

ASS. REC. BY:

Steve

REF: CS3/CT120097779/Er13

PRS

ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

SLG 1508S

Yr Regn:

22/9/16

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

Truck / Trailer or

Make:

Toyota AHTS

c.c

1598

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

258416

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053REH104558765

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ Indef / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ Indef / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

295/55R16

R:

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

23/7/20

D.O.I.

28/7/20

Survey held at

Neg Automotive

Des. of Damages ☒ Fr ☒ Rear / ☐ O/S / ☐ NIS / ☐ UIC / ☐ Rooftop or

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

Date / Time

Action / Instruction

MV-61K

Repair done 8K - 9K

12 Repair days

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 29/7/20- Typist

Days Of Repair: 12

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: West End (\$

Survey Fee:

Transportation:

\$ + RS \$

Phone

Others

TOTAL

Rep. Form: PRS

Lump Sum / L.B. / C

### 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 willful 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 27/07/2020 16:30  
Date Of Accident 23/07/2020 20:30  
Exact Location Of Accident SERANGOON GARDEN WAY TRAFFIC JUNC  
Country/State Of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG1508S  
Insured/Policyholder  
Name Of Registered Owner VOULEZ CARS  
Co Reg No 5XXXX846X  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-91449265

#### Vehicle Particulars

Manufacturer TOYOTA  
Model COROLLA ALTIS  
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 HIRE

#### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5112801747  
Cover Note Number

#### Driver

Name of Driver KOO LENG SOON  
NRIC No SXXXX690I  
Date Of Birth 14/03/1978  
Occupation OUTDOOR  
Date Of Driving Pass 28/02/2000  
Driving Experience 20 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92974470  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address BLK 212C COMPASSVALE DR #06-109  
 Postcode 543212  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 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? YES  
 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 TO POLICE REPORT T/20200727/2034

#### 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 11

Vehicle Registration Number SMS3792Z  
 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

1. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKB7496R  
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)

**DETAILS OF INJURED PERSON 1:**

Name KOO LENG SOON  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLG1508S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident 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 Authorized 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 rescind 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

ca 5x8 7496R,

Serangoon Garden Way

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report T/20200323/2024

**DECLARATION**

1/We are foregoing particulars are true in every respect.



Em

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Reporting Centre Personnel's Signature  
Name:  
NRUC/Fin No.:



# SINGAPORE POLICE FORCE



T/20200727/2034

1 of 4

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

Report No. T/20200727/2034

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2020 12:04	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: KOO LENG SOON		Address: APT BLK 212C COMPASSVALE DRIVE #06-109 COMPASSVALE PEARL SINGAPORE 543212	
ID Type / ID No.: NRIC NO / S7884690I		Contact No.: Home/Office: Mobile: 92974470	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 14/03/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/07/2020 20:30	Type of Location:
Location: Along Road 1 SERANGOON GARDEN WAY NEAR TO ESSO PETROL KIOSK AT THE TRAFFIC LIGHT JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB7496R	Car				Slightly Damaged	1
SLG1508S					Slightly Damaged	0
SMS3792Z					Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200727/2034

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

Report No. T/20200

**CONTINUATION OF REPORT**

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKB7496R (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

**Passenger**

Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKB7496R (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	KOO LENG SOON	ID No.	S7884690I
Related Vehicle	SLG1508S	Contact No.	92974470
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/07/2020	Date Discharge	24/07/2020
No. of Days granted Medical Leave	08	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20200727/2034

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200727/2034

**CONTINUATION OF REPORT**

Driver		ID No.		S9219374H	
Name	LIENCHONG KAI RICHARD			Contact No.	NIL
Related Vehicle	SMS3792Z			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Discharge	NIL
Date Treatment	NIL	No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS STATIONARY IN MY CAR (SLG1508S) AT THE TRAFFIC LIGHT JUNCTION BEHIND THE CAR (SKB7496R). THE TRAFFIC LIGHT WAS RED WHEN A CAR(SMS3792Z) SUDDENLY HIT ONTO MY REAR WHICH IN TURNED CAUSED MY VEHICLE TO MOVE FORWARD AND HIT THE VEHICLE INFRONT OF ME. I THEN GOT OUT OF MY VEHICLE AS MY BACK WAS HURTING. I MANAGED TO TAKE A PHOTO OF THE DRIVER SMS3792Z NRIC BEFORE HE DROVE OFF BEFORE POLICE ARRIVAL. I WAS THEN CONVEYED TO SKGH AND GIVEN 8 DAYS MC. THERE WAS 3 VEHICLES INVOLVED IN TOTAL. THATS ALL.



**SINGAPORE  
POLICE FORCE**



T/20200727/2034

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Report No. T/20200727/2034

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

**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:  
TP /  
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476201

Authentication Stamp  
NP168

Signature Of Informant:

*Sm*

Date/Time:  
27/07/2020 12:04

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: *[Signature]*