

REF:

CS/INC 24100028 / Avh3

ASSIGNMENT

From: _____ Date: _____

Estn: _____

OD / ~~TP~~ / TP RES / CD RES / EVA / INV / MV

To In: _____ Vehicle No: _____

at V/O: _____

of _____

Insured: **GBD 3258J**

Policy No: _____

Claims No: **MT/1297621-002**

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 Report: _____ 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: **SMR439U**Yr Regn: **2019, Dec**Type: **M.Cat** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius**C.O. **1797**Colour: **Grey**

A/C: Insured / Std / NI / NA

Sp. Reading: **371015**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **ZVW400035343**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **205/60R16**R: **205/60R16**

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

TOYO / YOKO or

Teratlex

Front

Rear

R/Bal. **06**

mm

R/Bal. **06**

mm

L/Bal. **06**

mm

L/Bal. **06**

mm

D.O.A. **28/10/24**D.O.I. **01/10/24**

Survey held at

MG solutionDes. 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

10/10/24 **TR INC** LS \$5550 confirmed by email (red 9674.20, 63%)

COE Expiry: _____

Estimate given during: Yes (✓)
1st Survey: No ()

MV:

PV:

Nett:

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: **6**

Resurvey No. of Trip: _____

Addl Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Format:

Report Form / LPR / C

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 First Submission	30/09/2024 14:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/09/2024 17:05 (SGT)
Exact Location of Accident	Lorong Chuan, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR439U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-97868093
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119549919-03-000035

DRIVER

Name of Driver	KOH BOON SONG
NRIC No	S1741943I
Date Of Birth	22/02/1966
Occupation	Outdoor
Driving Pass Date	03/07/1989
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97868093
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	BLK 22 JALAN MEMBINA #20-68
Address complement	-
Postcode	166022
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240930/7009.

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	GBD3258J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-89051299
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH BOON SONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR439U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to the Traffic Police.
2. Please fill in the "Sketch Plan" by the Traffic Police Officer (TPC) at the scene.
3. Information provided must be in English and readable by the TPC. Any other information, written or verbal, should be provided to the TPC only when requested by the TPC.
4. The report can be obtained from the TPC or the Insurance Association of Singapore (IAS) after 48 hours from the date of the accident.
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 Civil Recalls Manager and Centre established by the Insurance Association of Singapore (IAS) and the copy of this report will be for the use of the TPC only. It is not available for any other use.
7. In the preparation of this report, you have agreed to the archiving of this report at the centre and to copies of the report being made available, stored.
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 (GIAS) may be permitted to collect, use, disclose and/or process my personal data/personal information for the purpose of the "Purposes" and any other personal information provided by me; provided that my insurer is collectively the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident and be collectively referred to as the "Insurers"; the Insurers' lawyer/s law firm; the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes; or
(b) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(c) investigating the accident and/or my claims;
(d) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(e) administering my claims including the issuing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to, or about delivery of the same as well as on the external cover of an envelope/package, and/or
(f) complying with applicable law in administering, processing, handling and/or dealing with my claims;
(g) collectively the "Purposes";
(h) all insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyer/s law firm may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(i) my Personal Information may be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyer/s law firm) which may be sited outside of Singapore for one or more of the above Purposes.

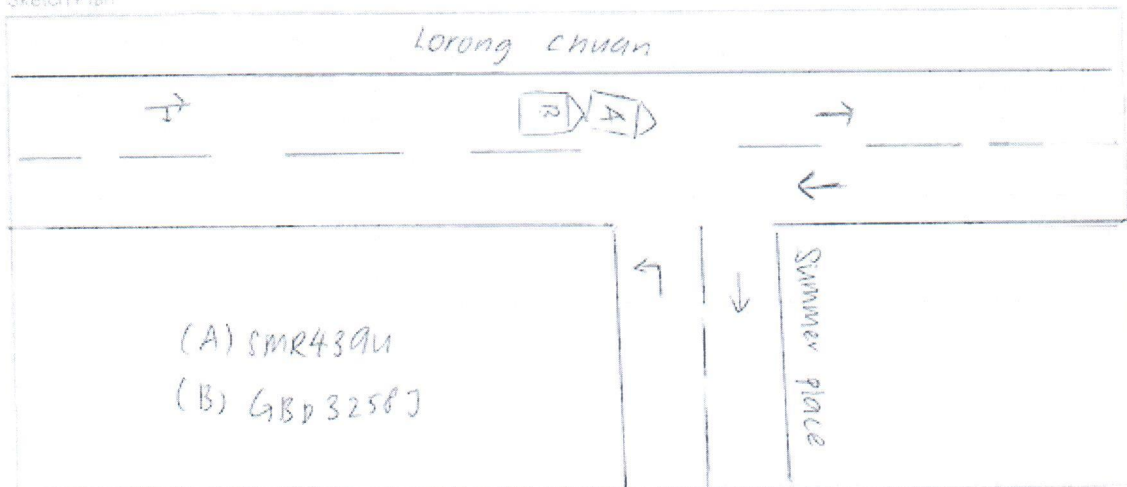


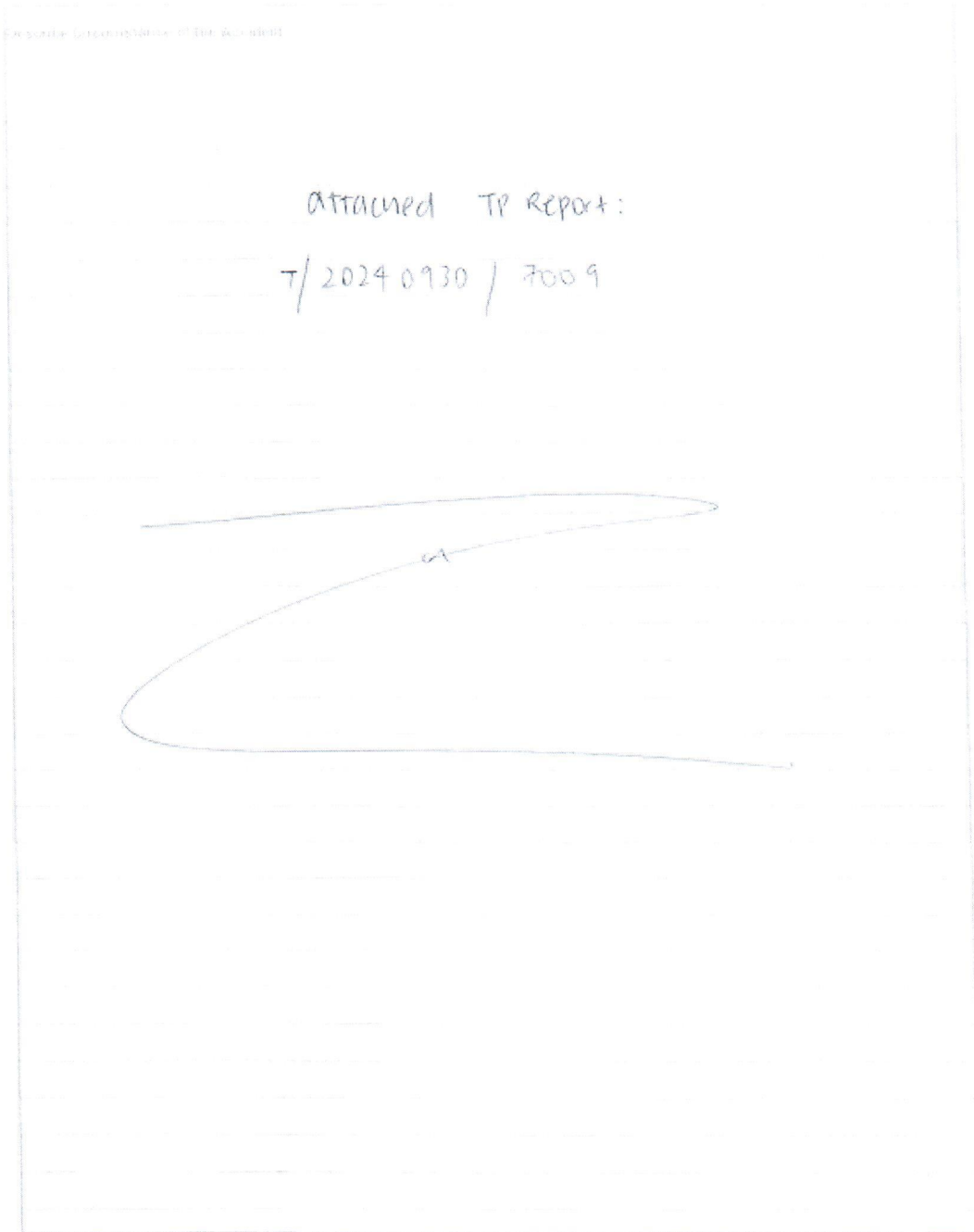
Printed Name: _____ Date & Time: _____

TPC's Signature: _____ Date & Time: _____

Witnessed by Reporting Centre Personnel: _____ Date & Time: _____

Sketch Plan





Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.



[Handwritten signature]



**SINGAPORE
POLICE FORCE**



T/20240930/7009

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20240930/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2024 09:54	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH BOON SONG			Address: 22 JALAN MEMBINA #20-68 SINGAPORE 166022		
ID Type / ID No.: NRIC NO / S1741943I			Contact No.: Home/Office: Mobile: 97868093		
Nationality: SINGAPORE CITIZEN			Email: BSKOH66@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 22/02/1966	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2024 17:05	Type of Location: Straight Road
Location: LORONG CHUAN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
GBD3258J	Lorry					1
SMR439U	Motor car					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240930/7009

2 of 3

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20240930/7009

CONTINUATION OF REPORT

Driver			
Name	KOH BOON SONG	ID No.	S1741943I
Related Vehicle	SMR439U (Motor car)	Contact No.	97868093
Hospital/Clinic	HEALTH FIRST FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

ON 28/09/2024 AT ABOUT 1705HRS AT ALONG LORONG CHUAN, I WAS TRAVELLING STRAIGHT AT ALONG LORONG CHUAN TURNING RIGHT TO SUMMER PLACE. I CAME TO A COMPLETE STOP WHILE WAITING FOR THE ONCOMING TRAFFIC TO CLEAR. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 2 PASSENGERS INSIDE MY VEHICLE. AFTER THE ACCIDENT, I FELT UNWELL AND WENT TO CONSULT A DOCTOR AND WAS AWARDED 03 DAYS OF MC FOR MY INJURY.

VEHICLE A: SMR439U
VEHICLE B: GBD3258J



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240930/7009

3 of 3

Report No: T/20240930/7009

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
30/09/2024 09:54

Classification Of Case: