

23/03/2002

ASS. REC. BY:

REF:

CS/PWD 2000 2093 / U5F3

Special Instructions:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): Vincent Chanof FWDDate/Time: 6.2.2020 3.49pm

Estimated Cost:

Bill to:

OD / TP / VS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

GBD 7855J

Insured:

SLG 6515

at Workshop in/:

Shung Li Lai

Tel:

98153803

of

2 LG16 BUK1 Pw 2 #101-36 Autohub

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Vch:

D.O.A. 27.1.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time:

6/2/2020 4.00pm

Person Contacted:

Kevin

H.O.D. Endorsement:

Vehicle: IN/OUT

Date/Time:

Action/Instruction (✓) Estimate

GBD 7855J - CS3 / Asm19008609 / Ecd312 DOA - 14/03/2019SLG 6515 - X11/4/2020WSP Kevin say DS.

## 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:

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$

☐

Preli. Report

☒

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

)

TOTAL

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

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

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

No Settlement. PRS  
2500 - 3000k.

PRS

## Summer Lee (LKK Auto)

---

**From:** venessa.chan@fwd.com  
**Sent:** Thursday, 6 February, 2020 3:49 PM  
**To:** 'admin-d@lkkauto.com'; 'admin-a@lkkauto.com'  
**Cc:** motorclaims.sg@fwd.com; lionel.tan@fwd.com  
**Subject:** (DS) PRS TO BE ARRANGE @ KAKI BUKIT AUTO HUB 2 / ACCIDENT INVOLVING VEHICLES GBD7855J & SLG651S ALONG 406 TAMPINES ST 41 CARPARK ON 27/01/2020 AT 1410HRS  
**Attachments:** PRI - SHENG LI LAI.pdf

Dear Nivitha,

Please refer to the email below and liaise with TP repairer for PRS.

Please create the case in Merimen.

Kindly upload all correspondence emails/documents sent to you into Merimen.

Thank you.

Best Regards,

Venessa Chan

Administrative Assistant, Claims

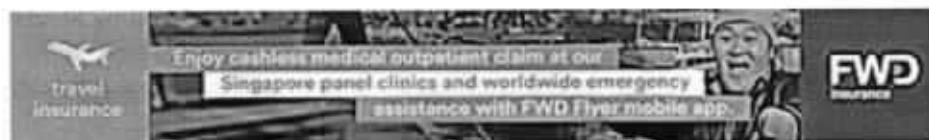


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E [venessa.chan@fwd.com](mailto:venessa.chan@fwd.com)

W [www.fwd.com.sg](http://www.fwd.com.sg)



---

**From:** Venessa Chan - SGUser  
**Sent:** Thursday, February 6, 2020 3:48 PM  
**To:** 'Quek Kevin'  
**Cc:** Motor Claims SG - SG Common  
**Subject:** (DS) PRS TO BE ARRANGE @ KAKI BUKIT AUTO HUB 2 / ACCIDENT INVOLVING VEHICLES GBD7855J & SLG651S ALONG 406 TAMPINES ST 41 CARPARK ON 27/01/2020 AT 1410HRS

Hi Kevin,

Thank you for the selection of LKK Auto Consultant.

We will proceed to assign survey.

Thank you.

Best Regards,

Venessa Chan

Administrative Assistant, Claims

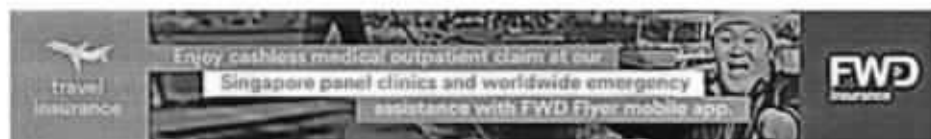


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E [venessa.chan@fwd.com](mailto:venessa.chan@fwd.com)

W [www.fwd.com.sg](http://www.fwd.com.sg)



**From:** Quek Kevin [<mailto:kevin5232yyd@gmail.com>]

**Sent:** Thursday, February 6, 2020 3:28 PM

**To:** Venessa Chan - SGUser

**Cc:** Motor Claims SG - SG Common; Lionel Tan Tian Pei - SGUser

**Subject:** Re: (DS) PRS TO BE ARRANGE @ KAKI BUKIT AUTO HUB 2 / ACCIDENT INVOLVING VEHICLES GBD7855J & SLG651S ALONG 406 TAMPINES ST 41 CARPARK ON 27/01/2020 AT 1410HRS

Dear Venessa,

Kindly appoint LKK Auto for the PRS.

Thank you.

On Thu, Feb 6, 2020 at 12:51 PM <[venessa.chan@fwd.com](mailto:venessa.chan@fwd.com)> wrote:

WITHOUT PREJUDICE

Dear Kevin,

Refer to your email dated on 06.02.2020 of the PRI Notice of your client's vehicle GBD7855J,

Please find our panel surveyors as follows: -

1. LKK AUTO CONSULTANTS PTE LTD
2. INFINITI APPRAISAL SERVICE
3. AJAX INSPECTION SERVICES PTE LTD
4. RT APPRAISAL PTE LTD

If you are not agreeable to any of the above, we reserve our rights to request for pre-repair inspection of your client's vehicle.

We look forward to receiving your reply.

Thank you.

\*Please note that contents of this email should not be construed as any admission of liability on the part of our insured and/ or insurers. We hereby maintain full reservation of rights and all defences available to us.

**\*Please note that we do not accept fax. Hence, please send in any correspondences related to Motor Claims via e-mail to [motorclaims.sg@fwd.com](mailto:motorclaims.sg@fwd.com).**

Best Regards,

Venessa Chan

Administrative Assistant, Claims

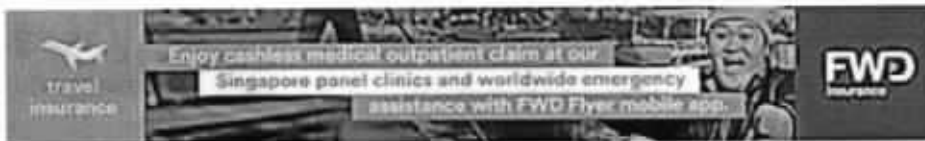


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E [venessa.chan@fwd.com](mailto:venessa.chan@fwd.com)

W [www.fwd.com.sg](http://www.fwd.com.sg)



**From:** Quek Kevin [<mailto:kevin5232vyd@gmail.com>]

**Sent:** Thursday, February 6, 2020 11:46 AM

**To:** Motor Claims SG - SG Common

**Subject:** (DS) PRS TO BE ARRANGE @ KAKI BUKIT AUTO HUB 2 / ACCIDENT INVOLVING VEHICLES GBD7855J & SLG651S ALONG 406 TAMPINES ST 41 CARPARK ON 27/01/2020 AT 1410HRS

Dear Motor Claims,

Kindly find the attached PRS Request for your kind attention.

Please do send us the list of your surveyors for us to choose.

Our customer's vehicle is already in our workshop:-

**Sheng Li Lai**

**2 Kaki Bukit Avenue 2**

**#01-36 Kaki Bukit Autohub**

**S(417921)**

Do revert back to us at the earliest.

For any further assistance, kindly contact Kevin @ 9815 3803.

Thank you.

Regards,

Kevin

**ATTENTION:**

The email and any attachments transmitted with it are private and confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the sender immediately and delete this email and any attachments from your system. You should not use, disclose, copy or store this email and any attachments.

Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

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Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	761E
<b>Vehicle Details</b>	
Vehicle No.:	GBD7855J
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Apr 2020
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2488098
Chassis No.:	JTFAT35Y50K204414
Maximum Power Output:	-
Open Market Value:	\$27,856.00
Original Registration Date:	11 May 2015
First Registration Date:	11 May 2015
Transfer Count:	0
Actual ARF Paid:	\$1,393.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	10 May 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$27,056.00
<b>Total Rebate Amount:</b>	<b>\$27,056.00</b>

The information contained herein is correct as at 02 Apr 2020

OK



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[Ways of Selling](#)

Volkswagen Polo 1.2A TSI @ \$21,800.



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Flexible Loan Available 100%  
Low Interest Rate 1.88%  
Starting

ABWIN







ONE-STOP


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[Sort by Date Posted](#)

20

17 vehicles

[Advanced Search](#)

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type
<b>Search Selection</b>	<b>toyota dyna</b>		Any	Any	<b>2015</b>	Any	Any	Any
	<b>Toyota Dyna 150 3.0M</b>		<b>\$36,800</b>	<b>\$6,810 /yr</b>	<b>28-Aug-2015</b>	<b>2,982 cc</b>	-	<b>Truck</b>
<b>Fuel Type:</b> Diesel We Provide Door Steps Viewing, Reliable And Powerful Model, New Paintwork, Excellent Condition, No Repair Needed, Loan Available, Trade In Welcome And Call For Viewing.								
Posted: 01-Apr-2020    Tags: 2015 Toyota Dyna, Toyota Dyna, Toyota, Dyna								
	<b>Toyota Dyna 150 3.0M</b>		<b>\$37,800</b>	<b>\$6,760 /yr</b>	<b>04-Nov-2015</b>	<b>2,982 cc</b>	<b>125,000 km</b>	<b>Truck</b>
<b>Fuel Type:</b> Diesel Owner Consignment, Low Mileage, One Owner, Superb Condition, Servicing Just Done, Drive With No Worries On The Road, Loan And Trade In Available, Viewing At Woodlands Horizon Building. Call Us For Details And Appointments.								
Posted: 31-Mar-2020    Tags: 2015 Toyota Dyna, Toyota Dyna, Toyota, Dyna								
	<b>Toyota Dyna 150 3.0M</b>		<b>\$38,800</b>	<b>\$6,850 /yr</b>	<b>01-Dec-2015</b>	<b>2,982 cc</b>	<b>110,000 km</b>	<b>Truck</b>
<b>Fuel Type:</b> Diesel 3 Months Warranty! Comes With Full Canopy. Checker Plate. One Owner. No Repairs Needed, New Paintwork, Accident Free. Loan And High Trade-In Welcome. Call Us Now For Test Drive And Viewing.								
Car (S) Pte Ltd Posted: 31-Mar-2020    Tags: 2015 Toyota Dyna, Toyota Dyna, Toyota, Dyna								
	<b>Toyota Dyna 150 3.0M</b>		<b>\$37,800</b>	<b>\$6,690 /yr</b>	<b>26-Nov-2015</b>	<b>2,982 cc</b>	-	<b>Truck</b>
<b>Fuel Type:</b> Diesel We Provide Door Steps Viewing, Reliable And Smooth Engine, Box-van With Both Siding Door And Power Gate, For Catering Use, New Paintwork, Excellent Condition, No Repair Needed, Loan Available, Trade In Welcome And Call For Viewing.								
Posted: 31-Mar-2020    Tags: 2015 Toyota Dyna, Toyota Dyna, Toyota, Dyna								
	<b>LED Scuff Plate for Sales @ \$128 Only!</b> Selected ILLUMINATION / LED scuff plate for sales! The cheapest scuff plate In Town! (For Toyota Innova.) More info about this product							
	<b>Toyota Dyna 150 3.0M</b>		<b>\$39,800</b>	<b>\$7,000 /yr</b>	<b>08-Dec-2015</b>	<b>2,982 cc</b>	<b>110,640 km</b>	<b>Truck</b>
<b>Fuel Type:</b> Diesel With Full Canopy. Checker Plate. One Owner Low Mileage. No Repairs Needed. Loan And High Trade In Welcome. Price Negotiable. Call Test Drive And Viewing.								
994) Pte Ltd								



## 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 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. 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 Report	03/02/2020 17:48
Date Of Accident	27/01/2020 14:10
Exact Location Of Accident	406 TAMPINES ST 41 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7855J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SURISE UNIVERSAL PTE LTD
Co Reg No	2XXXXX761E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63487041

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2115979
Cover Note Number	

### Driver

Name of Driver	DHANASEKARAPANDIAN VINOTH KUMAR
NRIC No	GXXXX397T
Date Of Birth	18/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96975409
Fax Number	
Contact Number	

Address	99 JOO CHIAT ROAD
Postcode	427393
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG651S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.





Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

	<p><b>Vehicle</b>  A - GBC 7855J  B - SLG 651S</p> <p><b>Legend</b>   Vehicle   Motorcycle</p>
--	--

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

parallel

On the stated date & time, I parked my vehicle at a parking lot no. 267 at 406 TAMPAKES ST 41. Suddenly, I heard a loud bang while I am doing delivery at the side. I realized vehicle B, SLG 651S that was parked at a vertical parking lot no. 596 that was parked had hit right onto my vehicle straight in front of it. My vehicle was stationary at the time of impact.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Reg No. 2012072812/21  
Policyholder's Signature  
Date & Time: 28/07/2021

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 27/1/2020 Time: 12:30pm 2 Exact location of accident: 406 Tampines St 41 carpark

3 Injuries even if slight: No ☒ Yes ☐

4 Material damage: To vehicles other than vehicles A and B: No ☒ Yes ☐ To objects other than vehicles: No ☒ Yes ☐

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B): \_\_\_\_\_

Vehicle Video Camera Available: No ☒ Yes ☐

Registration No. (VEHICLE A) GBD 7855T

6 Insured / policyholder (see insurance cert.) Name: Sunrise Universal Pte Ltd (capital letters)

Address: 99 Joo Chiat Road Singapore 427353

NRIC / Passport no.: 201507761E

Tel no. (from 8am till 5pm): 6348 7041

HP: \_\_\_\_\_

7 Vehicle: Make, type: Toyota Dyna 150 (m)

8 Insurance company: AXA ☒ C ☐ TPFT ☐ IPO

Does the policy cover damage to vehicle A? No ☐ Yes ☐

Policy No.: P2115979

9 Driver: ☐ Same as Owner Name: Phang Kok Seng (capital letters) NRIC / Passport no.: G38233971

Class of licence: 3

HP: 9697 5909

Gender: Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

121 Other Collision

122 Collided into Object

123 Collided into Motorcycles

124 Collided into Parked Vehicle

125 Collided into Pedestrian

126 Collided into Property

127 Collision - Change/Cross Lane

128 Collision - Cross Junction

129 Collision - Head on Collision

130 Collision - Head to Rear

131 Collision - Motor/Motor

132 Collision - Opening Door of Vehicle

133 Collision - Run-Over

134 Collision - U-Turn

135 Brunt Driving / Drag Influence

136 Fire, Explosion or Lightning

137 None

138 Hit and Run / Violation / Damaged while Parked

139 Hit by Falling Tree / Other Objects

140 No Collision

141 Side Swipe

142 Trail

Registration No. (VEHICLE B) SLG 6515

6 Insured / policyholder (see insurance cert.) Name: \_\_\_\_\_ (capital letters)

Address: \_\_\_\_\_

NRIC / Passport no.: \_\_\_\_\_

Tel no. (from 8am till 5pm): \_\_\_\_\_

HP: \_\_\_\_\_

7 Vehicle: Make, type: \_\_\_\_\_

8 Insurance company: ☐ C ☐ TPFT ☐ IPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available): \_\_\_\_\_

9 Driver (See driving licence) (if different from insured B above) Name: \_\_\_\_\_ (capital letters)

NRIC / Passport no.: \_\_\_\_\_

Class of licence: \_\_\_\_\_

HP: \_\_\_\_\_

Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A

Signature of Driver A: \_\_\_\_\_

Stamp: SUNRISE UNIVERSAL PTE LTD, Reg No. 201507761E

16

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

B

Signature of Driver B: \_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information needed

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

For insured's individual Statement (Part II) see overleaf →

# Individual Statement

SELLSHENGLI@GMAIL.COM

INDIVIDUAL STATEMENT (Part II)						Own Workshop (mail / fax (if any))	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)							
Insured	1. Occupation (if more than one, state all)			Email: _____			
	2. Vehicle registration no.		C.C.	If commercial vehicle, state permissible carrying capacity			
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			If no, state Relationship of Driver with owner <u>employee</u> date the vehicle number and name of owner of driver's own vehicle (where applicable)			
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____						
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____						
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)						
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth	Occupation	Date of license pass.	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
	18/11/1990	Indoor	Outdoor <input checked="" type="checkbox"/>	4/2/19	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____						
	9. Full details of all driving convictions including pending prosecutions in the last 36 months						
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage		Insurer's name and address (if known)	
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____						
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____						
Accident details	14. Weather conditions		Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>		
	15. Road surface		Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>		
	16. Speed of vehicles		A _____ km/hr	B _____ km/hr			
	17. What warnings were given by driver or other party? _____						
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	19. What lights were displayed on your vehicle/the other vehicle(s)? _____						
	20. If your vehicle is commercial, state weight of load carried at time of accident _____						
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)						
22. State number of Passengers (including Driver) <u>0</u>							
Declaration	I/We declare the foregoing particulars are true in every respect						
	Policyholder's signature _____				Date _____		
Driver's signature (if driver is not the policyholder) _____				Date _____			