ASS. REC. BY: Kenneth | REF: MSG/2300647/Kn

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tropical

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Nil

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $103/c

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 6-7 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNA 2331K Yr Regn: 08, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Audi A3 c.c 999

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 59864 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V7KA102018

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: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm

D.O.A. 24/6/23 D.O.I. 27/6/2023

Survey held at ✓ 1.15pm

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

Rear o/s & Frt

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

Date / Time	Action / Instruction
/	Est not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: S / RS / SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

SKETCH PLAN #2

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 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 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/mailing 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

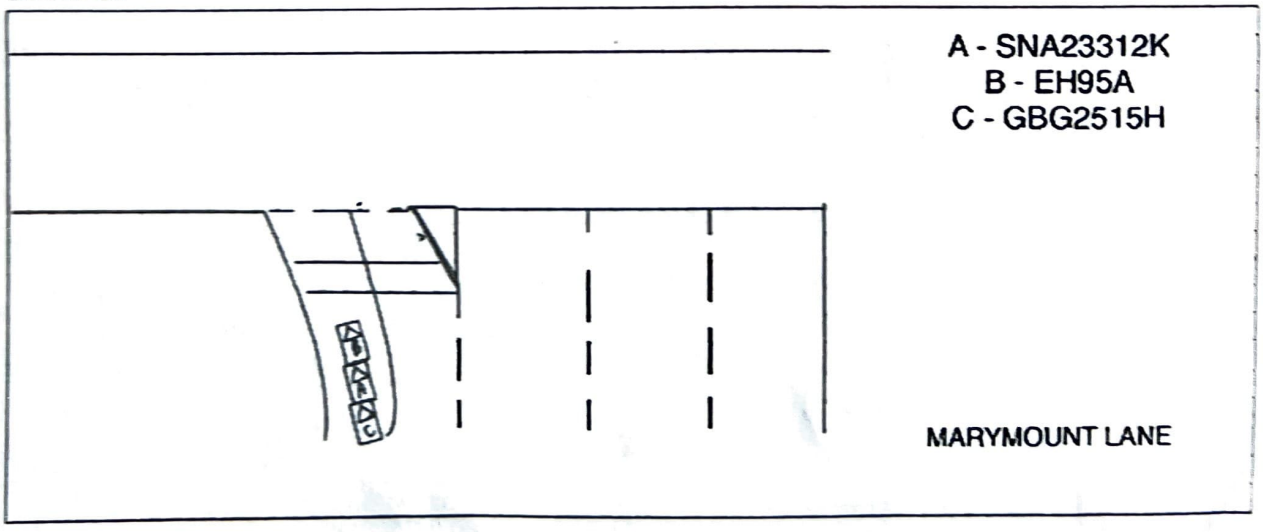
Driver's Signature (if driver is not the policyholder), Date & Time

26/6/2023

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

Sketch Plan



1

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 witholding 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	26/06/2023 14:13 (SGT)
Reported by	Actual Driver
Date of Accident	24/06/2023 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARYMOUNT LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA2331K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG WOON CHUEN
NRIC No	S0055566E
Email Address	HELENLEONGLWC@GMAIL.COM
Mobile Phone No	(Phone) +65-97395652
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129966771

DRIVER

Name of Driver	TAN KHAI CHUNG
NRIC No	S7244105B
Date Of Birth	18/11/1972
Occupation	Indoor

Accident report **SN07236Q0004**

SINGAPORE POLICE FORCE

T/20230628/2000

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No: T/20230628/2000

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNA2331K	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL — Use of Pedestrian Crossing: NA

Driver

Name	LIM BEE LIAN	ID No.	S0055100G
Related Vehicle	EH95A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	LI XING	ID No.	G7256791P
Related Vehicle	GBG2515H (Van)	Contact No.	98342852
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	TAN KHAI CHUNG	ID No.	S7244105B
Related Vehicle	SNA2331K (Car)	Contact No.	97944666
Hospital/Clinic	THE BISHAN FAMILY DOCTORS	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/06/2023	Date Discharge	26/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

12:33

POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

T/20230626/2037

Report No T/20230626/2037

CONTINUATION OF REPORT

Brief Details.

On 24/06/2023 at about 2100hrs, I was driving my personal car SNA2331K (V1) along Marymount Lane turning left towards Marymount Road (Zebra crossing lane). At that moment, there was a vehicle EH95A (V2) infront of me stopped about 3metres away from the zebra crossing line and giving way to some pedestrians crossing the road. I followed suit and managed to stop my car in time. About three to five seconds later, I felt an impact from the rear of my vehicle. Thus, my car was pushed forward and collided onto V2 rear bumper causing it to be a chain collision. I then alighted from my car and make a check and noticed a van GBG2515H (V3) had collided me from the rear.

My car suffered damages rear bumper (dents on the boot cover and mechanism of the boot spoilt), cracks on the rear right taillight, cracks on bottom right bumper, front left grilles damaged.

On 26/06/2023 at about 0900hrs, I woke up from bed feeling pain on my left neck, left side of my back till my left side of my buttocks. As such I went to see doctor at Bishan Family Doctors and was given 3days MC from 26/06/2023 till 28/06/2023. I am lodging this report for insurance claims and traffic police to investigate on this matter.

12:33