

ASS. REC. BY:

REP:

CS/AGI22010809/Any3

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: _____

(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: 6 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: SLJ3972E Yr Regn: 2016, Dec

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

Truck / Trailer or

Make: Honda Mobilio c.c. 1497

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

Sp. Reading: 139018 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHDD4870GP000294

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or Falcor

Front _____ Rear _____

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

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

D.O.A. _____ D.O.I. 31/10/22

*Survey held at NS7 Twincar

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

Front N/S, u/c

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

Date / Time	Action / Instruction
	<u>TP Budget Direct</u>
	Adrian confirmed lump sum \$3200 and 6 days
	<u>MV: (red, \$3694.4, 54%)</u>
	<u>PV:</u>
	<u>Nett:</u>

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

1) 11/04/23 : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$ _____) : S + RS _____ SI

: Interview (\$ _____) : Photos

: Tech. Inve (\$ _____) : Other

Report Format tp

SK0K22AP0002 / KAH MOTOR CO SDN BHD [408610]
ENTRY DATE & TIME: 25/10/2022 11:59 (SGT)
SUBMITTED BY: YOU PO SOON
VERSION: 1 (25/10/2022 12:03 (SGT))

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 25/10/2022 11:59 (SGT)
Reported by Both
Date of Accident 23/10/2022 03:40 (SGT)
Exact Location of Accident 630 Bedok Reservoir Rd, Singapore 470630
Additional Location Information NEAR 630 BEDOK RESERVOIR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ3972E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN SIYING
NRIC No S8539959D
Email Address CHEN_SY_1611@YAHOO.COM.SG
Mobile Phone No (Phone) +65-80323431
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Mobilio
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 1500

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number -

DRIVER

Name of Driver TAN MENG HUA
NRIC No S0029863H
Date Of Birth 04/03/1954

Date Of Driving Pass 25/06/1974
 Driving experience 48 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-80323431
 Alt. Phone Number -
 Email Address CHEN_SY_1611@YAHOO.COM.SG
 Address BLK 706 BEDOK NORTH ROAD
 Address complement #04-3410
 Postcode 470706
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Parent
 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 - Major/Minor Rd
 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) 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

REFER TO ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMY1925P
 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) -

Vehicle
Number: SLJ 3972E

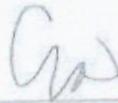
SKETCH PLAN

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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20221023/2020

1 of 3

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20221023/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2022 10:19		Vide Report No.: G/20221023/0058	Station Diary No.: 21
Informant's Particulars			
Name of Informant: TAN MENG HUA		Address: APT BLK 706 BEDOK NORTH ROAD #04-3410 SINGAPORE 470706	
ID Type / ID No.: NRIC NO / S0029863H		Contact No.: Home/Office: Mobile: 81820817	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 04/03/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2022 03:40	Type of Location: Car Park
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SLJ3972E	Car	HONDA		Silver	Slightly Damaged	0
SMY1925P	Car				Slightly Damaged	2

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:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20221023/2020

2 of 3

Report No. T/20221023/2020

CONTINUATION OF REPORT

Driver			
Name	TAN MENG HUA		ID No. S0029863H
Related Vehicle	SLJ3972E (Car)		Contact No. 81820817
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 23/10/2022 at about 0340hrs, I was driving my car bearing registration number SLJ3972E at the open spaced carpark next to Blk 630 Bedok Reservoir Road. As I was driving at the carpark, a car bearing registration number SMY1925P had suddenly drove out from a parking lot. I could not stop in time and the front left of my car collided to the front right of the other car. Afterwards, I had came out of the car, I had asked the driver how to settle the issue, the driver said he will call the police.

Afterwards, the traffic police had come down to the scene. Traffic Police had asked if I had recently drunk any alcohol as I smelled of alcohol. I had told him I had last drank 2 cans of beer at 1700hrs on 22/10/2022. I had conducted a breath analyzer test and I was informed I will be arrested for suspected drink driving. My car was then subsequently impounded by traffic police.

Subsequently, I had done a further breath analyzer test at the Traffic Police Station and had passed the test. I was instructed to lodge a traffic accident report. I had informed my daughter who is the car owner about the accident. I am now lodging this report under instruction from traffic police and for insurance claiming purposes. I wish to add as well that I have an in car front facing.



SINGAPORE
POLICE FORCE



T/20221023/2020

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3
Report No. T/20221023/2020

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 / SGT 3 JONATHAN LIM ZI XUAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / STAFF SGT ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	

Signature Of Informant:	
Date/Time: 23/10/2022 10:19	
Classification Of Case:	