

ASS. REC. BY:

REF:

C93/C72 I4080058/Kgk3

Kenneth

## 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. \_\_\_\_\_

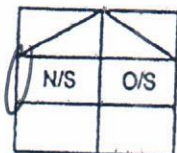
Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: 8308k

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

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

Vehicle: IN / OUT

Veh No: SNK 8975KYr Regn: 05, 23

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

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

Make: Toy AlphardC.G. 2493Colour: M. Black

A/C: Insured / Std / NI / NA

Sp. Reading: 56118

T/Radio: Insured / Std / NI / NA

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

C/No: AG1430

.0447444

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD / R/Rim orTyre Size: F: 235/508R18

R: \_\_\_\_\_

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

TOYO / YOKO or Kapsen

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 3/8/24D.O.I. 8/8/2024

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or NIS body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

/

PRS

EN 404 86-7k

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_

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

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

Add Fee: ☐

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

☐

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

☐

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

☐

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

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

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

S + RS. SI \_\_\_\_\_

: Fines \_\_\_\_\_

: Others \_\_\_\_\_

TOTAL \_\_\_\_\_



*[Signature]*

**ACCIDENT INFORMATION**

Date of accident	03/08/2020	Time of accident (Hrs)	12:30hrs
Location of accident	403 Ang Mo Kio Ave 10 open car park.		

**DETAILS OF OWN VEHICLE**

Vehicle registration number	SNK 897SK		
Name of registered owner	Lee Rong Jie		
NRIC/FIN/Passport no.	5920408C		
Email address	leerongjie92@gmail.com		
Mobile phone no.	96838358	Alternative phone no.	

**VEHICLE PARTICULARS**

Manufacturer	Toyota	Model	Alphard
Insurance company	ECIC	Policy No.	MPU 24800011600
Insurance coverage	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party Only	<input type="checkbox"/> Third Party Fire Theft
Fleet policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Vehicle Category	Private Car / <input checked="" type="checkbox"/> Private Hire / Others:		
Reporting purpose	<input type="checkbox"/> Own Damage	<input checked="" type="checkbox"/> Third Party	<input type="checkbox"/> Reporting Only

**DRIVER'S PARTICULARS**

Name of driver	Lee Rong Jie	Same as owner:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
NRIC/FIN/Passport no.	5920408C		
Date of birth	25/01/1992		
Occupation	Phv driver		
Date of driving pass	28/04/2011		
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
Mobile phone no.	96838358	Alternative phone no.	
Email address			
Address	Blk 403 Ang Mo Kio Ave 10 # 06-021 (A) 560403		
Postcode	560403	Relationship with owner	owner

**GENERAL INFORMATION OF ACCIDENT**

Type of collision	Head to rear / Chain / Side Swipe / Others:		
Weather conditions	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	Road Surface: <input type="checkbox"/> Dry / <input type="checkbox"/> Wet
Number of passengers		Name:	Gender:
		Name:	Gender:
		Name:	Gender:
Was anybody injured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Police report made? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Videos captured?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Please tick if the video is with owner. <input checked="" type="checkbox"/>

\* Please pass the video to person in charge if you would like to attach to the report.

Name of person injured	Lee Rong Jie
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**DETAILS OF OTHER VEHICLE**

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle registration no.	SNM 4913E		
Name of driver	Mohana D/o Sawandha Rajan		
NRIC/FIN/Passport no.	59039809A		
Contact Number	88394046		
Name of person injured			
Workshop Name & Email address:			



## 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:

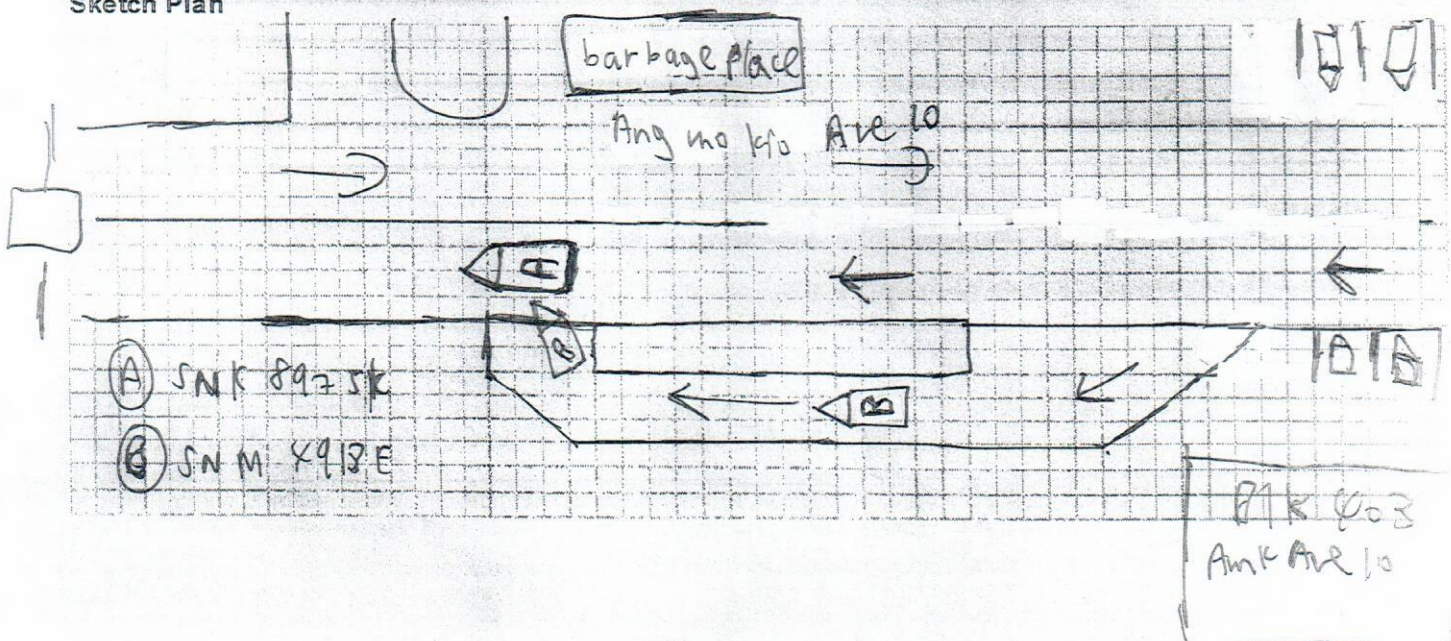
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

          
Policyholder's Signature / Date &  
Time

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

          
Witnessed by Reporting Centre  
Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

As per Police Report

Vehicle Repair at HAPLE Automobile Trading Co.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20240804/2032

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 3

Report No. T/20240804/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/08/2024 12:29	Vide Report No.:	Station Diary No.: 45
<b>Informant's Particulars</b>		
Name of Informant: LEE RONGJIE	Address: 403 ANG MO KIO AVENUE 10 #06-621 SINGAPORE 560403	
ID Type / ID No.: NRIC NO / S9202408C	Contact No.: Home/Office:	Mobile: 96838358
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 32	Date of Birth: 25/01/1992
Type of Informant: Driver		
Race: Chinese	Language:	
Occupation: PRIVATE HIRE 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: 03/08/2024 12:30	Type of Location: Car Park
Location:  ANG MO KIO AVENUE 10				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SNK8975K	Motor car					0
SNM4913E	Motor car					2

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20240804/2032

2 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20240804/2032

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE RONGJIE	ID No.	S9202408C
Related Vehicle	SNK8975K (Motor car)	Contact No.	96838358
Hospital/Clinic	C&K FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	04/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of	Slight
<b>Driver</b>			
Name	Mohana D/O Sawadra Rajan	ID No.	S9039809A
Related Vehicle	SNM4913E (Motor car)	Contact No.	88394046
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 03/08/2024 at about 1230hrs, I was driving, my car plate SNK8975K, in the car park of Blk 403 Ang mo kio avenue 10 carpark. I was driving towards the gantry to exit, and a vehicle was at the pickup point at Blk 403.

As I was driving forward, the vehicle, car plate SNM4913E, wanted to drive out of the pickup point. I saw that she was speeding up and was about to hit me and I swerved to avoid getting hit.

The car then hit my car's left side doors.

We both then exited the vehicle and exchanged particulars. There is damage to my left side front and rear door. The other car suffered damage to the front right bumper. The other driver was not injured. She had 2 passengers in her car.

Today, I woke up and felt pain on my neck, right shoulder and my right side of my back. I went to the doctor. I received 7 days mc. I have an in-car camera and it was recording the incident.





**SINGAPORE  
POLICE FORCE**



T/20240804/2032

Police Station Of Origin:  
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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20240804/2032

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
F /  
SGT 1 NURUL AMELINA BINTE  
ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
INSP (2) LOW MENG FATT  
Contact No.: 97577566

Signature Of Informant:

Date/Time:  
04/08/2024 12:29

Classification Of Case: