

REC'D: TOWNA

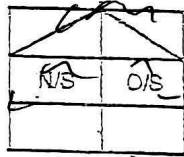
REF: 06/CT12300/541/Trip

ASSIGNMENT

2030 Dec
211 Feb

From: _____ Date: _____
Estimated Cost: _____
☒ TP / ☐ VS / ☐ PRES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV
To inspect Vehicle No: _____
at Workshop in: _____
of: _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: \$1000
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
AL or Market Value: \$110K
AC Accident Report Consistent? : Yes or No
A / PR Seat Consistent? : Yes or No
st. Repairs: _____ days Res.: Yes or No
m Sum: _____ % 3 Val.: Yes or No
A / ☒ REP. / 24 HRS
te: _____ Person Contacted: _____ Vehicle: IN / OUT
Main.



Veh No: SLC33304 Yr Regn: 2030 Dec
Type: ☒ M/Ca / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or _____
Make: Volkswagen Golf R2.0 c.c 1984
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: — T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WVNZZZIKZBW173066
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☒ Inop / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☒ Inop / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Mod: Nil / ☒ S/Rim / ☐ STD A/Rim or
Tyre Size: F: 225/40R18
R: —
☒ ES / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ HFS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /
TOYO / YOKO, or
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.L. 14/2/23
Survey held at Century Motor
Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
Five case.

Date/Time	Action/Instruction
	Total loss, not economical to repair, vehicle totally burnt.

File Pass to? ☐ : Preli. Report
☐ : Final Report
File Return to?
Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____)
Survey Fee: _____
Transportation: _____
B + RS: _____

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	04/02/2023 10:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 07:00 (SGT)
Exact Location of Accident	48 Toh Guan Rd E, Singapore 608586
Additional Location Information	#04-142 ENTERPRISE HUB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3330U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOO GUICHENG
NRIC No	SXXXX811C
Email Address	soo.gui.cheng.sgc@gmail.com
Mobile Phone No	(Phone) +65-90093330
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00178682200

DRIVER

Name of Driver	SOO GUICHENG
NRIC No	SXXXX811C
Date Of Birth	15/10/1986
Occupation	Indoor

Date Of Driving Pass	19/01/2008
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90093330
Alt. Phone Number	-
Email Address	soo.gui.cheng.sgc@gmail.com
Address	BLK 504 PASIR RIS ST 52 #12-139
Address complement	-
Postcode	510504
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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



**SINGAPORE
POLICE FORCE**



D/20230203/0020

1 of 2

POLICE REPORT (NP299)

Report No. D/20230203/2021

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129558
Tel No: 1800-8729999

Date/Time Report Made 03/02/2023 13:37	Vide Report No. D/20230203/0020	Station Dary No. 38
Name Of Informant SOO GUICHENG	Address APT BLK 504 PASIR RIS STREET 52 #12-139 SINGAPORE 510504	
ID Type / ID No. NRIC NO / S8631811C	Contact No. Home/Office Mobile 90093330	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ASSISTANT MANAGER	Sex Male	Age 36
Institution/School Name	Date of Birth 15/10/1986	Race Chinese
Date/Time Of Incident 03/02/2023 07:10	Language English	
	Location Of Incident 48 TOH GUAN ROAD EAST #04-142 ENTERPRISE HUB SINGAPORE 608586	
	Auto Wheels TG Pte Ltd	

Brief details.

I am lodging this police report as advised by my insurance company regarding incident ref D/20230203/0020.

On 07/02/2023 at about 1200hrs, I had parked my vehicle bearing license plate 'SLC3330U' at a workshop located at 48 Toh Guan Road East #04-142 Enterprise Hub called 'Auto Wheels TG Pte Ltd' as

Signature Of Officer Recording The Report: D / SGT * MUHAMMAD HIZUAN BIN HAMID 	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2023 13:37
Officer In-Charge Of Case. D / Clementi Police Divisional Investigation Branch / INSP (1) INEZ HOR Contact No.: 68720098	Classification Of Case: 1

**SINGAPORE
POLICE FORCE**

D/20230203/2021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230203/2021

my vehicle had brake issues.

On 03/02/2023 at about 0700hrs, I received a call from both Police and SCDF mentioning that my vehicle had caught on fire and as to why I had parked my vehicle there. I informed that I had parked there due to brake issues, and I sent it to the above mentioned workshop for repairs.

Subsequently, I only came down to the incident site at about 0830hrs. However, the Police and SCDF had already left the scene and I waited for the workshop owner to arrive.

Thereafter, I spoke to the owner and I was informed to speak to my insurance company to which I did and as mentioned above, I was advised to lodge a police report.

Signature Of Officer Recording The Report:
D/ SGT 1 MUHAMMAD HIZUAN BIN
HAMID

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D/ Clementi Police Divisional Investigation Branch /
INSP (1) INF7 HOR
Contact No.: 68720098

Signature Of Informant

Date/Time:
03/02/2023 13:37

Classification Of Case: