

ASS. REC. BY: Steve

REF:

CS3/CTI 20010293/ETd3

ASSIGNMENT

From: PRS

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. _____

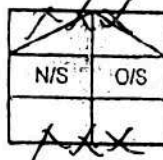
Sum Insured: _____

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 Report: _____ 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: SLP 24210Yr Regn: 10/10/12Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 116iC.C. 1598Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 151591

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 1A 1202 0W 23654Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 195/50 R16

R: _____

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

TOYO / OKO or B

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 24/9/20D.O.A. 25/9/20Survey held at JCM RentalDes. of Damages: Frnt / Rear / O/S / NIS / UIC / Rooftop or

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

Date / Time

Action / Instruction

MV-38KRepair range 15K-16K19 repair daysrepair range 15000-16000, 10dayssubmit PRS report

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / L.B. /

Days Of Repair: 10

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Fines

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 24/09/2020 16:10
Date Of Accident 24/09/2020 12:30
Exact Location Of Accident DUNEARN ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP2421D
Insured/Policyholder
Name Of Registered Owner TCRP PTE. LTD.
Co Reg No 2XXXXX913H
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-67343438

Vehicle Particulars

Manufacturer BMW
Model 116I
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 THIRD PARTY
Fleet Policy YES
Policy Number 5112364614 (TP)
Cover Note Number

Driver

Name of Driver POON CHEE YEAN
NRIC No SXXXX297A
Date Of Birth 11/03/1999
Occupation INDOOR
Date Of Driving Pass 31/08/2019
Driving Experience 1 YEAR AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82284708
Fax Number
Contact Number OTHERS-82284708
Email Address NOEMAIL

Address 33E CHANCERY LANE #01-21
Postcode 309555
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? 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

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACH

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 SKU9698L
Vehicle Make/Model/Colour MASERATI /SILVER
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NGO SOO LIN
NRIC/Passport Number SXXXX896B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ3588A
Vehicle Make/Model/Colour TOYOTA HIACE
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MOHAMMAD NASIP BIN MOHAMMAD NOOR KHAN
NRIC/Passport Number SXXXX708D
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name POON CHEE YEAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLP2421D
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:

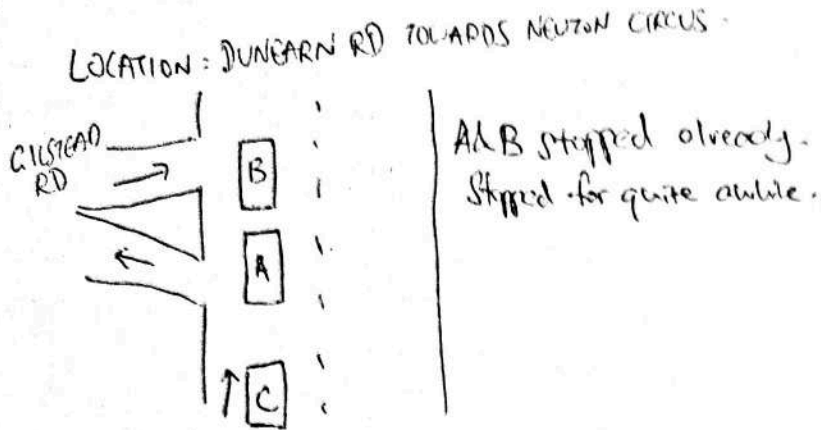
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 24/9

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 658845
Tel: 6560 3312 Fax: 6560 0722
Email: vac@idgssingapore.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A) Complainant car

B) Van

C) Car behind that hit (A)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time:

24/9



Driver's Signature

(if driver is not the policyholder)

Date & Time

IDAC BUKIT BATOK (VAC)

511 Bukit Batok Street 23

Singapore 650545

Tel: 6500 3312 Fax: 6589 0722

Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bukit Batok N P C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No. 1800-6659999



T/20200924/2068

1 of 3

Report No. T/20200924/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2020 15:06 Vide Report No.: Station Diary No.: 120

Informant's Particulars

Name of Informant: POON CHEE YEAN		Address: 33E CHANCERY LANE #01-21 SINGAPORE 309555	
ID Type / ID No: NRIC NO / S9909297A		Contact No.: Home/Office: Mobile: 82284708	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 11/03/1999	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2020 12:30	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
GBJ3588A	Van				Slightly Damaged	0
SKU9698L	Car				Slightly Damaged	0
SLP2421D	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200924/2068

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Report No. T/20200924/2068

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver Name	POON CHEE YEAN	ID No.	S9909297A
Related Vehicle	SLP2421D (Car)	Contact No.	82284708
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/09/2020	Date Discharge	24/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/9/2020 at about 1230hrs, I stopped at a traffic light along Dunearn road while driving my car (SLP2421D). There was a van in front of me GBJ3588A. I was stationary for at least 5 seconds when I felt an impact coming from the rear of my car. due to the impact, my car moved forward and collided into the van in front of me. The car that had collided into my rear was SKU9698L. All the drivers alighted from the respective vehicles and exchanged contacts. No ambulance or traffic police was at scene.

My car suffered moderate damage. However, I am not sure of the estimated cost of damage. I went to the doctor after the accident and received 3 days MC.

I have in-car camera at the rear of my car. However, as it is a rented vehicle, I am not sure if it is working.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N P C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20200924/2068

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Report No. T/20200924/2068

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.

SINGAPORE
Signature Of Officer Recording The Report:
J/
Sgt 2 SITI NABILA BINTE RAZALI *[Signature]*

Signature Of Interpreter: *[Signature]*
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

[Signature]

Date/Time:
24/09/2020 15:06

Classification Of Case: