

CS3/A1620010200/Tiqf3

ASS REC BY: Tanfulin

REF:

CoE 2023 May
Yr Regn: 2008, May

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. 2070120247
Claims No. 8112510688SG
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: \$18K
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 5 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS -PRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SSF4/86X Yr Regn: 2008
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Topix Alpha c.c. 1598
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 230544 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR0537EE 106102612
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: -
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 23/9/2004 pm
Survey held at Precise Auto
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt. / S
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
29/09/20	Submit DAR.

Date/Time, File Pass to? ☐ : Preli. Report
1) 29/09 Typist ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 5
Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
Survey Fee: _____
Transportation: _____
Photos: _____

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 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? 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 HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 510 JURONG WEST STREET 52, POSTCODE: 640510, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5648999 - FAX NO: 66655797
 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:

Vehicle Registration Number GBK4828X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

DETAILS OF INJURED PERSON 1:

Name	GOH YANG HUANG
Age	
Gender	
Registered in which vehicle?	SJF4186X
Seat belt worn?	YES
Was he/she conveyed to hospital by ambulance?	NO
Address	APT BLK 463 JURONG WEST ST 41 #05-572
Postcode	640463

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
- for complying with requirements under any regulations, laws or court orders



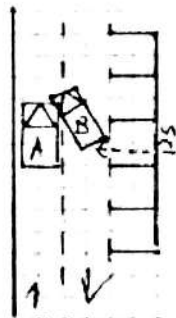
Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporter's Signature
Name
No.

Sketch Plan #2

SKETCH PLAN



(A) STF 4186X

(B) GBK 4828X

LOCATION OF ACCIDENT:
BLK 463 JURONG WEST
ST 41 (CARPARK AREA)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19-09-2020 @ about 1830hrs, I was driving my car (STF 4186X) along Car Park Area of BLK 463 Jurong West. Suddenly, I felt an impact from right side & I realized that veh B (GBK 4828X) dashed out from his car park lot without check & giving way oncoming traffic and then collided onto right portion of my car. Hence, I hereto lodge this report to claim against veh B's insurance for my accident damages. I felt uncomfortable after accident and I went to see doctor then doctor was given me 4 days of me. I will follow up my medical treatment if necessary.

DECLARATION

I hereby declare the foregoing particulars are true & correct.



Date & Time

Reporting Centre Personnel's Signature

POLICE REPORT



SINGAPORE
POLICE FORCE



1/20200921/2062

1 of 3

Report No. 1/20200921/2062

Police Station Of Origin
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No. 1800-5648999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 21/09/2020 13:45		Vide Report No.		Station Diary No. 9
Informant's Particulars				
Name of Informant GOH YANG HUANG		Address APT BLK 463 JURONG WEST STREET 41 #05-572 SINGAPORE 640463		
ID Type / ID No. NRIC NO / S1216475J		Contact No.: Home/Office Mobile: 97287597		
Nationality SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 64	Date of Birth 07/02/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name	
Occupation Grab Driver		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident.	Injury Others	Drink Drive: No	Date/Time of Accident 19/09/2020 18:30	Type of Location Car Park
Location: JURONG WEST STREET 41				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBK4826X	Van				Slightly Damaged	0
SJF4185X	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved	No
No. of Pedestrians Injured	Nil
Use of Pedestrian Crossing	NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/2 02039210222



SIN
PC

Report No: T/202039210222
Police Station:
Hong Kah South NPP
510 Jurong West Street 52
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Driver			
Name	GOH YANG HUANG	ID No.	S1216475J
Related Vehicle	SJF4186X (Car)	Contact No	97287597
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class 2B.3.4.5 Date of Expiry: NIL
Date Treatment	21/09/2020	Date Discharge	21/09/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the 19/09/2020 at about 1830hrs, I was driving my vehicle SJF4186X along the carpark area of Blk 463 Jurong West St 41. While I was driving vehicle GBK4828X suddenly came out from carpark lot 125 without checking for oncoming vehicles and collided onto the right front of my vehicle. After which the said driver came out and we exchanged particulars. Both of us were not injured during the accident. We decided to report the matter to our insurance. However up reaching home, I felt some pain to her neck, hand and back area. On the 21/09/2020, I visited the clinic and was given 4 days of MC. No sign of any fractures. The damage to my car was a dented right side bumper, rims and front bonnet. I am not sure on the repair cost of my vehicle. There is a car cam in my vehicle.

SINGAPORE
POLICE FORCE



T/20200921/2062

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Report No T/20200921/2062

Station Of Origin:
South NPP
140 Joochong Road Street 52 #01-90
SINGAPORE 640510
Tel No 1800-5648999

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:

J/

Staff Sgt TAMILMAARAN S/O LETCHMANAN

Signature Of Informant:

Signature Of Interpreter

Teo Yew Wah /

S50096901

Date/Time

21/09/2020 13:45

Officer In Charge Of Case

TP / AEIT /

SI MOHAMAD ZULFAZOLI BIN ABDULLAH

Contact No 65476204

Classification Of Case

SN 125

Authentication Stamp

10-18



Singapore Police Force

Singapore Police Force