

Ass. Rec. By:

REP: CS/CTI23000047/Avp3

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: **YP 3507E**

Policy No. **DMCVSNW00002772201**

Claims No. **SNM23D200009/C02/LEEPG**

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: _____ 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: **SLG65387** Yr Regn: **2016 / Oct**

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

Truck / Trailer or

Make: **Honda Vezel.** c.c. **1496.**

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

Sp. Reading: **319086** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **Ru11208761**

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: **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. **30/12/2022** D.O.I. **03/01/22.**

Survey held at **Sin Ya Sin.**

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

17/2/23 **Adrian informed LS \$5900 (Red 8545.68, 59%)**

MV:

PV:

Nett:

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2) 20/2/23-typist

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

8 + RS. \$

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$

Report Format: **Merimen**

Examiner: [Signature] & [Signature]

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	31/12/2022 12:50 (SGT)
Reported by	Both
Date of Accident	30/12/2022 17:40 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	YISHUN AVE 1 TWDS SEMBAWANG B4 YISHUN AVE 8.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6538Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW KAI MENG
NRIC No	S1420561F
Email Address	KAIMENG1960@GMAIL.COM
Mobile Phone No	(Phone) +65-96899235
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1498

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5109535074-03

DRIVER

Name of Driver	LOW KAI MENG
NRIC No	S1420561F
Date Of Birth	30/03/1960
Occupation	Indoor

Date Of Driving Pass	27/04/1998
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96899235
Alt. Phone Number	-
Email Address	KAIMENG1960@GMAIL.COM
Address	BLK 471 SEMBAWANG DR #05-427
Address complement	-
Postcode	750471
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	LEONG SUN HOI
Gender	Female

PASSENGER 2

Name	MASA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO.L/20221231/7015.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3507E
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW KAI MENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG6538Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	MASA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG6538Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Phosphor's Signature / Date: _____
 Title: _____

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

Reviewed by Standards Centre
Personnel

Skofan Plan

Vehicle A - SLG653E.R

VEHICLE B - TP 3507E

Describe what happened at the Accident

Trucker was being my vehicle was stationary suddenly I
felt an impact on my rear portion. Vehicle B fell to stop and
hit onto my vehicle rear portion.

As per police report:

Report NO: L/20221231/7018

Declaration

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

Kim Mong
Policyholder's Signature / Date &
Time

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

Witnessed by Surveyor / Police
Personnel



**SINGAPORE
POLICE FORCE**



L/20221231/7015

1 of 1

POLICE REPORT (NP299)

Report No. L/20221231/7015

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 31/12/2022 11:00	Vide Report No.	Station Diary No.
Name Of Informant LOW KAI MENG	Address 471 SEMBAWANG DRIVE #05-427 SINGAPORE 750471	
ID Type / ID No. NRIC NO / S1420561F	Contact No. Home/Office:	Mobile: 96899235
Nationality SINGAPORE CITIZEN	Email Address KAIMENG1960@GMAIL.COM	
Occupation Grab Driver	Sex Male	Age 62
Institution/School Name	Date of Birth 30/03/1960	Race Chinese
Date/Time Of Incident 30/12/2022 17:40 - 30/12/2022 18:00	Location Of Incident YISHUN AVENUE 1	

Brief details.

Traffic was heavy. My vehicle (SLG6538Y) was stationary suddenly I felt an impact on my rear portion. Vehicle (YP3507E) hit onto my rear portion of my vehicle.
My Helper and mother were inside the vehicle.

The next day my helper and I felt unwell, and we went to see doctor. We were given 03 Day MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2022 11:00
Officer In-Charge Of Case:	Classification Of Case:

