

REF: CS/SMR24070422/Avp3

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in _____ Vehicle No: _____

at W/O _____ m/s

of _____

Insured: **SHB 5197C**

Policy No: _____

Claim's No: **TAX/07/24/2080**

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: _____

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: **SmX5910K** Yr Regn: **2021 Jan.**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Noah Hybrid** **1797**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **195571** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **ZWR800404590**Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt orMod: Nil S/Rim / STD A/Rim orTyre Size: F: **195/65R15**R: **195/65R15**

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

TOYO / YOKO or **Rydan**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **24/7/2024** D.O.I. **26/07/24**Survey held at **Xin Hua**Des. 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
6/12/24	TP 1st Cap Adrian confirmed LS \$3800 (Red 9319.84, 71%)
	COE Expiry
	Estimate given during : Yes ☒ / No ☐
	1st Survey : Yes ☒ / No ☐
	MV: 150K
	PV: 51K
	Nett: 98.9K

Date/Time, File Pass to?



: Preli. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair: **5**

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Report Format:

Report Form / R.P. Form

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	25/07/2024 16:43 (SGT)
Reported by	Actual Driver
Date of Accident	24/07/2024 16:45 (SGT)
Exact Location of Accident	One Shenton Wy, Singapore 068803
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5910K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STARIO EXPRESS SERVICES
Company Reg No	5XXXXX272L
Email Address	AYLIETEO@GMAIL.COM
Mobile Phone No	(Phone) +65-88083182
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120493937-03

DRIVER

Name of Driver	TEO AI GOON JEAN
NRIC No	SXXXX568D
Date Of Birth	22/10/1971
Occupation	Outdoor

Driving Pass Date	24/09/1990
Driving experience	33 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88083182
Alt. Phone Number	-
Email Address	AYLIETEO@GMAIL.COM
Address	BLK 430B FERNVALE LINK
Address complement	#14-213
Postcode	792430
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COMPANY DIRECTOR
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

REFER TO ATTACH

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	SHB5197C
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO AI GOON JEAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SMX5910K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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.
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' law firms/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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

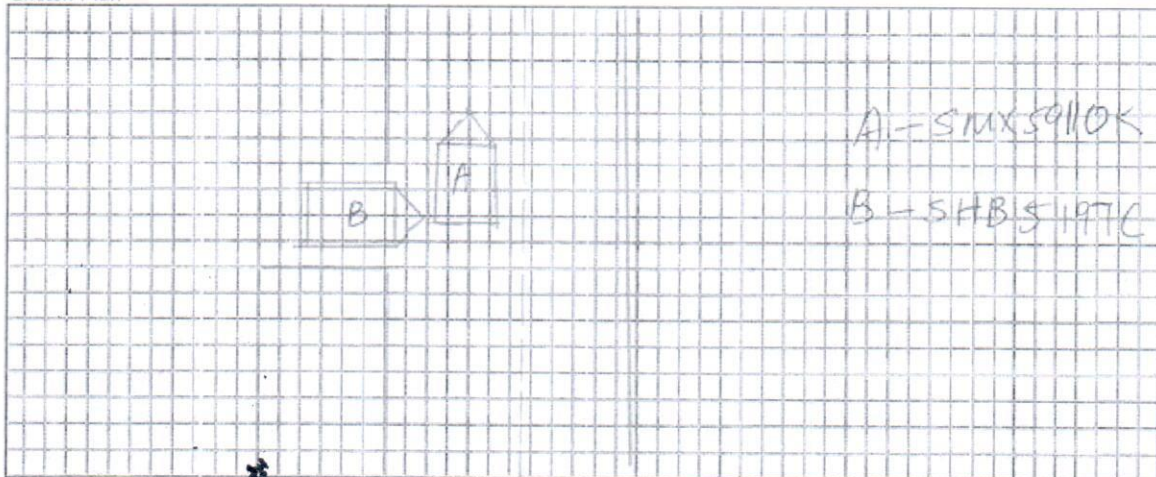
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Page 4

Describe Circumstance of the Accident

Refer to the police report T/ 20240725 / 7032

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20240725/7032

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

1 of 3

Report No. T/20240725/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2024 12:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO AI GOON JEAN			Address: 430B FERNVALE LINK #14-213 SINGAPORE 792430		
ID Type / ID No.: NRIC NO / S7137568D			Contact No.: Home/Office: Mobile: 88083182		
Nationality: SINGAPORE CITIZEN			Email: MISSYPALACE@HOTMAIL.SG		
Sex: Female	Age: 52	Date of Birth: 22/10/1971	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2024 16:45	Type of Location: Straight Road
Location: SHENTON WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5197C	Motor car		PRIUS	Maroon	Seriously Damaged	0
SMX5910K	Motor car	TOYOTA	VOXEY	White	Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20240725/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 405665
Tel No: 65470000

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Report No. T/20240725/7032

CONTINUATION OF REPORT

Driver			
Name	SEAN POH TAT SONNY		ID No. S1366005J
Related Vehicle	SHB5197C (Motor car)		Contact No. 88935185
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	TEO AI GOON JEAN		ID No. S7137568D
Related Vehicle	SMX5910K (Motor car)		Contact No. 88083182
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2024	Date Discharge	25/07/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Sight

Brief Details.

On 24/7/2024 at about 1645Hrs, i was driving my vehicle SMX5910K along One Shenton Way towards Commerce St.
While i was traveling straight, suddenly a taxi SHB5197C from One Shenton Building Exit dash out without checking on the oncoming vehicle and giving way to the main traffic vehicle. As the result, his front portion collided onto my vehicle left side portion (left Passenger doors, left rear rims and left rear portion) and cause damage and dented. After the accident we exchanged particular and leave the scene, my neck and back pain due to the impact of the accident so i consult doctor and was given 5 days MC.



SINGAPORE
POLICE FORCE



T/20240725/7032

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

3 of 3

Report No. T/20240725/7032

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
25/07/2024 12:05

Officer In Charge Of Case:

Classification Of Case:

NP168

Blhnd

CITY TYREAUTO PTE LTD
219 KAKI BUKIT AVE 1
SHUN LI INDUSTRIAL PARK
SINGAPORE 416044
TEL: 67466686
H/P: 85153676

Work Order: R007624
License: SMX5910K
Date: 25.7.24 14:57

Factory Japan 2020.0.1 : Toyota : Noah / Voxy : R80 Series : ZRR80G

Front : Left

Actual	Before	Specified Range
-0°56'	-0°56'	-0°50' 0°40'
3°25'	3°25'	2°40' 4°10'
0°12'	0°12'	-0°03' 0°08'
1°26'	1°26'	9°30' 11°00'
0°30'	0°30'	8°40' 11°40'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-0°50'	-0°50'	-0°50' 0°40'
3°25'	3°25'	2°40' 4°10'
0°07'	0°07'	-0°03' 0°08'
1°20'	1°20'	9°30' 11°00'
0°30'	0°30'	8°40' 11°40'

Front

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

Actual	Before	Specified Range
-0°06'	-0°06'	-0°45' 0°45'
0°00'	0°00'	-0°45' 0°45'
0°06'	0°06'	
0°19'	0°19'	-0°05' 0°16'

Rear : Left

Actual	Before	Specified Range
1°35'	1°35'	-1°55' -0°25'
1°04'	1°04'	-0°01' 0°18'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-0°59'	-0°59'	-1°55' -0°25'
0°12'	0°12'	-0°01' 0°18'

Rear

Cross Camber
Total Toe
Thrust Angle
Axle Offset

Actual	Before	Specified Range
2°34'	2°34'	-0°45' 0°45'
1°16'	1°16'	-0°03' 0°35'
0°26'	0°26'	
0mm	0mm	