

ASS. REC. BY:

Tajm

REF:

CS3 / CT124070326 / Tgc

ASSIGNMENT

2027 11

2007, 12

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:

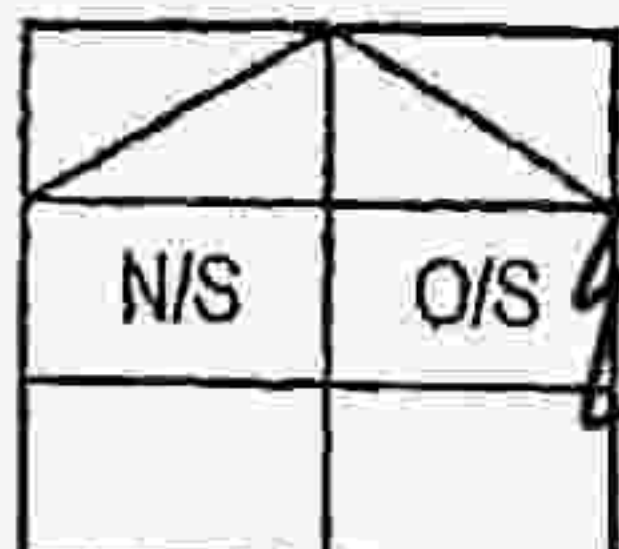
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

36K

IDAC Accident Rpt:

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

PRS - WP

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

G7A7617X

Yr Regn:

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

Truck / Trailer or

Make:

Toyota Hiace

c.c

2982

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

370172

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT02PX.0000 6352

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/15

R:

22

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.

D.O.I.

22/7/24

Survey held at

Eu & Eu

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

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

Date / Time Action / Instruction

Repair Range: \$6000 - \$7000, 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:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

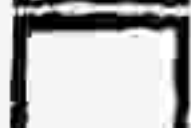
Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Format:

Lump Sum / L.B.E. ()

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 | 06/06/2024 17:10 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 05/06/2024 14:30 (SGT) |
| Exact Location of Accident | Singapore, Jurong Town Hall |
| Additional Location Information | JUNCTION OF JURONG TOWN HALL ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBA7617X |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | Yes |
| Name Of Registered Owner | 4R EMPLOYMENT AGENCY |
| Company Reg No | 53376704X |
| Email Address | 4r.employment@gmail.com |
| Mobile Phone No | (Phone) +65-88527172 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5131724434-01 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | ROSLI BIN ALI |
| NRIC No | S7027658E |
| Date Of Birth | 09/08/1970 |
| Occupation | Outdoor |

| | |
|--|----------------------------------|
| Pass Date | 13/01/1997 |
| Driving experience | 27 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88527172 |
| Alt. Phone Number | - |
| Email Address | 4r.employment@gmail.com |
| Address | APT BLK 530 JELAPANG ROAD #04-49 |
| Address complement | - |
| Postcode | 670530 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 - 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? | 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH STATEMENT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY II

| | |
|-----------------------------|----------------|
| Vehicle Registration Number | SKX2590T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SOH HUAN CHOON |
| NRIC No | S1694177H |

IMPORTANT NOTICE

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- ¹ Consent under the Personal Data Protection Act (PDPA)

[illegible]
$$u_1(x) = \frac{1}{2} \left(1 + \frac{x}{\sqrt{1+x^2}} \right), \quad u_2(x) = \frac{1}{2} \left(1 - \frac{x}{\sqrt{1+x^2}} \right), \quad u_3(x) = \frac{1}{2} \left(1 + \frac{x}{\sqrt{1+x^2}} \right), \quad u_4(x) = \frac{1}{2} \left(1 - \frac{x}{\sqrt{1+x^2}} \right).$$

4. (a) For a steady state, the growth rate of the population, state level, and level of technology is equal to the rate of technological change. In a steady state, the growth rate of the population, state level, and level of technology is equal to the rate of technological change. In a steady state, the growth rate of the population, state level, and level of technology is equal to the rate of technological change.

[illegible]

3.1.2. *Objectives and Purposes*

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• $\mathcal{L}_\lambda = \mathcal{L} + \lambda \mathcal{R}$ is the regularized loss function, where \mathcal{L} is the loss function, \mathcal{R} is the regularization function, and λ is the regularization parameter.

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[illegible]

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As I had been told, the quality of the work was excellent.

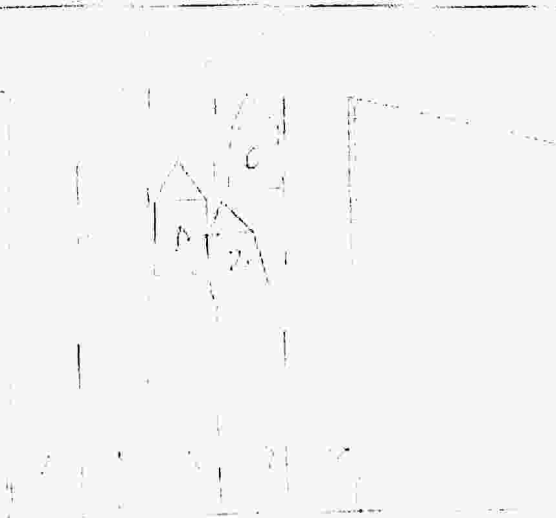
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Environ Monit Assess (2008) 141:111–121

2. 166767X

E. SKX-590T

С. ИСКЛЮЧЕНО (NOT RECORDED)
(WAKING-BURNING NIGHT
AT 10:10 AM)



Describe Circumstance of the Accident

On 6 June 2024 @ ABOUT 1430 HRS, I WAS AT
JURONG TOWN HALL RD TOWARDS BURN RATER RD
UNDER ARL FLYOVER WAITING FOR THE TRAFFIC LIGHT
TO TURN GREEN. Once it turned GREEN, I STARTED
TO MOVE ACCORDING TO THE FLOW OF TRAFFIC.
Suddenly I HEARD A LOUD BANG AT MY VEHICLE REAR
B.D. AND NOTICE FROM MY SIDE MIRROR, A MULET
(WHITE IN COLOUR) HAD KNOCKED DOWN MY VEHICLE.
THE MULET WAS TRYING TO TURN TO HIS LEFT LANE
AS HE WAS AT THE RIGHT TURNING LANE. HE WANTED
TO OVERTAKE A VEHICLE WHICH IS TURNING RIGHT.
THE CAUSE OF COLLISION HAD CAUSED SOME DAMAGE AND
SCRAPMET UNTIL THE MY VEHICLE BURNED.
THAT NO ONE WAS INJURED DUE TO THE ACCIDENT.
THE OTHER PARTY ONLY PROVIDE HIS LICENSE FOR RECORDS
purpose and Refuse to provide contact number.

Declaration



[Signature]

[Signature]