

ASS. REC. BY:

Steve

REF:

CS/CT/20906723/Eyf3

PRS

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TF / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

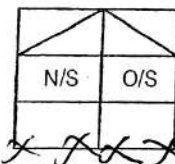
Excess:

(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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLE 73772

Yr Regn:

15/5/18

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

Truck / Trailer or

Make:

Honda Civic 1.5 Turbo

c.c

1498

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

36661

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MRHFC1660JT000035

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:

255/30R19

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

23/6/20

D.O.I.

26/6/20

Survey held at

Precise Auto

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

MV-93K

Repair range 6K-7K  
10 repair days

Date/Time, File Pass to?



1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:



Report Format:

Lump Sum / LCH (\$)

**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	25/06/2020 16:56
Date Of Accident	23/06/2020 15:50
Exact Location Of Accident	WOODLANDS AVE12 TWDS SEMBAWANG RD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLE7377Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM WEI LIE VALARIE
NRIC No	SXXXX242C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97117774
Alternative Phone No	OFFICE-97117774

**Vehicle Particulars**

Manufacturer	HONDA
Model	CIVIC
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V06041/VPC2/R00
Cover Note Number	

**Driver**

Name of Driver	LIM KA SENG STEPHEN
NRIC No	SXXXX982E
Date Of Birth	06/05/1961
Occupation	INDOOR
Date Of Driving Pass	10/07/1981
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86068060
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

BLK 99 COMMONWEALTH CRESCENT #01-58  
140099

Postcode

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own Vehicle

-

-

-

Insurance Company of Driver's Own Vehicle

-

-

-

**General Information of the Accident**

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : TOH KWEE ENG YVONNE

GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident**

REFER TO ATTACHED

**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

GBB1216D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KASINATHAN

NRIC/Passport Number

GXXXX313Q

Contact Number

83145004

Address

de

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GY1200T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOK JUANG YEW

NRIC/Passport Number

SXXXXX010G

Contact Number

97880768

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

LIM KA SENG STEPHEN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLE7377Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

TOH KWEE ENG YVONNE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLE7377Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## 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:

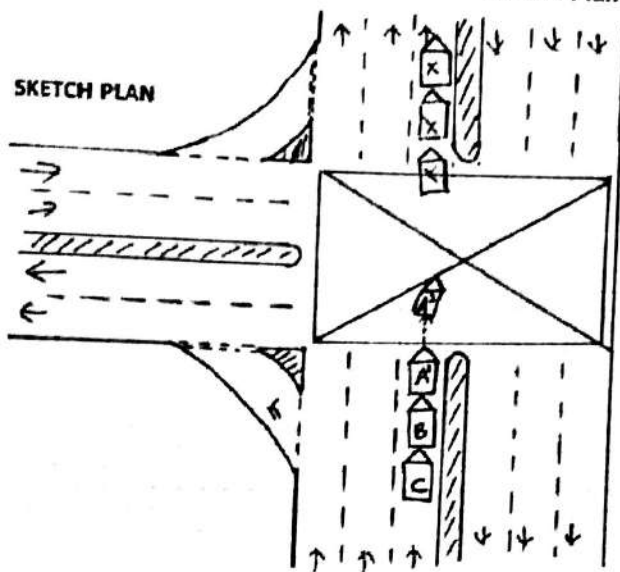
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/ID No.

# SKETCH PLAN



Sketch Plan #2

(A) SLE 7377Z

(B) GBB1216D

(C) GY 1200T

Along Woodlands Ave 12.  
Twards Sembawang Rd.  
(Lamp Post 21F).

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In 23 Jun 2020 @ about 15:51 hrs, I was driving along Woodlands Ave 12. Towards Sembawang Road in the first lane from the right the traffic light was green in my favour, but there is long queue ahead of my car so I slow down & stop before the junction yellow box waiting for the vehicles ahead move forward. Suddenly I felt an impact from behind, and due to the huge impact, my car being push forward into the yellow box. When I come back to inspect my car and I realized that I was involving 3 vehicles chain collision accident my wife & I was felt suffered & pain after this accident. Thus, we went to see doctor & doctor given to us 10 days MC. we will follow up medical treatment if necessary. I hereto lodge this report to claim against Veh B's Insurance for my accident damages & our medical claims.

## DECLARATION

I/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

Reporting Officer's Signature  
Name  
NRIC No.

25.06.2020  
10:50 AM

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



T/20200625/2005

1 of 4

Report No: T/20200625/2005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
25/06/2020 15:04

Vide Report No.:

Station Diary No  
37

### Informant's Particulars

Name of Informant:  
LIM KA SENG STEPHEN

Address:  
APT BLK 99 COMMONWEALTH CRESCENT #01-58  
SINGAPORE 140099

ID Type / ID No.:  
NRIC NO / S1488982E

Contact No.:  
Home/Office: Mobile 86068060

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 59 Date of Birth: 06/05/1961

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
Maintenance Servicer

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:  
23/06/2020 15:55

Type of Location:  
Straight Road

Location:

Along Road 1 Traveling Toward Road 2  
WOODLANDS AVENUE 12  
SEMBAWANG ROAD  
Right-most lane

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Heavy

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
G8B1216D	Van	TOYOTA	HIACE	White	Slightly Damaged	0
GY1200T	Car	MERCEDES BENZ		Black	Slightly Damaged	0
SLE7377Z	Car	HONDA	CIVIC 1.5	White	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**

**POLICE REPORT**



2 of 4

Report No. T-202006252055

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No. 1800-4890999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KASINATHAN	ID No	G3183313Q
Related Vehicle	GBB1216D (Van)	Contact No.	83145004
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOK JUANG YEW	ID No.	S7243010G
Related Vehicle	GY1200T (Car)	Contact No.	97860768
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM KA SENG STEPHEN	ID No.	S1488982E
Related Vehicle	SLE7377Z (Car)	Contact No	86068060
Hospital/Clinic	EXCEL FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/06/2020	Date Discharge	24/06/2020
No. of Days granted Medical Leave	10	Degree of Injury	Slight



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N P C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



T/20200625/2035

3 of 4

Report No. T/20200625/2036

## CONTINUATION OF REPORT

Passenger Name	TOH KWEE ENG YVONNE	ID No.	S1628683D
Related Vehicle	SLE7377Z (Car)	Contact No.	98339910
Hospital/Clinic	EXCEL FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/06/2020	Date Discharge	24/06/2020
No. of Days granted Medical Leave	10	Degree of Injury	Slight

**Brief Details.**

On 23/06/2020 at about 1551hrs, I was driving along Woodlands Avenue 12 going towards the direction of Sembawang Road. I am at the fastest lane (right-most). As the traffic is heavy and I could not drive forward, I stopped my vehicle (a White Honda Civic 1.5, SLE7377Z) just before the junction's yellow box. My wife, Yvonne was seated at the front passenger seat, beside me.

On the same day moments later, I was rear-ended by a vehicle. My vehicle was forcefully moved into the yellow. I made a check with my wife. Both of us did not require immediate medical assistance. I came out of my vehicle and discovered that I was involved in a chain collision. There was a white van (Toyota Hiace, GBB1216D) behind me and behind it, was a black vehicle (Mercedes Benz, GY1200T). At that point of time, no one required ambulance. From my observation, the van rear-ended my vehicle. We all exchanged details with each other. No police or ambulance came to investigate the scene.

On 24/06/2020 at about 1630hrs, my wife and I felt pain around our neck and shoulder area. We went to Excel Family Clinic to seek treatment. Both of us were given 10 days of medical leave. I wish to state that my vehicle only has front recording and it captured my vehicle moving forward by force when the accident happened.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890909



Report No: 1120216925/2015

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sr Staff Sgt MUHAMMAD SALAMUN BIN  
AHMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case

TP / AEIT /

SIANG YI TING, STEPHANIE

Contact No: 65476414

Authentication Stamp

NP158

Signature Of Informant:

Date/Time

25/06/2020 15:04

Classification Of Case:

ANNEX E

NOTICE OF COMPLIANCE

This is to confirm that Lim Ka Seng NRIC: S11488982E, has reported to the Police on a non-injury traffic accident which occurred Woodlands Ave 12 towards Sembawang Road on 23/06/2020 at about 1551hrs involving the following vehicles: SLE7377Z, white 'Honda' vehicle (Informant's vehicle) & GBB1216D, white 'Toyota' van (Other party vehicle) & GY1200T black Mercedes Benz vehicle (Other party vehicle).

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276



Lim Ka Seng  
Date: 23/06/2020  
S/D: 118  
Police Post/Unit: Hougang NPC



Name of Issuing Officer: SGT Nafis

HOUGANG NPC  
60 HOUGANG AVE 9  
SINGAPORE 538775  
+65-4890099

Original - to be issued to informant  
Duplicate - to be retained at police post or unit