

REF:

ASS. REC. BY:

CS3 | SMR 24080182 | Knp3

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.

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:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

PRR
EM repair com 82-3k

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

Lump Sum / I.B.I.: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Veh No:

GBF 79815

Yr Regn:

031 17

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

Truck / Trailer or

Make:

Toy Dyn9

C.G

2982

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

248007

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFA 735440K 207501

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: Hancock 195R15X8

R: Yoku

155R12X8(10)

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

3

3

mm

L/Bal.

8

mm

L/Bal.

3

3

mm

D.O.A.

7/18/24

D.O.I.

19/8/2024

Survey held at

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

Rear O/S

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/08/2024 Time of Accident: 07:25 Hrs
Vehicle No.: GBF 79815 Vehicle Make & Model: _____
*Transmission: ☒ Manual ☐ Auto *C.c.: _____
First Registration Date: _____ Chassis no: _____
Effective Date of Ownership: _____ Effective Time of Ownership: _____
Vehicle Fuel: _____
Exact location of Accident: woodlands Road
Policyholder's Name: J + fat 35 Year old 207501 NRIC/FIN/REG No.: S34186401
*Policyholder's email address: _____
Driver's Name: Goh Yong Teck NRIC/FIN/REG No.: S8213556
*Driver's email address: _____
Driver's Contact No.: 8500 0004 Company Contact No (If any): _____
*Applicable Driving Pass Class: _____ *Applicable Driving Pass Date: _____
*Driving License Validity: Valid, Expired, Invalid, Not holding QDL, Not in list
Date of birth: 01/05/1982 Driving Pass Date: 26/06/2015
Driver's Address: Blk 888 Sengkang West Way #21-315 (S) 792488
Insurance Company: _____
Policy No.: 5127679631-01 Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☐ Indoor / ☐ Outdoor ^{Self} ☒ ^{Employed} *No. of Passengers / Including Driver): 1
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☒ Yes / ☐ No with video
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: _____
Injured Person in Which Vehicle: GBF 79815
Any injured conveyed to hospital by ambulance? : ☐ Yes ☒ No
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Bishan N.P.C

The Other Party (S) Details:

1. Driver's Name / IC No: Zou Hong chun G 6797534R Vehicle No: 5MB 1596 B

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver) : _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver) : _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Describe Circumstance of the Accident

As Per Police

Declaration

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



Policyholder's Signature / Date & Time

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

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

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:

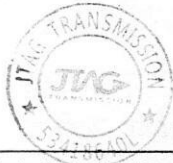
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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/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.

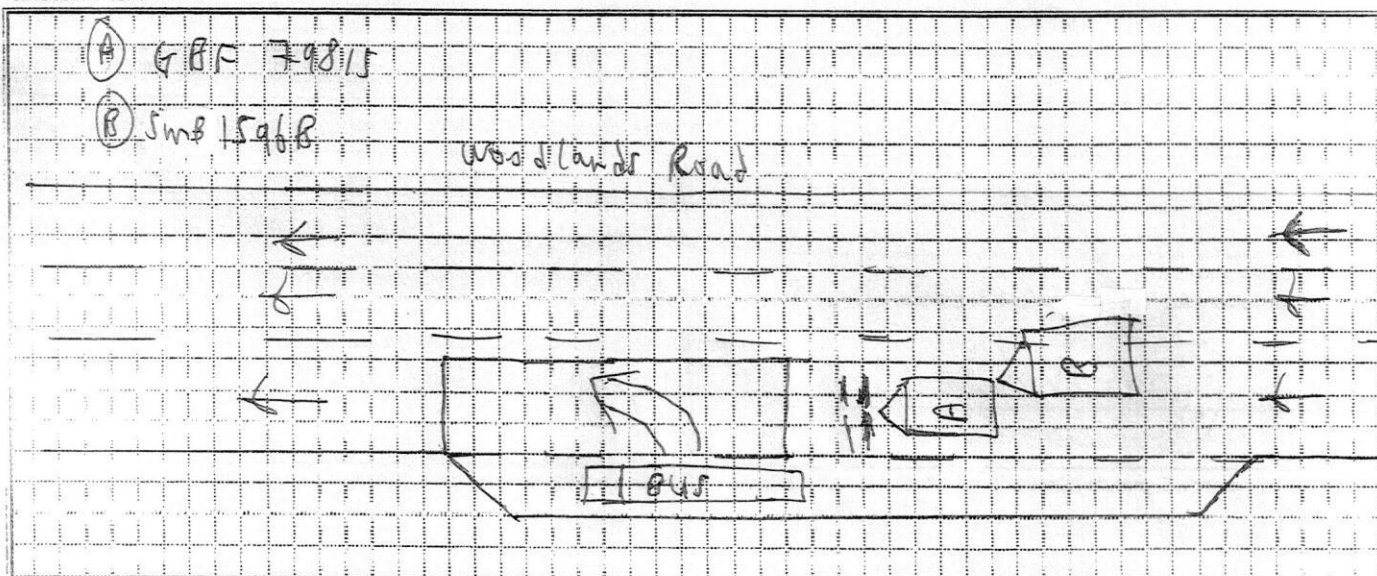


Policyholder's Signature / Date & Time

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

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

Sketch Plan





SINGAPORE POLICE FORCE



T/20240807/2069

1 of 3

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

Report No. T/20240807/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2024 16:12		Vide Report No.:		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: GOH YONG TECK			Address: 448B SENGKANG WEST WAY #21-315 SINGAPORE 792448		
ID Type / ID No.: NRIC NO / S8213505G			Contact No.: Home/Office: Mobile: 85000004		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 01/05/1982	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Delivery man			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2024 07:25	Type of Location: Straight Road
Location: WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7981S	Lorry				Slightly Damaged	0
SMB1596B	Bus/Coach/Mi nibus					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240807/2069

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

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Report No. T/20240807/2069

CONTINUATION OF REPORT

Driver				
Name	GOH YONG TECK		ID No.	S8213505G
Related Vehicle	GBF7981S (Lorry)		Contact No.	85000004
Hospital/Clinic	Sin Ming Clinic		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	07/08/2024		Date Discharge	07/08/2024
No. of Days granted Medical Leave	07		Degree of	NIL
Driver				
Name	ZOU HONGCHUN		ID No.	G6797534R
Related Vehicle	SMB1596B (Bus/Coach/Minibus)		Contact No.	83607896
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On 07/08/2024 at about 0725hrs, I was travelling along Woodlands Road towards SLE direction. I noticed that a bus from bus bay was about to filter out, I then decided to stop in front the yellow box and give way to the bus. After I stopped my lorry, I felt an impact from rear. I then stepped out of my lorry and realized another bus had collided into my lorry from behind. I then took some photos of the accident and exchanged particulars with the driver. Subsequently, I felt pain on my back and neck. As such, I sought medical treatment at Sin Ming Clinic and was given 7 days MC. I am lodging this report for insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20240807/2069

3 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20240807/2069

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 3 ZHU JIANBIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

Signature Of Informant:

Date/Time:
07/08/2024 16:12

Classification Of Case:

NP168