

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.

N/S	O/S

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: SLH8290S yr Regn: 2016 / Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Hyundai Elantra C.C. 1591
 Colour: Red A/C: Insured / Std / NI / NA
 Sp.Reading: 285753 T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: KMHD841CMHU310442

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 205/55R16

R: 205/55R16

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

TOYO / YOKO or Winstar

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 02/09/20

Survey held at Fixmate

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

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

Date / Time	Action / Instruction
	<u>TP A16</u>
	LUMP SUM \$2800, 3DAYS(RED: 9402.72;77%)
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Witness (\$ _____)

Survey Fee: _____

Transportation: _____

3 * RS. \$ _____

Photos _____

Other _____

TOTAL

Report Format: _____

Lump Sum / L.B. _____

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	03/07/2020 09:21
Date Of Accident	01/07/2020 17:40
Exact Location Of Accident	PIE TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8290S
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	5XXXX759B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91816096
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	REPORTING ONLY
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	5109046778-01 CLASSIC
Cover Note Number	
Driver	
Name of Driver	SAIFUDDIN BIN JAMIL
NRIC No	SXXXX336I
Date Of Birth	27/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87514600
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 329 YISHUN RING ROAD #02-1412
Postcode	780329
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	-
	-
	-
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)	3
Passenger 1	NAME: : RAYYAN RIZQI BIN SAIFUDDIN GENDER: : MALE
Passenger 2	NAME: : RAYDEN RIFQI BIN SAIFUDDIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 788827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH9589X
Vehicle Make/Model/Colour	KIA/CERATO 1.6(A) EX
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver YONG MENG HENG (YANG MINGXING)
NRIC/Passport Number SXXXX024E
Contact Number 92266626
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SAIFUDDIN BIN JAMIL
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLH8290S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RAYYAN RIZQI BIN SAIFUDDIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLH8290S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name RAYDEN RIFQI BIN SAIFUDDIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLH8290S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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 regulate 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:

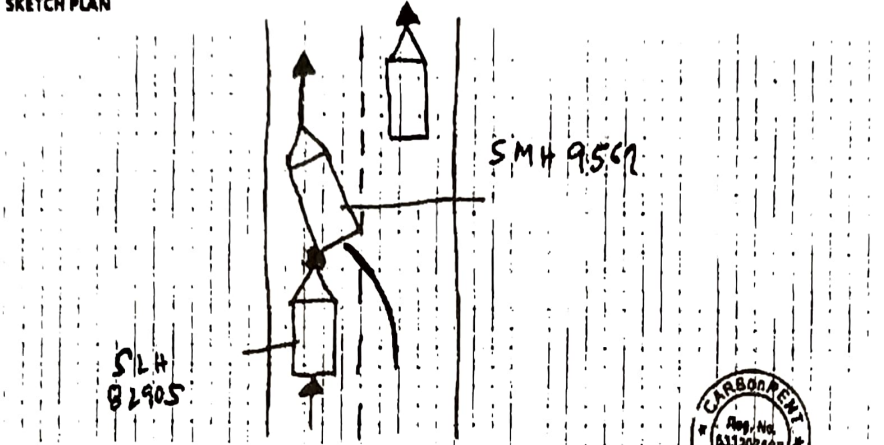
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416687 Fax: 67492305
Email: vackb@vicom.com.sg

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

- 3 JUL 2020

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PL Refer to Police Report

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: 2 11:11

- 3 JUL 2020

IDAC KAKI BUKIT (VAC)

25 Kaki Bukit Ave 4 #02-02

Singapore 415833

Tel: 67416697 Fax: 67482305

Email: vackb@vcom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200702/2104

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200702/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2020 22:38		Vide Report No.:		Station Diary No.: 130	
Name of Informant: SAIFUDDIN BIN JAMIL		Address: APT BLK 329 YISHUN RING ROAD #02-1412 SINGAPORE 760329			
ID Type / ID No.: NRIC NO / S83043361		Contact No.:		Mobile: 87514600	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 37	Date of Birth: 27/01/1983	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/07/2020 17:40	Type of Location: Flyover
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY CENTRAL EXPRESSWAY From PIE entering into CTE, after ERP 67				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
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

Vehicle No.	Make	Model	Color	Condition	Damage
SLH8290S	Car	HYUNDAI ELANTRA	Gold	Slightly Damaged	2
SMH9589X	Car	KIA CERATO K3	Red	Slightly Damaged	0

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200702/2104

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200702/2104

CONTINUATION OF REPORT

Name	RAYYAN RIZQI BIN SAIFUDDIN	ID No.	T1513470J
Related Vehicle	SLH8290S (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	SAIFUDDIN BIN JAMIL	ID No.	S8304336I
Related Vehicle	SLH8290S (Car)	Contact No.	87514600
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	RAYDEN RIFQI BIN SAIFUDDIN	ID No.	T1724868A
Related Vehicle	SLH8290S (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Name	YONG MENG HENG (YANG MINGXING)	ID No.	S7434024E
Related Vehicle	SMH9569X (Car)	Contact No.	92266626
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

Individual Statement



**SINGAPORE
POLICE FORCE**



T20200702/2104

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T20200702/2104

CONTINUATION OF REPORT

Brief Details.

On 01/07/2020 at about 1740hrs, I was driving my car (SLH8290S) along PIE and was entering into CTE, after ERP 87. My 2 sons were the passengers in my car. They were both sitting in the rear seats and secured with child car seats. I was travelling on the left lane and maintaining at the same speed limit and keeping about 2 to 3 car lengths away from the vehicles in front of me.

Suddenly, a red car (SMH9569X) cut in from my right and entered into my lane and did a e-brake in front of me. I did not have time to react after the red car e-brake and hence, the front of my car knocked into the rear of the red car. The impact caused my 2 sons to get shock as they jerked forward suddenly while in their child seats and their school bags were flung to the front of my car. My car suffered dents to the front bumper. The red car also suffered dents to its rear bumper.

I brought my 2 sons to KK hospital for medical checkup. Both my sons suffered from shock. 1 son had a fever and was given 5 days MC while my other son was given 2 days MC.

I then went to Khoo Teck Puat Hospital for medical checkup for myself. I suffered pain in my neck and was given 5 days MC.

My car has a camera which capture the accident showing the red car cutting in front of me and doing an e-brake.

Individual Statement



SINGAPORE
POLICE FORCE



T/20200702/2104

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200702/2104

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: L / SI LIM KAI SHEN, LUCIUS	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2020 22:36
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No. SN 085	
Authentication Stamp Signature NP168	
Singapore Police Force	