

Ass. Rec. By:

REP:

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 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: SLTS753E Yr Regn: 2017, Nov

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

Truck / Trailer or _____

Make: Honda HRV c.c. 1496

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

Sp. Reading: 104052 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMR41810GX203280

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: 215/60R16

R: 215/60R16

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. _____ D.O.I. 2/11/22

Survey held at HD Perfect

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
	<u>TP LonPac</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee:

: Site Insp (\$ _____)

\$ + RS. \$ _____

: Interview (\$ _____)

Photos _____

: Techn. Insp (\$ _____)

Others _____

Report Formet: _____

Revision: _____

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	03/11/2022 17:06 (SGT)
Reported by	Both
Date of Accident	02/11/2022 21:35 (SGT)
Exact Location of Accident	601A Jurong West Street 62, Singapore 641601
Additional Location Information	601A JURONG WEST STREET 62 MSCP LOT 238
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT5753E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EE KING LEY
NRIC No	SXXXX692A
Email Address	NHKINGLEY@GMAIL.COM
Mobile Phone No	(Phone) +65-98345229
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	22-MU011320-R04

DRIVER

Name of Driver	KOH JIA HONG, KENNETH
NRIC No	SXXXX958Z
Date Of Birth	15/02/1989
Occupation	Indoor

Date Of Driving Pass	10/03/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91152457
Alt. Phone Number	-
Email Address	KOHKENNETH@GMAIL.COM
Address	603 JURONG WEST STREET 62
Address complement	03-195
Postcode	640603
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2925S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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 reputate 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

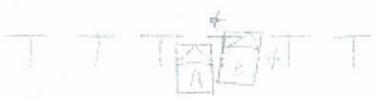

 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Officer/Personnel (Name as in NRIC/ID card)



Sketch Plan

Veh A SL15753E
 Veh B GR559285



Describe Circumstance of the Accident

for police report

70

Peter

Declaration

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

[Signature]
Chief of Police, South West District

[Signature]
District Commander, South West District

[Signature]
Community Relations Centre, District of South West District



**SINGAPORE
POLICE FORCE**



T/20221103/7027

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221103/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2022 13:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH JIA HONG, KENNETH			Address: 603 JURONG WEST STREET 62 #03-195 SINGAPORE 640603		
ID Type / ID No.: NRIC NO / S8904958Z			Contact No.:		Mobile: 91152457
Nationality: SINGAPORE CITIZEN			Email: KOHKENNETH@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 15/02/1989	Type of Informant: Nil.		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 02/11/2022 21:35	Type of Location: Car Park
Location: JURONG WEST STREET 62				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 25 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of *
GBJ2925S	Van	NISSAN				0
SLT5753E	Car	HONDA	HRV	Beige	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221103/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221103/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT5753E	TOKIO MARINE INSURANS (MALAYSIA) BERHAD	22-MU011320-R04	02/11/2022	01/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
NIL			
Name	KOH JIA HONG, KENNETH	ID No.	S8904958Z
Related Vehicle	NIL	Contact No.	91152457
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

SLT5753E PARKED STATIONARY AT LOT238. NO PASSENGER IN PARKED VEHICLE SLT5753E. AT ABOUT 2136, SLT5753E IN CAR DASH CAM RECORDED MOVEMENT OF 1 VAN GBJ2925S PERFORMING A REVERSE PARKING TO LOT 239. IT RECORDED THE VEHICLE SHAKE AND RECORDED BANGING NOISE. DRIVER (GBJ2925S) CAME OUT TO INSPECT THE DAMAGES BEFORE MOVING GBJ2925S TO A DIFFERENT LOT. DRIVER (GBJ2925S) CAME BACK TO TAKE A PHOTO OF SLT5753E LICENSE PLATE BEFORE LEAVING.

WAS ABLE TO SEND A POLICE REPORT WITH DOCUMENTS OF VIDEO AND PICTURES. PLEASE REFER TO W20221103/0034 OR PLEASE CONTACT ME VIA EMAIL KOHKENNETH@GMAIL.COM



**SINGAPORE
POLICE FORCE**



T/20221103/7027

3 of 3

Report No. T/20221103/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476209

NP16B

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/11/2022 13:43

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20221103/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221103/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2022 14:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH JIA HONG, KENNETH			Address: 603 JURONG WEST STREET 62 #03-195 SINGAPORE 640603		
ID Type / ID No.: NRIC NO / S8904958Z			Contact No.:		Mobile: 91152457
Nationality: SINGAPORE CITIZEN			Email: KOHKENNETH@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 15/02/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/11/2022 21:35	Type of Location: Car Park
Location: JURONG WEST STREET 62				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ2925S	Van					0
SLT5753E	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221103/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221103/7032

CONTINUATION OF REPORT

Driver			
Name	KOH JIA HONG, KENNETH		ID No. S8904958Z
Related Vehicle	SLT5753E (Car)		Contact No. 91152457
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Refer to my previous police report. Report No. : T/20221103/7027

I wish to amend that the previous police report that i had that i accidentally click on the drive and drive part to yes.

There's no drink and drive involve in this accident.



**SINGAPORE
POLICE FORCE**



T/20221103/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20221103/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TP1B / SUFYAN BIN KHAIRI Contact No.: 65476148

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 03/11/2022 14:53
Classification Of Case: