

(08/11/13) waf

ASS. REC. BY:

REF:

CS3/11124100048/RqP3

C  
731M

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: SLV 1516P  
at Workshop m/s GOLD AUTO  
of 48, TOH HUAN RD

Insured: 111

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 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: SLV 1516P Yr Regn: 2017 / Dec

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

Truck / Trailer or

Make: TOYOTA SIENNA HYBRID 1.54 c.c 1496

Colour: BLACK AC: Insured / Std / NI / NA

Sp. Reading: 506490 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NHP 1707101639

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: \_\_\_\_\_ R: \_\_\_\_\_

185/60R15

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

TOYO / YOKO or

MAXXO

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 17/01/24

D.O.I. 02/10/24

Survey held at

GOLD AUTO

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

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

Date / Time Action / Instruction

REPAIR LIMIT -

ESTIMATE RANGE OF REPAIR / NO. OF DAYS (5K-6K) / 8-9 days

Date/Time, File Pass to?

☐  
☐

Prel. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format :

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

# 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	18/09/2024 14:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/09/2024 13:20 (SGT)
Exact Location of Accident	Near 134 Balestier Rd, Singapore
Additional Location Information	ALONG BALESTIER ROAD SPLITTING TO CTE, BALESTIER AND MOULMEIN ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1516P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLT LEASING PTE. LTD.
Company Reg No	201717731M
Email Address	leasing@asiacarz.com.sg
Mobile Phone No	(Phone) +65-96118181
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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 hire
Transmission	Auto
CC	1490
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00011802400

## DRIVER



Name of Driver .....  
NRIC No .....  
Date Of Birth .....  
Occupation .....  
Driving Pass Date .....  
Driving License Pass Class .....  
Driving License Validity .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....

TENG CHEE KIONG (DING ZHIGONG)  
S7731614J  
26/10/1977  
Outdoor  
06/05/2000  
3  
Valid  
24 YEARS AND 4 MONTHS  
Male  
(Phone) +65-97972847

TENG\_CHEEKIONG@YAHOO.COM.SG  
BLK 79A TOA PAYOH CENTRAL  
#17-15  
311079  
No  
Hirer  
No

Insurance Company of Other Vehicle Owned by Driver .....

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Change/cross lane  
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) ..... 2  
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 ..... ADACHI RYOHEI  
Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Toa Payoh Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18002519999  
Alt. Police Station Phone No ..... (Fax) +65-63548749  
Police Station Address ..... 93 Toa Payoh Central Toa Payoh Community Building #01-02  
Singapore 319194  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? .....

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SUMMARY AND SKETCH PLAN.

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 ..... GBM2315L  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... -  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLV1516P  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No



**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

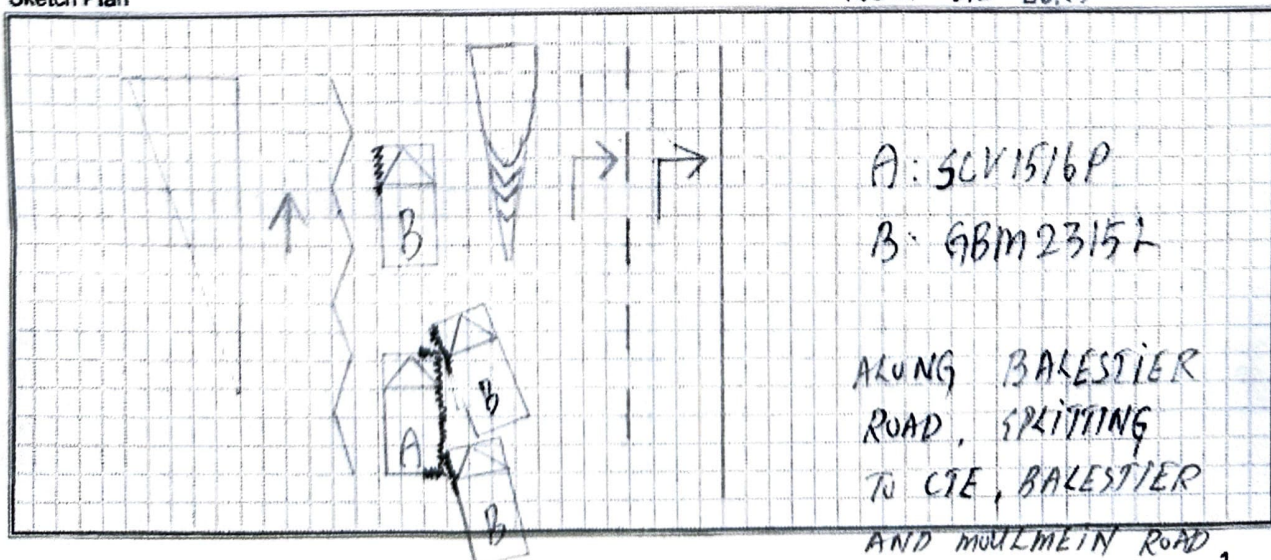
Policyholder's Signature / Date & Time

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

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

SUZANA BIE EDROS

**Sketch Plan**



Describe Circumstance of the Accident

ON 17TH SEPTEMBER 2024 AT ABOUT 1320HRS I WAS DRIVING MY VEHICLE A (SLV1516P) ALONG BALESTIER ROAD, SPLITTING TO CTE, BALESTIER AND MOULMEIN ROAD ON SECOND LANE WHEN I FELT AN IMPACT FROM MY RIGHT REAR HAND OF MY VEHICLE A (SLV1516P). I QUICKLY E-BRAKE AND STOPPED MY VEHICLE A (SLV1516P) I WAS SHOCKED TO SEE VEHICLE B (GBM2315L) CAME FROM THIRD LANE, HIT ME FROM THE REAR SIDE AND AFTER THAT VEHICLE B (GBM2315L) BRUSHED MY RIGHT HAND OF MY VEHICLE A (SLV1516P) ALL THE WAY UNTIL THE FRONT PART OF MY VEHICLE A (SLV1516P) AND AFTER THAT VEHICLE B (GBM2315L) STOPPED HIS VEHICLE IN FRONT OF MY VEHICLE A (SLV1516P). MY NECK WAS SLIGHTLY PAIN DUE TO THE IMPACT. WE JUST EXCHANGED DETAILS FOR INSURANCE CLAIM.

**Dedclaration**

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

Policyholder's Signature / Date & Time

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

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

SUZANA BTE EAPUS

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