
Name	CHUA YEOU WEI	ID No.	S7526835A
Related Vehicle	SKK1248H (Car)	Contact No.	90070423
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TAN SU PING	ID No.	S7876442B
Related Vehicle	SKK1248H (Car)	Contact No.	90686060
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

Brief Details.

On 18/07/2022 at about 1930hrs, I was driving along Ang Mo Kio Avenue 1 towards Boundary road and I was driving on the the second lane of four lane road and I changed to lane four. While travelling straight suddenly I felt an impact from my right by a silver in colour vehicle as side swipe onto my right driver portion. I followed the vehicle and honk at him and he stopped his vehicle near to a traffic light. I alighted from my vehicle and approached him and told him that his car had collided onto my vehicle. The driver said is illegal to stop at the traffic and requested to talk after the traffic light. As such, I went back to my vehicle and he drove off without stopping his car.

I wish to state I have a in car camera in my vehicle and the another driver is a male Chinese in his 50s driving a vehicle bearing registration SMG8969L (Sliver Toyota Prius Plus). Traffic police came down to scene and advised me to lodge a police report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20220718/2118

3 of 3

Report No. T/20220718/2118

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:
F /
SGT 3 TAN WEI REN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT ROIZMAN BIN MOHAMED
POSARI
Contact No.: 65476131

NP168

Signature Of Informant:

Date/Time:
18/07/2022 21:35

Classification Of Case: