

REF:

CS/INC 240 60305 / Avh3

ASSIGNMENT

Front: _____ Date: _____

Estim: _____

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

To In _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: _____ 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: SKZ83847 Yr Regn: 2016, Feb.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel C.D. 1496Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 162945 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU11113291Gen. 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: 215/60R16R: 215/60R16

BS / DUN / EXNOVA / GY / FS / IZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. 26/6/24 Chua D.O.I. 28/06/24Survey 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

TP INCCOE ExpiryEstimate given during : Yes C
1st Survey : No CMV: 29KPV: 15.1KNett: 13.9K.

Date/Time, File Pass to?



: Preli. Report



: Final Report

1) Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

Report Format:

Report Date / Time

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	27/06/2024 09:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/06/2024 09:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CITY BEFORE BALESTIER RD EXIT 7D
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8384Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHER TAI SOON
NRIC No	S1385957D
Email Address	LEETING_96@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97980713
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VP05033975

DRIVER

Name of Driver	ONG LEE TING
NRIC No	S9635771J
Date Of Birth	26/09/1996
Occupation	Indoor

Driving Pass Date	30/07/2015
Driving experience	8 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97852681
Alt. Phone Number	-
Email Address	LEETING_96@HOTMAIL.COM
Address	BLK 233 COMPASVALE WALK #04-476
Address complement	-
Postcode	540233
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	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	CHER CHAI HWEE CHRISTABEL
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/20240626/7046.

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	SLR805B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG LEE TING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ8384Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHER CHAI HWEE CHRISTABEL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ8384Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

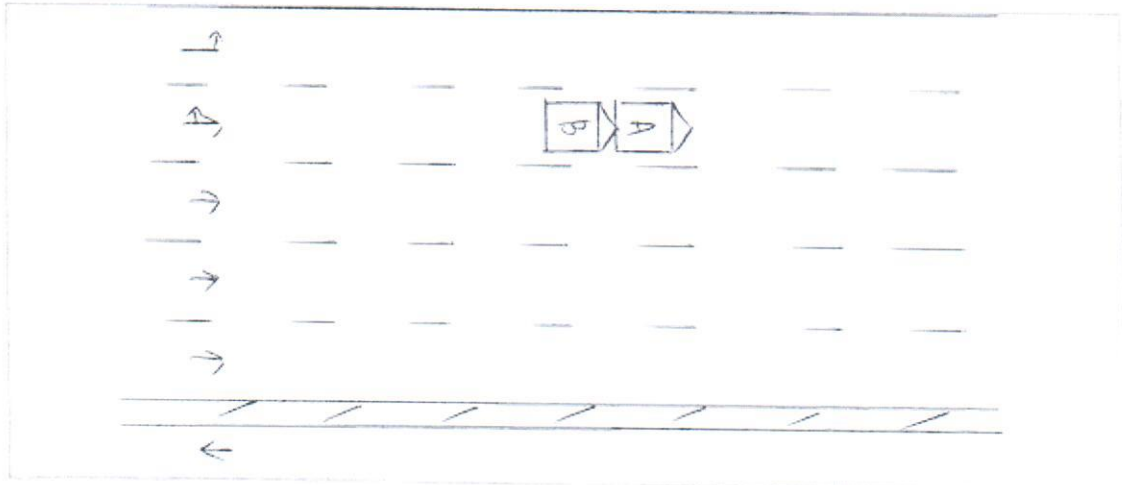
1. This form is to be completed by the driver of the vehicle involved in the accident.
2. The form must be completed by the driver of the vehicle involved in the accident.
3. The form must be completed by the driver of the vehicle involved in the accident.
4. The form must be completed by the driver of the vehicle involved in the accident.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. The report will be forwarded by the insurer to the Traffic Records Management Centre established by the Central Insurance Association of Singapore (CICAS) for onward processing of the report and will be made available upon application by interested parties.
7. In the absence of the report, the driver of the vehicle involved in the accident must report to the Traffic Police Department for investigation.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand and acknowledge and consent that:
a. My insurer, my workshop and the Insurance Association of Singapore ("I") shall be permitted to collect, use, process, store, transfer, disclose, disseminate, publish, and otherwise use my personal information (the "Personal Information") and disclose and transfer such Personal Information to any person or entity who has, or may have, a legitimate interest in the Personal Information, including but not limited to, the Insurers, the Insurers' Association of Singapore, the Monetary Authority of Singapore and any relevant government authorities, such as the police for the purposes of:
i. conducting, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;
ii. investigating the accident and/or my claim;
iii. carrying out and/or dealing with my obligations in responding to any enquiries by me;
iv. administering my claim including the making of correspondence, statements, invoices, reports or other forms which, and/or the disclosure of personal data about me to, my broker, delivery of the same as well as the external cover of envelopes and/or packages; and/or
v. complying with applicable law in administering, handling and/or dealing with my claim.
(collectively the "Purposes").
b. Both Insurers, who have insured vehicle involved in the accident and the Insurers' Association of Singapore, shall be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and my Personal Information may also be disclosed to any of the Insurers and/or CICAS, either the data controller, processor or agents, including their lawyers/firms, after they or their lawyers/firms have been notified of the above Purposes.

Signature of Driver: [Signature]

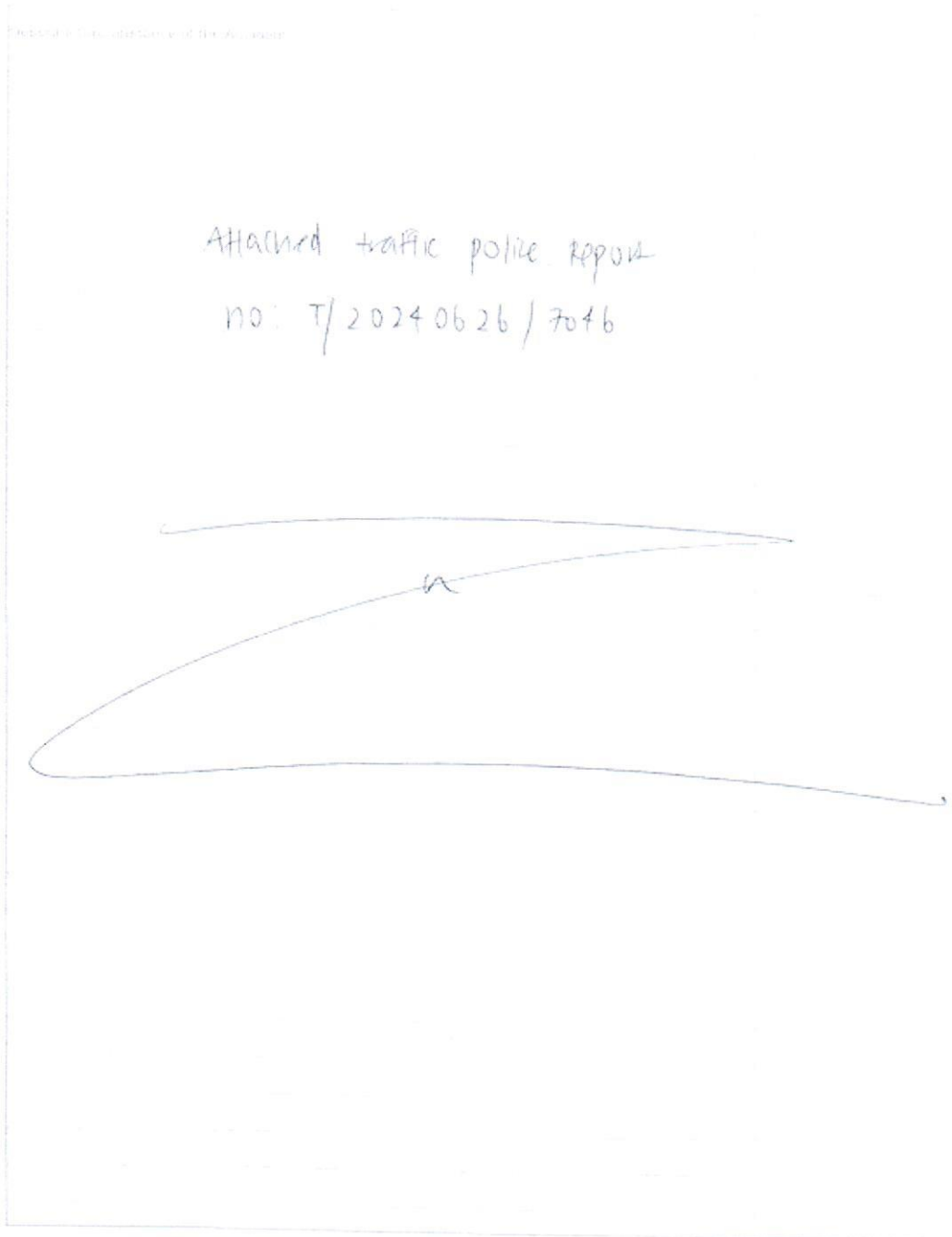
Signature of Witness: [Signature]

Signature of Insurer: [Signature]

Sketch Plan



Vehicle A: SKZ 8384Y
Vehicle B: SR 1805B



Declaration:
I hereby declare that the information provided in this report is true and correct.


Reporting Officer: [Signature]


Witness: [Signature]

Printed Name: [Name]
Date: [Date]



**SINGAPORE
POLICE FORCE**



T/20240626/7046

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

1 of 3

Report No. T/20240626/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2024 14:18		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: ONG LEE TING		Address: 233 COMPASSVALE WALK #04-476 SINGAPORE 540233		
ID Type / ID No. NRIC NO / S9635771J		Contact No. Home/Office: Mobile: 97852681		
Nationality: SINGAPORE CITIZEN		Email: LEETING_96@HOTMAIL.COM		
Sex: Female	Age: 27	Date of Birth: 26/09/1996	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: BUSINESS EXECUTIVE		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2024 09:25	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SKZ8384Y	Motor car					1
SLR1805B	Motor car					1

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



**SINGAPORE
POLICE FORCE**



T/20240626/7046

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

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Report No. T/20240626/7046

CONTINUATION OF REPORT

Driver			
Name	ONG LEE TING	ID No.	S9635771J
Related Vehicle	SKZ8384Y (Motor car)	Contact No.	97852681
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/06/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious

Brief Details.

ON 26/06/2024 AT ABOUT 0925HRS AT ALONG CTE TOWARDS CITY BEFORE BALESTIER ROAD EXIT 7D, I WAS TRAVELLING ON THE 4TH LANE FROM THE RIGHT AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. 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 1 PASSENGER INSIDE MY VEHICLE. AFTER THE ACCIDENT, WE BOTH FELT UNWELL AND WENT TO CONSULT A DOCTOR AND WAS GIVEN 05 AND 07 DAYS OF MC RESPECTIVELY.

VEHICLES INVOLVED IN THE ACCIDENT:
VEHICLE A: SKZ8384Y
VEHICLE B: SLR1805B



**SINGAPORE
POLICE FORCE**

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



T/20240626/7046

3 of 3

Report No. T/20240626/7046

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.: 65476030

NP168

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

Date/Time:
26/06/2024 14:18

Classification Of Case: