

ASS. REC. BY: T. J. J. H.

REF:

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \$132K.

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: SNC 8276L Yr Regn: 2017 Dec.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E200 c.c. 1991Colour: Grey A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: WDP21304221327832Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/45R18R: 27

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

TOYO / YOKO or

Atlas

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I.

05/04/250/p.m.

Survey held at

V-Tech

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

Frt + O/S

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

Date / Time Action / Instruction

Repair Range: \$7000 - \$8000, 7 days

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B. (\$) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

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	30/03/2023 16:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 04:15 (SGT)
Exact Location of Accident	Jurong West Street 52, Singapore
Additional Location Information	OPEN CAR PARK IN FRONT OF BLK 503
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC8276L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RANJEET KAUR D/O CHANKAR SINGH
NRIC No	S2172310Z
Email Address	RANJEET@AIA.COM.SG
Mobile Phone No	(Phone) +65-96195908
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	BENZ / E200 AVG (R18 LED)
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01000166

DRIVER

Name of Driver	RANJEET KAUR D/O CHANKAR SINGH
NRIC No	S2172310Z
Date Of Birth	28/05/1958
Occupation	Indoor

Date Of Driving Pass	10/12/1979
Driving experience	43 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96195908
Alt. Phone Number	-
Email Address	RANJEET@AIA.COM.SG
Address	BLK 548 JURONG WEST STREET 42 #12-165
Address complement	-
Postcode	640548
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	Collided into Parked Vehicle
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT J/20230329/2096

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	GBE3691K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOW LEE SENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

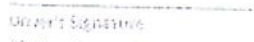
SKETCH PLAN


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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful over-assertion 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 info recording 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.

I HEREBY UNDERTAKE THAT MY INSURERS MAY HAVE A 14 DAY TIMEFRAME FOR ANY TO SUBMIT ALL OWN DAMAGE CLAIMS UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR LOSS DETAILS.

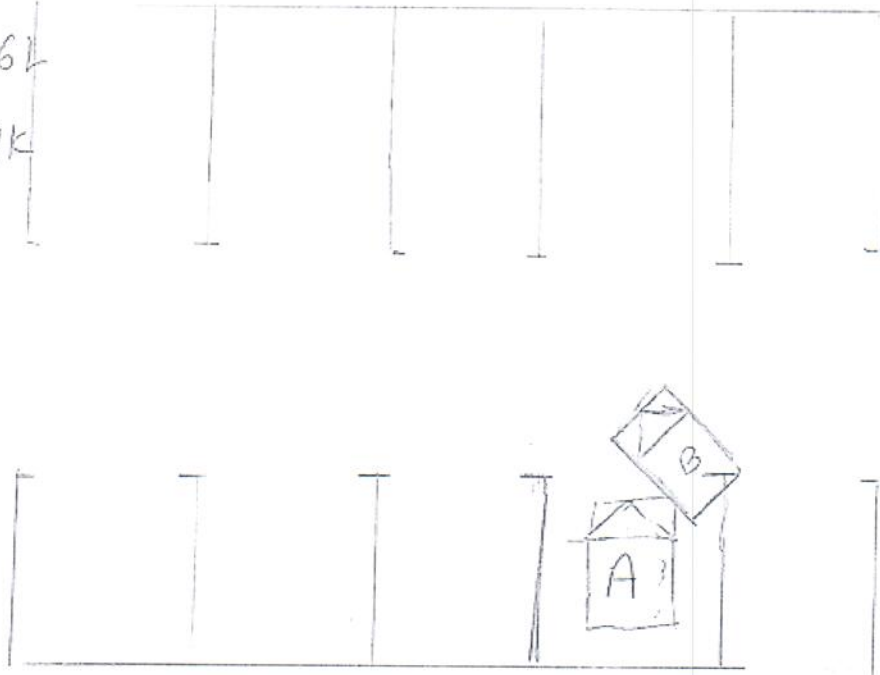

Policyholder's Signature
Date: 2/10/2024


Driver's Signature
(If driver is not the policyholder)
Date: 2/10/2024


Reporting Officer's Signature
Name:
NIC/PIN No.:

SKETCH PLAN

(A) SNC 8276L
(B) GBE 3691K



21K 503 Juniper West Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer TP 31/20230329/2096

Lined area for describing the circumstances of the accident.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
ID/C/PLI No.:

☐ Claim own policy
☐ Claim third party
☒ Claim SS (both parties involved)
☐ For record purpose
 Policy No. **023MI TP/01000166**
 Insurer **Sampo** Vch No. **SNC 8276L**



**SINGAPORE
POLICE FORCE**



J/20230329/2096

1 of 2

POLICE REPORT (NP299)

Report No. J/20230329/2096

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 29/03/2023 19:03	Vide Report No.	Station Diary No. 156
Name Of Informant RANJEET KAUR D/O CHANKAR SINGH	Address APT BLK 548 JURONG WEST STREET 42 #12-165 SINGAPORE 640548	
ID Type / ID No. NRIC NO / S2172310Z	Contact No. Home/Office Mobile 96195908	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation INSURANCE AGENT	Sex Female	Age 64
Institution/School Name	Date of Birth 28/05/1958	Race Sikh
Date/Time Of Incident 29/03/2023 16:30	Location Of Incident 503 JURONG WEST AVENUE 1 HONG KAH POINT SINGAPORE 640503 OPEN CARPARK IN FRONT OF BLK 503 LOT 13	

Brief details.

On the 29/03/2023 at about 0415hrs. I parked my car (SNC8276L) at the open carpark Infront of block 503 Jurong West St 52.

At about 0434hrs, I went back to the carpark and realized that car right headlight, Bonet and right-side bumper was damaged and there was 1 male subject namely Low Lee Seng, S1486584E, HP:90038568

Signature Of Officer Recording The Report:
J / SGT 2 ANG KWAN SHYAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/03/2023 19:03

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SR STAFF SGT MUHAJMIN BIN MAHFUDZ
Contact No.: 67929999

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230329/2096

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230329/2096

standing in the vicinity and he mention that while he was reversing his lorry (GBE3691K), he accidentally knocked on to my car. So, he was waiting for me to come back settle the accident cost. Initially he wanted private settlement which I agreed.

Subsequently, I went to my workshop to check on the cost and was about S\$6,000/-. So, I called Mr Low and told him the cost, he then tells me to claim through insurance instead. I state that there was no one injured, no police at scene. I am lodging this report for my record purpose only.

Signature Of Officer Recording The Report:
J / SGT 2 ANG KWAN SHYAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/03/2023 19:03

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SR STAFF SGT MUHAJMIN BIN MAHFUDZ
Contact No.: 67929999

Classification Of Case: