

ASS. REC. BY:

REF:

CS3/III24100255/Kvp3

Kenneth

## 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: SMX 3422R

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: 8163K

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SM891087 Yr Regn: 04, 21

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

Truck / Trailer or (A)

Make: Lexus 18300h c.c. 2494

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 14820 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTHBH1027050 86823

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 235/45R18

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

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

TOYO / YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 11/10/24 D.O.I. 16/10/2024

Survey held at \_\_\_\_\_

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

N/S Rm &amp; UIC

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

Date / Time Action / Instruction

1 PRS

Est repair cost 88-10K

17/10/24 Submit PRS

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S + RS \$

Fees

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	12/10/2024 09:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/10/2024 14:05 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	CTE (CITY) SLIP ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ9108Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW HUAI JIN (ZHOU HUAJIN)
NRIC No	SXXXX653H
Email Address	ohuaio@gmail.com
Mobile Phone No	(Phone) +65-97575382
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS IS300H SEDAN (AT) (2WD) EXECUTIVE
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	2494
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTHBH1D2705086623
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG24004785

#### DRIVER



Name of Driver	CHEW HUAI JIN (ZHOU HUAIJIN)
NRIC No	SXXXX653H
Date Of Birth	28/11/1983
Occupation	Indoor
Driving Pass Date	03/07/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97575382
Alt. Phone Number	-
Email Address	ohuaio@gmail.com
Address	2F BISHOPSGATE
Address complement	-
Postcode	249994
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	Collision - Major/Minor Rd
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)	1
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	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

PLEASE REFER TO POLICE REPORT T/20241012/7008

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX3422R
Vehicle Manufacturer	Hyundai
Vehicle Model	AE IONIQ HEV 1.6 DCT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR PRABHA
Contact Number	(Phone) +65-96312645
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 correctly report 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 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. 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 center 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.

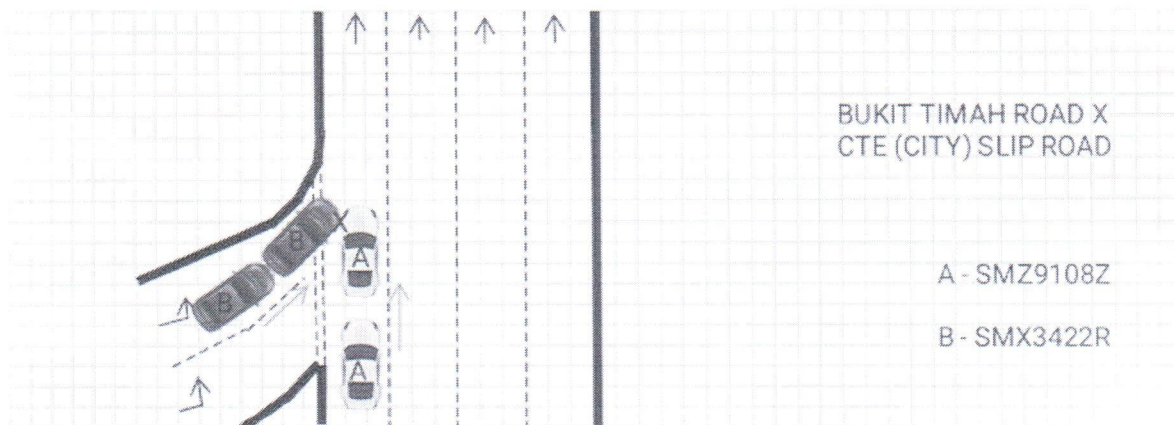
*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time  
11/10/2024 1900HRS  
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20241012/7008

Declaration

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



Policyholder's Signature / Date & Time

11/10/2024 1900HRS

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



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**

T/20241012/7008

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

Report No. T/20241012/7008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2024 08:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Chew Huai Jin		Address: 2F Bishopsgate SINGAPORE 249994			
ID Type / ID No.: NRIC NO / S8337653H		Contact No.: Home/Office: Mobile: 97575382			
Nationality: SINGAPORE CITIZEN		Email: ohuaio@gmail.com			
Sex: Female	Age: 40	Date of Birth: 28/11/1983	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Business development manager			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2024 14:05	Type of Location: Slip road joining main road
Location:  BUKIT TIMAH ROAD				
Weather: Drizzling		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX3422R	Motor car	HYUNDAI		White	Slightly Damaged	0
SMZ9108Z	Motor car	TOYOTA	LEXUS IS300H SEDAN (AT) (2WD) EXECUTIVE	White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20241012/7008

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

Report No. T/20241012/7008

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMX3422R	INDIA INTERNATIONAL INSURANCE PTE LTD			
SMZ9108Z	ERGO INSURANCE PTE. LTD.	DMPG24004785	08/04/2024	07/04/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PRABHA		ID No.	S8066418D
Related Vehicle	SMX3422R (Motor car)		Contact No.	96312645
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 (MC)	NIL		Degree of Injury	NIL
Driver				
Name	CHEW HUAI JIN		ID No.	S8337653H
Related Vehicle	SMZ9108Z (Motor car)		Contact No.	97575382
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 (MC)	NIL		Degree of Injury	NIL

**Brief Details.**

I waiting at the traffic light junction between Cavenagh Road and Bukit Timah Road. When the traffic light turned green in my favour, I followed my lane and turned from Cavenagh Road onto Bukit Timah Road heading towards KK hospital.

There is a slip road coming from CTE joining into Bukit Timah Road. The slip road has a double white dotted line that indicates that cars coming from the slip road need to yield to cars on Bukit Timah Road.

I had almost cleared the part of Bukit Timah Road where the slip road junction joins into Bukit Timah Road when a white car (SMX3422R) exited the slip road junction into Bukit Timah Road and hit me from the side. By the time I had realised that the car was coming onto my lane against the traffic rules and started stepping on my brakes, it was already too late. The white car had already hit my front left wheel.

I have video footages of the accident from my dashboard camera, as well as photos I took from the scene of the accident.





**SINGAPORE  
POLICE FORCE**

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



T/20241012/7008

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Report No. T/20241012/7008

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
CHUA SOON KEONG  
Contact No.: 65476030

NP168

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

Date/Time:  
12/10/2024 08:22

Classification Of Case:

R041810  
16.10.24 10:44  
SMZ9108Z  
160-0517



SMZ9108Z

Lexus : IS Hybrid (300h) : 2020.09- (AVE30)  
4-Wheel Total Alignment

**Front : Left**

Actual	Before	Specified Range
-2°51'	-2°51'	-1°01' 0°29'
7°46'	7°46'	7°11' 8°41'
-0°08'	-0°08'	-0°03' 0°08'
13°04'	13°04'	
10°13'	10°13'	

Camber  
Caster  
Toe  
SAI  
Included Angle  
Turning Angle Diff.

**Front : Right**

Actual	Before	Specified Range
-0°22'	-0°22'	-1°01' 0°29'
7°49'	7°49'	7°11' 8°41'
0°10'	0°10'	-0°03' 0°08'
10°29'	10°29'	
10°07'	10°07'	

**Front**

Cross Camber  
Cross Caster  
Cross SAI  
Total Toe  
Cross Turn Diff.

Actual	Before	Specified Range
-2°28'	-2°28'	-0°45' 0°45'
-0°03'	-0°03'	-0°45' 0°45'
2°35'	2°35'	
0°02'	0°02'	-0°05' 0°15'

**Rear : Left**

Actual	Before	Specified Range
-2°06'	-2°06'	-2°33' -1°03'
0°08'	0°03'	0°00' 0°11'

Camber  
Toe

**Rear : Right**

Actual	Before	Specified Range
-2°08'	-2°08'	-2°33' -1°03'
-0°10'	-0°10'	0°00' 0°11'

**Rear**

Cross Camber  
Total Toe  
Thrust Angle

Actual	Before	Specified Range
0°01'	0°01'	-0°45' 0°45'
-0°07'	-0°07'	0°00' 0°22'
0°07'	0°07'	