

ASS. REC. BY: TauhinREF: CS3CT/24110344/Tuh3

## 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.

N/S	O/S

Bal. or Market Value: \$115K

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

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

Est. Repairs \_\_\_\_\_ days Res.: Yes or No

Lump Sum \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

PRS

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

Vehicle: IN / OUT

Veh No: SNQ1381M Yr Regn: 2021, 04Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Mini One Clubman cc 1499Colour: Orange A/C: Insured / Std / NI / NASp. Reading: 29570 T/Radio: Insured / Std / NI / NA

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

C/No: WMWLV120402-N 22309Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modl: NI / S/Rm / STD A/Rlm or \_\_\_\_\_Tyre Size: F: 225/45 R17R: ^ ^

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

Survey held at Lian Motor

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 18/11/24 05pmDes. 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 \_\_\_\_\_

Repair Range: \$8000 - \$9000, 7 days

Date/Time, File Pass to?

☐

: Prell. Report

1) \_\_\_\_\_

☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS \$ \_\_\_\_\_

Police \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Rep. Format: \_\_\_\_\_

Lump Sum / L.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	12/11/2024 16:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/11/2024 20:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	9 ONTARIO AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNQ1381M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH HIRO TOSHI, THOMAS
NRIC No	S8119574I
Email Address	thomas.hirotoshi@gmail.com
Mobile Phone No	(Phone) +65-92726069
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mini
Model	One clubman
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	1500
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	5143132026

#### DRIVER

Name of Driver	GOH HIRO TOSHI, THOMAS
NRIC No	S8119574I
Date Of Birth	23/06/1981
Occupation	Indoor
Driving Pass Date	01/02/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92726069
Alt. Phone Number	-
Email Address	thomas.hirososhi@gmail.com
Address	9 ONTARIO AVENUE
Address complement	#01-01 THE WINDSOR
Postcode	576199
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBH6222X
Insurance Company of Other Vehicle Owned by Driver	Liberty Insurance Pte Ltd

#### 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?	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	SING VALERIE
Gender	Female

#### PASSENGER 2

Name	Matilda Goh
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER AS POLICE REPORT (VAN WINDSCREEN IS HEAVILY TINTED WHICH MAY AFFECT VAN DRIVERS VISIONS AT NIGHT)

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 Will email to motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number GBL1362L  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Commercial vehicle  
Name of Driver MUHAMMAD HAFEEZ BIN ABDUL RAHMAN  
NRIC No S8934479D  
Contact Number (Phone) +65-93438136  
Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) 2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Sing Valerie  
Gender Female  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old 32  
Injuries Sustained Cuts on right pinky finger, pain on arm, left lower back and discomfort on neck area  
Injured person in which vehicle? SNQ1381M  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Matilda Goh  
Gender Female  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old 2  
Injuries Sustained Shock  
Injured person in which vehicle? SNQ1381M  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person GOH HIRO TOSHI, THOMAS  
Gender Male  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old 43

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

PAIN ON BACK,BOTH SHOULDER, NECK AREA

SNQ1381M

Yes

No

#### WITNESS DETAILS

WITNESS 1

Name

Phone

Email

SO ANANTHAN

(Phone) +65-80379315

-

**SKETCH PLAN**

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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.
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**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

12/11/2024

Sketch Plan

15:45Hrs

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Muhammad Sumardi Bin Mohd Affandi  
S995530

