

ASS. REQ. BY:

Steve

PRS

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No.

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

Bail. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

Q/A / 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:

Date/Time Action/Instructions

MV-60K

Repair range 3K-4K  
5 days

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Repair Formet:

Lump Sum / L.S.H. (%)

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$)

: Interview (\$)

: Tech. Insp (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Prices

Others

TOTAL

Veh No:

SLP 2484D

Yr Regn:

39/11/16

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

Truck / Trailer or

Make:

VOLKSWAGEN GOLF

c.c 1395

Colour:

White

A/C: Insured / Std / Nil / NA

Sp. Reading

113460

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

WVW222A424W049373

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:

115/50R17

R:

11

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

TOYO / YOKO or.

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

U/Bal.

5

mm

U/Bal.

5

mm

D.O.A.

21/10/17

D.O.I.

21/10/17

Survey held at

JLS

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

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

## 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	22/10/2022 12:26 (SGT)
Reported by	Driver
Date of Accident	21/10/2022 19:20 (SGT)
Exact Location of Accident	Near 587 Ang Mo Kio Ave 3, Singapore 560587
Additional Location Information	ALONG ANG MO KIO AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ2484D

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOON KONG HUAT
NRIC No	S1398671A
Email Address	uncleskh89@hotmail.com
Mobile Phone No	(Phone) +65-92338898
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	1400

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	SOON MENG CHOON
NRIC No	S8804729Z
Date Of Birth	22/02/1988
Occupation	Indoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

08/01/2007

15 YEARS AND 9 MONTHS

Male

(Phone) +65-81232826

-

SHINGO.MENG@GMAIL.COM

BLK 536 WOODLANDS DRIVE 14 #05-609

-

730536

No

Child

No

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

DRIZZLING

Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2

No

-

Yes

2

No

-

-

-

-

-

-

#### PASSENGER 1

Name

Gender

COLLEAGUE

Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Yishun North Neighbourhood Police Centre

(Phone) +65-18008529999

(Fax) +65-68522299

31 Yishun Central Singapore 768827

No

-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Accident report SA1T22AM0005

Vehicle Registration Number	SKP9893R
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)	-

**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 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 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 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:

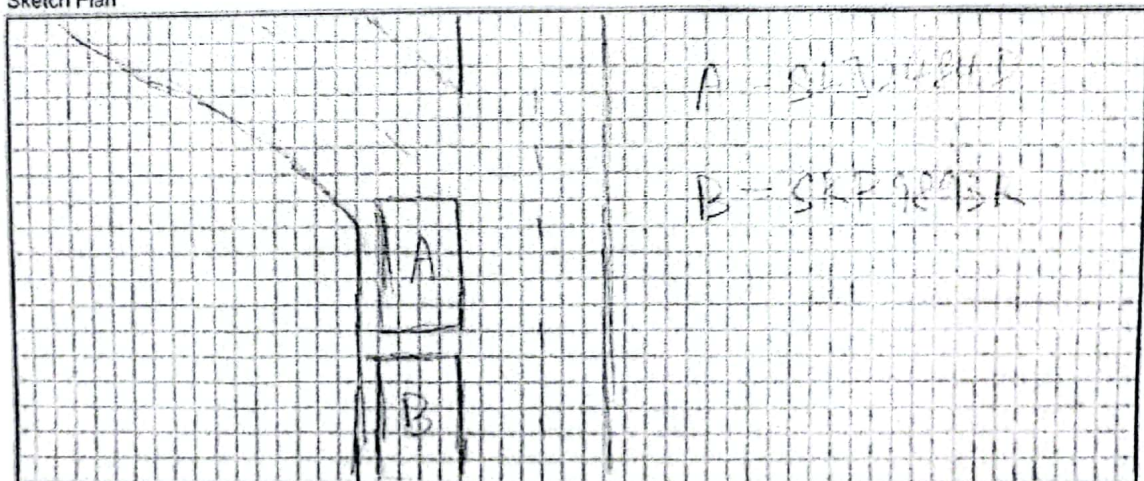
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Letter to police report.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

  
 MOHAMED RAZALI BIN HASSAN  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20221022/2004

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3  
Report No. T/20221022/2004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/10/2022 00:41		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: SOON MENG CHOON			Address: APT BLK 536 WOODLANDS DRIVE 14 #05-609 SINGAPORE 730536		
ID Type / ID No.: NRIC NO / S8804729Z			Contact No.: Home/Office: Mobile: 81232826		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 22/02/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2022 19:20	Type of Location: Bend
Location:  ANG MO KIO AVENUE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP9893R	Car				Slightly Damaged	0
SLJ2484D	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20221022/2004

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20221022/2004

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	PANG CHIA HENG	ID No.	NIL
Related Vehicle	SKP9893R (Car)	Contact No.	94509873
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
<b>Driver</b>			
Name	SOON MENG CHOON	ID No.	S8804729Z
Related Vehicle	SLJ2484D (Car)	Contact No.	81232826
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/10/2022	Date Discharge	21/10/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

1920hrs I was at the filter lane along Ang Mo Kio ave 3. While waiting to join the main road, a car, SKP9893R, hit my car on the rear twice. The driver apologised and gave me his details. He admitted to hitting the rear of my car as he was using phone and did not know I have not move off yet. I have a video recording of the incident from my in-car camera. I went to KTPH and received 5 days MC due to back pain. My passenger also went to KTPH and also received 5 days MC due to back pain. My car was damaged at the rear bumper.