ASS. NO: REF: CS/INC2H110065/AVP3

ASSIGNMENT

From: Date:

Estimate Cost:

OD / TPFT / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop/s

of

Insured: GBK 8288C

Policy No.

Claim's No: MT/1302353-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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: SNM290U Yr Regn: 2023, August.

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

Make: Suzuki Swift cc 1197

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

Sp.Reading 58822 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JSAAZCA3S00599502

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: 185/55R16.

R: 185/55R16

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	30/10/24	D.O.I.	05/11/24.

Survey held at 14 HHB.

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

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

Date / Time	Action / Instruction
	TP INC COE Expiry :
20/3/25	Adrian confirmed LS $1600 (red 3054.25, 65%) ✓
	Estimate given during : Yes (✓)
	MV : 1st Survey ✓ No ( )
	PV :
	Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: 3 + RS. SI

Photos

Others

Report Format :

SK0N24B1M00D / KAN FOOK SING MOTOR WORKSHOP [533758]
ENTRY DATE & TIME: 01/11/2024 16:32 (SGT)
SUBMITTED BY: Helen Pou Hwee Leng
VERSION: 1 (01/11/2024 16:32 (SGT))

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 First Submission	01/11/2024 16:32 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T JUNCTION TEMBELING ROAND AND TEMBELING LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM290U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRIBECAR PTE LTD
Company Reg No	2XXXXX563H
Email Address	BYANGARH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98165122
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	SWIFT 1.2 GLX CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1197
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145970159-000003

DRIVER

Name of Driver	HO ZONG HAN, BRYAN
NRIC No	SXXXX335E
Date Of Birth	14/04/1995
Occupation	Outdoor
Driving Pass Date	30/10/2017
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-98165122
Alt. Phone Number	-
Email Address	BYANGARH@HOTMAIL.COM
Address	BLK 712 PASIR RIS STREET 72 11-47 SINGAPORE 510712
Address complement	-
Postcode	-
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	Side Swipe
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)	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	JERMAINE GAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK8288C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG AIK CHAN
NRIC No	SXXXX375I
Contact Number	(Phone) +65-81223730
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	IRFAN QURESHI
Phone	(Phone) +65-83188154
Email	-

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 Authorised 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. 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 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

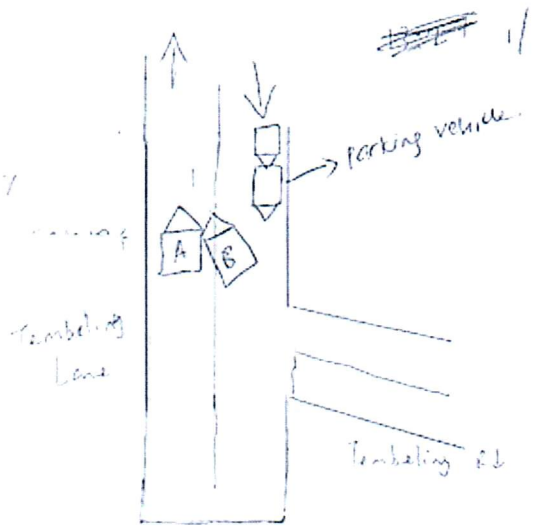
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1/11/24

1506

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



A : SNM

B : GBK8288C

SKETCH PLAN #2

Describe Circumstances of the Accident

Date of Incident : 30th October
Time of Incident : 17:55
Location of Incident : Tembling Road (Single-lane, Two-way residential street)

Other Party Involved
Name : NG ALK CHAN
Contact Info. 8122 8730
Vehicle No GBK8288C
Address : 363 Sembawang Road Goodlink Park (S) 758379

Incident Description
While driving the Tribe Car, I was moving alongside a van when the van, which was in the wrong lane and driving against the flow of traffic, abruptly swerved into my lane, colliding with the right side of my bumper and causing visible damage.

Damage description :
Right side of the bumper sustained damage from the collision.

Additional Notes
- I checked my mirrors before moving off.
- Both vehicles were in motion; the Tribe Car was in the correct lane while the van entered my lane unexpectedly from the incorrect lane, causing the collision.

Declaration

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

1506
1/11/24

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

TRIBECAR

Having Trouble?
Email support@tribecar.com

Hi HO ZONG HAN, BRYAN,

Your booking is confirmed! Get ready to drive off with your Tribecar!

Booking Details

Booking Reference

A-301024-3825371

Your Vehicle

Suzuki Swift Mild Hybrid (2020 onwards) (SNM290U)
Standard Sedan
Automatic Transmission, Petrol

Pickup

3:00 pm
30 Oct 2024

Return

10:00 pm
30 Oct 2024

Booking Fees

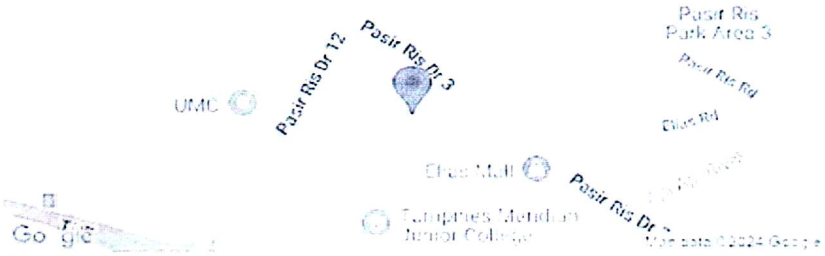
$55.59

E-Wallet Balance

$153.91

To view your booking, click here.

Directions to Vehicle



Open Location in Google Maps

Address and Directions

Pasir Ris Drive 10 - Blk 700A

Blk 700A Pasir Ris Drive 10, Multi-storey Car Park
Singapore 511700

Deck 4B, Lot 258 - 275
Alternative car park lots if full: NA

Enter MSCP from Pasir Ris Drive 10