

ASS. REC. BY:

Steve

CS/GA120007128/ErF3

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. _____

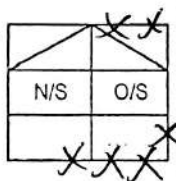
Claims No. _____

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: _____

Veh No:

SKP 48185

Yr Regn:

25/4/19

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

Truck / Trailer or

Make:

Mercedes-Benz V260

c.c

1991

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

13285

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDF44781323547017

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:

245/45R19

R:

11

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

29/6/20

D.O.I.

8/7/20

Survey held at _____

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

Rear RH, front RH

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

Date / Time

Action / Instruction

MV- 185,000.00
 PV- 83,289
 NV- 101,711.00

waiting estimate

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 9/9/20-Typist

Days Of Repair: 21

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / TB: (\$ 331,950)

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 06/07/2020 16:17

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 judgement 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 afterwards.

ACCIDENT STATEMENT

Date Of Report 06/07/2020 10:09
Date Of Accident 29/06/2020 17:30
Exact Location Of Accident CTE LAMP POST NUMBER 237
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP4818S
Insured/Policyholder
Name Of Registered Owner TAN KIM HOCK WILLIAM
NRIC No SXXXXX377F
Email Address MIRAIELE@SINGNET.COM.SG
Mobile Phone No (LOCAL) +65-96648701
Alternative Phone No OTHERS-96648701

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model V260 AVG L

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 PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 1900088511-01
Cover Note Number 25/04/2020 TO 24/04/2021

Driver

Name of Driver TAN KIM HOCK WILLIAM
NRIC No SXXXXX377F
Date Of Birth 28/01/1969
Occupation INDOOR
Date Of Driving Pass 16/04/1987
Driving Experience 33 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96648701
Fax Number OTHERS-96648701
Contact Number MIRAIELE@SINGNET.COM.SG
EMail Address

Address

27L NIM ROAD SINGAPORE 805006

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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? 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

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

refer with attach police report.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP1635G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAY AH SIOK

NRIC/Passport Number

SXXXX240A

Contact Number

88148233

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB4299B
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUA CHYE YONG
NRIC/Passport Number	SXXXX416D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN KIM HOCK WILLIAM
Approximate Age	
Injuries Sustain	SENGKANG GENERAL HOSPITAL PTE LTD - 14DAYS MC
Injured person in which vehicle?	SKP4818S
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: 04/07/2010
15:25h

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

Ref to Polengon

INSURER
VEHICLE
DOA
CLAIM TYPE
WORKSHOP

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

Driver's Signature _____
(If driver is not the primary holder)
Date & Time 04/07/2020

Resident Center for Social Services
Harris.
* 1981-1982



SINGAPORE POLICE FORCE



T/20200703/7010

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

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Report No: T/20200703/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2020 15:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KIM HOCK WILLIAM			Address: 27L NIM ROAD SINGAPORE 805006		
ID Type / ID No.: NRIC NO / S6903377F			Contact No.: Home/Office: Mobile: 96648701		
Nationality: SINGAPORE CITIZEN			Email: MIRAIELE@SINGNET.COM.SG		
Sex: Male	Age: 51	Date of Birth: 28/01/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2020 17:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 237				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SKP4818S	Car	MERCEDES BENZ	V260	Silver	Seriously Damaged	0
SLB4299B	Car	TOYOTA	Senta	Green	Slightly Damaged	1
YP1635G	Lorry	ISUZU		Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry
SKP4818S	AIG ASIA PACIFIC INSURANCE PTE. LTD.			



SINGAPORE POLICE FORCE

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



T/20200703/7010

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Report No. T/20200703/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KIM HOCK WILLIAM	ID No.	S6903377F
Related Vehicle	SKP4818S (Car)	Contact No.	96648701
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2020	Date Discharge	30/06/2020
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	PHUA CHYE YONG	ID No.	S1648416D
Related Vehicle	SLB4299B (Car)	Contact No.	NIL
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
Driver			
Name	TAY AH SIOK	ID No.	S1300240A
Related Vehicle	YP1635G (Lorry)	Contact No.	88148233
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

Brief Details.

On the 29.06.2020 at about 5.30pm, I was travelling in my vehicle bearing registration number SKP4818S along CTE heading towards Braddell Exit (about 350 metres away from the exit), closed to lamp post 237. A Lorry bearing registration number YP1635G driven by Mr Tay Ah Siok (h/p: 88148233) bearing IC S1300240A, collided with my vehicle from the rear. As a result, it cause my vehicle to collided with a vehicle in front of me, a Toyota Senta bearing registration number SLB4299B which driven by Mr Phua Chye Yong bearing IC S1648416D.

The lorry YP1635G also collided with vehicle on its right side. There are a total of 3 person (including me) injured. I went to Sengkang General Hospital by myself on the 29.06.2020 at about



**SINGAPORE
POLICE FORCE**



T/20200703/7010

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

Report No. T/20200703/7010

CONTINUATION OF REPORT

7pm and was discharged on the 30.06.2020. I was given 14 days MC. I sustained injuries such as Whiplashed.



**SINGAPORE
POLICE FORCE**



T/20200703/7010

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Report No. T/20200703/7010

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp

NP168

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

Date/Time:
03/07/2020 15:53

Classification Of Case: