

ASS. REC BY: Toupin

REF: CS/ASU 22.012186/79PS.

ASSIGNMENT

2029 April
2009 Oct

From: _____ Date: _____

Estimated Cost: _____

OD / TP / VS / 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: \$68K.

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 8 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: SNC2927G Yr Regn: _____

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

Truck / Trailer or _____

Make: Toyota Wish. C.C. 1797

Colour: white A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: 200897 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: ZGE200024557

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: ☐ Nil / ☒ SRim / ☐ STD A/Rim or

Tyre Size: F: 205/55 R16

R: _____

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

TOYO / YOKO or _____

Front: 6 mm Rear: 6 mm

R/Bal. _____ mm L/Bal. 6 mm

L/Bal. 6 mm D.O.I. 7/12/22 e 11/9m

D.O.A. _____ D.O.I. _____

Survey held at Thua Mung

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

LS \$7500, 8 days. (marked by Adrian) (Red \$8749.68, 54%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 22/03 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 8

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: **SMART CLAIMS - TP**

Lump Sum / L.S. (\$ 7500)

ACCIDENT STATEMENT

Date of accident: 03/12/2022 Time: 1330
 Location of accident: Kew Ave

Details of Own Vehicle

Vehicle Number: SNC2927G
 Insurer: Etiga
 Policy No: MA024601

Policyholder

Name: Melvin Ho
 Email: melvinho85@hotmail.com

Driver

Name: Ho Bangce Melvin
 Email: melvinho85@hotmail.com

Occupation: Indoor/Outdoor

Address: 411 Kew Crescent S (466273)

Driving pass date: 07/10/2004

Relationship with Policyholder: owner

General Information

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom: _____

Passenger (incl. Driver): 7 Please provide **ALL** passengers details:-

- 1) Paul Ho (M)
- 2) Lena Lim (F)
- 3) Gabrielle (F)
- 4) Mirielle (F)
- 5) Maverick (M)
- 6) Gaverick (M)

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes/No If Yes, provide injuries details:-
 Witness 1

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes/No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
Melvin Ho	SNC2927G	<u>Yes/No</u>	<u>Yes/No</u>
		<u>Yes/No</u>	<u>Yes/No</u>

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SHA4608X</u>	
Driver name:	<u>Tham Wing Fook</u>	
NRIC/ FIN no.:	<u>S2018560J</u>	
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Claim Type & Acknowledgement

Claim Type: Own Damage/Third Party/Reporting Only

Workshop: Hua Meng Spray Painting Workshop

Policyholder/
driver
Signature: Melvin Ho

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 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. 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

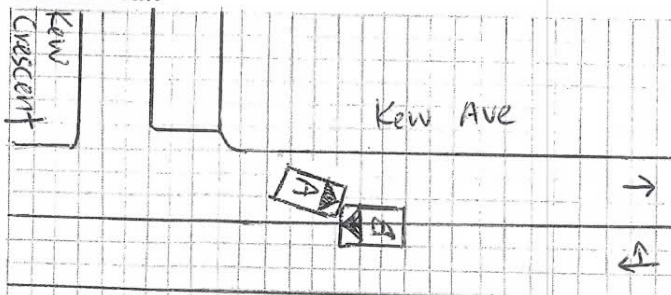
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A= SNC 2927G

B= SHA 4608X



**SINGAPORE
POLICE FORCE**

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



T/20221205/7046

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Report No. T/20221205/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2022 15:01			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: HO BANGCE, MELVIN			Address: 411 KEW CRESCENT SINGAPORE 466273			
ID Type / ID No.: NRIC NO / S85394161			Contact No.: Home/Office:		Mobile: 91089501	
Nationality: SINGAPORE CITIZEN			Email: MELVINHO85@HOTMAIL.COM			
Sex: Male	Age: 37	Date of Birth: 20/11/1985	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2022 13:30	Type of Location: T-Junction	
Location: KEW AVENUE					
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h		
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNC2927G	Car	TOYOTA	WISH+1.8X+ A	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SNC2927G	ETIQA INSURANCE BERHAD	MA024601	20/10/2022	19/10/2023	



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Report No. T/20221205/7046

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	HO BANGCE, MELVIN		ID No.	S8539416I
Related Vehicle	SNC2927G (Car)		Contact No.	91089501
Hospital/Clinic	FAMICARE BEDOK CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/12/2022		Date	05/12/2022
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	LENA LIM		ID No.	S1484005B
Related Vehicle	SNC2927G (Car)		Contact No.	90488071
Hospital/Clinic	FAMICARE BEDOK CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/12/2022		Date	05/12/2022
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	PAUL HO SAN BIN		ID No.	S1310557Z
Related Vehicle	SNC2927G (Car)		Contact No.	83331629
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	



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Report No. T/20221205/7046

CONTINUATION OF REPORT

Passenger				
Name	GAVERICK HO GOU ZHENG		ID No.	T1724164I
Related Vehicle	SNC2927G (Car)		Contact No.	NIL
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
Passenger				
Name	MIRIELLE HO SI MIN		ID No.	T1406581J
Related Vehicle	SNC2927G (Car)		Contact No.	NIL
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
Passenger				
Name	MAVERICK HO GOU LUN		ID No.	T1512988Z
Related Vehicle	SNC2927G (Car)		Contact No.	NIL
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
Passenger				
Name	GABRIELLE HO SI MAN		ID No.	T1235820I
Related Vehicle	SNC2927G (Car)		Contact No.	NIL
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



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Report No. T/20221205/7046

CONTINUATION OF REPORT

Brief Details.

I have in car recording

I was turning out from kew crescent towards kew ave.

Upon turning out, i saw a taxi driver coming towards me.

I stop my vehicle and sound my horn when i saw him not slowing down despite driving onto me.

However, he seems to be distracted and ram onto my car without slowing down



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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 / TPIB /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
05/12/2022 15:01

Classification Of Case: