

ASS. REC. BY:

REF:

ER1/

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:

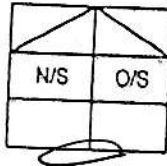
Excess:

(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:

03

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:

SM L 86245 Yr Regn: 06 19

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

Truck / Trailer or

Make:

Honda Shuttle C.G. 1496

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

24298

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GK8 2002022

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / 2Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

4

mm

L/Bal.

2

mm

L/Bal.

4

mm

D.O.A.

28/12/20

D.O.I.

6/3/2020

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.

Date / Time

Action / Instruction

9/13 61 Sp 8 2300d email (Red \$308630, 57%)

21/4 Sent Reli by Merimen

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

21/4/20 Typist

Days Of Repair:

3

Resurvey No. of Trlp:

2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format :

Lump Sum / B.I. (\$

\$2300k

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	02/03/2020 09:58
Date Of Accident	28/02/2020 17:15
Exact Location Of Accident	SLIP ROAD TAVISTOCK AVENUE TOWARDS ANG MO KIO AVE3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8624E
Insured/Policyholder	
Name Of Registered Owner	LIM YEEN TENG
NRIC No	SXXXXX811E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96422249
Alternative Phone No	OFFICE-96422249

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110145193
Cover Note Number	

Driver

Name of Driver	GOH WEE KEONG
NRIC No	SXXXXX334G
Date Of Birth	21/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96422249
Fax Number	
Contact Number	
Email Address	LINCOLNTANYUZHONG@GMAIL.COM

Address	BLK 259C PUNGGOL FIELD #15-53 SINGAPORE
Postcode	823259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED AND POLICE REPORT

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	GT407Y
Vehicle Make/Model/Colour	
Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GOH WEE KEONG
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	SML8624E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:



DECLARATION

Page 5 of 18



**SINGAPORE
POLICE FORCE**



T/20200229/2080

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20200229/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/02/2020 15:52	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: GOH WEE KEONG			Address: APT BLK 259C PUNGGOL FIELD #15-53 SINGAPORE 823259	
ID Type / ID No.: NRIC NO / S8726334G			Contact No.: Home/Office:	Mobile: 96422249
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 21/08/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2020 17:15	Type of Location: T-Junction
Location: Along Road 1 TAVISTOCK AVENUE ANG MO KIO AVENUE 3 T junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GT407Y	Van				No Damage	1
SML8624E	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200229/2080

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20200229/2080

CONTINUATION OF REPORT

Driver			
Name	GOH WEE KEONG	ID No.	S8726334G
Related Vehicle	SML8624E (Car)	Contact No.	96422249
Hospital/Clinic	VITACARE FAMILY CLINIC (PUNGGOL CENTRAL)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the 28/02/2020 at around 1715hrs, I was travelling along Tavistock Avenue towards Ang Mo Kio AVE 3. It is a one lane road. At the stop line, I came to a full stop and was waiting for the oncoming traffic from Ang Mo Kio AVE 3 to be cleared so that I can join to the road. Subsequently, A van behind me hit onto the rear of my vehicle.

I felt an impact at that point of time. Both of us exited from our vehicle and exchanged contact number. As the traffic was moderate and behind vehicles are homing us, we only managed to exchanged number and took some photos of the scene. Both of us then left the place. At that point of time, nobody was injured.

About half an hour later, I felt some soreness at the back of my neck. Thus, I went to see a doctor at Vitacare family clinic and the doctor daignosed me with a four days of MC.

I wish to state that I do not have any in-car camera at that point of time.

My vehicle car plate number is SML8624E
The van car plate number is GT407Y



**SINGAPORE
POLICE FORCE**



T/20200229/2080

3 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20200229/2080

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 GOH JUN JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/02/2020 15:52

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

SN 035

Authentication Stamp
NP168



Signature: _____

Singapore Police Force

T & T Auto Services Pte Ltd

160 Sin Ming Drive
#08-14 Sin Ming AutoCity
Singapore 575722
Tel: 6266 6876 Fax: 6266 6861

LIM YEEN TENG
BLK 259C PUNGGOL FIELD
#15-53
SINGAPORE 823259

Not Authorised
Call 823000
Repair After Pain
3 days

ESTIMATE

DATE : 03/03/2020
VEHICLE NO : SML 8624 E
MAKE/MODEL : Honda Shuttle
ACC DATE : 28/02/2020

PARTICULAR	AMOUNT S\$
------------	------------

LIST ITEMS:				
2	1 TAILGATE	1193		1,193.00 ✓
4	1 TAILGATE INNER LOCK			185.10 ✓
7	2 TAILGATE REFLECTOR	385.85	450.80	901.60 X
8	1 TAILGATE OUTER GARNISH	383.10		383.10 ✓
10	1 TAILGATE LOGO			38.50 ✓
11	1 TAILGATE EMBLEM - SHUTTLE			55.00 ✓
13	1 TAILGATE WINDSCREEN MOULDING (SET)			180.00 ✓
				2,936.30

SPECIAL NETT ITEMS:

1	1 TAILGATE WINDSCREEN SEALANT			50.00 ✓
4	1 REAR NUMBER PLATE			50.00 X
				100.00

LABOUR CHARGES:

1	TO CHECK WIRING			50.00 151
2	TO TUFF KOTE			250.00 301
7	TO REMOVE/REFIX TAILGATE WINDSCREEN			150.00 1201
10	TO REMOVE/REFIX REAR CAMERA AND REVERSE SENSOR			150.00 801
11	TO REMOVE/REFIX UPHOLSTERY, CUSHION SEAT & ROOF LINING			150.00 X
12	TO PANEL BEATING, REMOVING & REPLACING OF NEW PARTS			800.00 300
13	TO SPRAY PAINTING ON AFFECTED AREA			800.00 4001
				2,350.00

GRAND TOTAL: 5,386.30

Singapore Dollars: Five Thousand Three Hundred And Eighty Six And Cents Thirty Only.

T & T AUTO Services Pte Ltd

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: