

ASS. REC. BY:

REF:

TP / CS/TP20008660/Kqf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s: Trans Cab

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 type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 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: S/HO 02 E Yr Regn: 12, 15

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

Make: MW E 220 Bivette 2143

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 517222 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 212 0012B 222270

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / TRM or

Tyre Size: F: _____

R: 225/55 ER16

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

TOYO / YOKO or Giti

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 6 mm

L/Bal. 8 mm L/Bal. 6 mm

D.O.A. 4/8/20 D.O.I. 18/8/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or Fr n/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>EST not ready</u>
<u>18/11/20 @ 10.46am</u>	<u>confirmed with Wai Yin LS \$17900, 7days. (Red \$43350.61, 71%)</u>

Date/Time, File Pass to? : Prell. Report

18/11 Typist : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / L.B. / S: 17900

Days Of Repair: 7

Resurvey No. of Trip: 1

- Add Fee: : Site Insp (\$ _____)
- : Interview (\$ _____)
- : Tech Invs (\$ _____)
- : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S - RS, SI	_____
Fuel	_____
Others	_____
TOTAL	_____

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	07/08/2020 14:29
Date Of Accident	04/08/2020 11:10
Exact Location Of Accident	SERANGOON NORTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD62E
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MB E 220 BLUE TEC
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P2348706
Cover Note Number	

Driver

Name of Driver	WONG SHI XIAN
NRIC No	SXXXX523C
Date Of Birth	06/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2004
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018798
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 524 SERANGOON NORTH AVENUE 4
#10-50
Postcode 550524
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 COLLISION - MAJOR/MINOR RD
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? 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 SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200806/2071

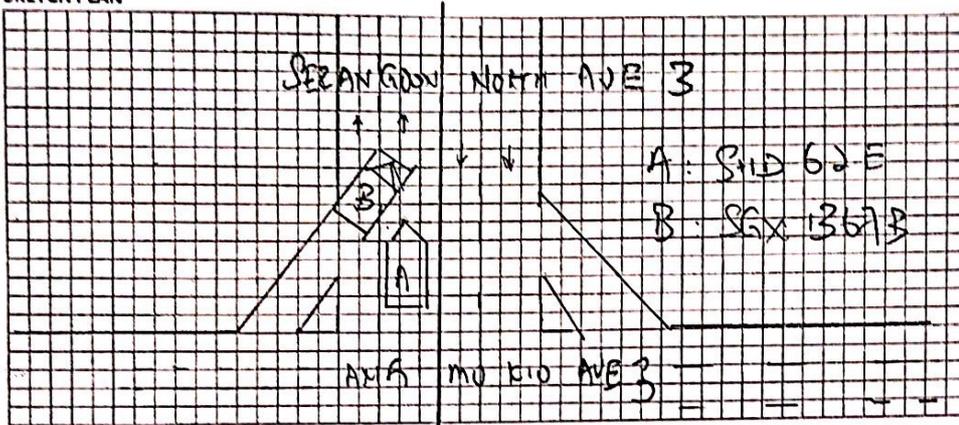
Attachment(s)

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 SGX1367B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200806/2071.

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:

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



Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2020 16:15	Vide Report No.: F/20200804/0087	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: WONG SHI XIAN		Address: APT BLK 524 SERANGOON NORTH AVENUE 4 #10-50 SINGAPORE 550524	
ID Type / ID No.: NRIC NO / S8529523C		Contact No.: Home/Office: Mobile: 91018798	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 06/09/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2020 11:10	Type of Location: Straight Road
Location: Along Road 1 SERANGOON NORTH AVENUE 3				
After the junction of Ang Mo Kio Ave 3 and Serangoon North Ave 1. Entering into Serangoon North Ave 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX1367B	Car				Seriously Damaged	1
SHD62E	Car				Seriously Damaged	0

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



Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

2 of 3
Report No. T/20200806/2071

CONTINUATION OF REPORT

Driver			
Name	WONG SHI XIAN	ID No.	S8529523C
Related Vehicle	SHD62E (Car)	Contact No.	91018798
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	04/08/2020	Date Discharge	06/08/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 4/8/2020 at about 1100hrs, I was driving my vehicle (SHD62E) along Serangoon North Ave 1 going towards Serangoon North Ave 3 on lane 2. While at the traffic light junction, the traffic light was green therefore I proceeded to carry on driving straight into Serangoon North Ave 3.

When I entered Serangoon North Ave 3, another vehicle (SGX1367B) suddenly cut into Serangoon North Ave 3 coming from Ang Mo Kio Ave 3 coming straight into lane 2 without stopping at the give way line at the slip road or sticking to lane 1 after his turn. His abrupt action caused me to collide into him.

Due to the collision, my airbag was deployed and I was in a daze. I then contacted my wife to ask her to come down to the area to assist me as we stayed nearby. Shortly after, Traffic police and ambulance came and subsequently I was conveyed to Tan Tock Seng Hospital (TTSH) as such I did not manage to exchange contact details with the other party. Traffic police then liaised with my wife after that.

I was admitted into TTSH for 2 days as I was told that I sustained injuries on my back, neck and my left rib. I was then given 7 days of MC due to the accident.

I was also instructed by Traffic police to lodge a report once I am fit to do so.

My IO in charge of my case is IO Roizman his contact number is 65476131.

I am lodging this report for police assistance.