

ASS. REG. BY:

REF:

CS / CT120011654 / T.1133

## 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:

4122K.

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMV2861Z

Yr Regn: 2020 / Sep

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

Truck / Trailer or

Make:

Topex. Army Physic. 2487.

Colour:

Dark Blue.

A/C: Insured / Std / NI / NA

Sp. Reading

1682

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STNB 23HK 903070374

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

215/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

27/10/20

Survey held at

Right Quick Autoworks PL

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

Rear o/s

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

7500122 SE #01-27

Date / Time

Action / Instruction

Repair range \$10K-12K, 10 DAYS,

Submit PRS Report

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 10

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

Survey Fee:

Transportation:

S. + RS. \$

Photos

Others

TOTAL

Report Form:

Lump Sum / B.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	26/10/2020 16:45
Date Of Accident	24/10/2020 10:20
Exact Location Of Accident	PIE EXPRESSWAY TOWARDS JURONG NEAR EXIT 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV2861Z
Insured/Policyholder	
Name Of Registered Owner	LIN YUN
NRIC No	SXXXX138F
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-97316533
Alternative Phone No	OFFICE-97316533

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5119187259
Cover Note Number	

### Driver

Name of Driver	LIN GUO
Passport No/FIN	GXXXX450Q
Date Of Birth	02/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2017
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98696722
Fax Number	
Contact Number	
Email Address	INFO@CARSMITH.BIZ

Address 24 CHANGI FERRY ROAD #03-724 BOON LAY GROVE  
 Postcode 499677  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured RELATIVE  
 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) 2  
 Passenger 1  
 NAME: : GOH PECK TIONG  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261  
 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? YES  
 Remarks/ Reasons: WITH OWNER  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SDW7373J  
 Vehicle Make/Model/Colour BMW  
 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 GOH PECK TIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMV2861Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name LIN GUO

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMV2861Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address 24 CHANGI FERRY ROAD #03-724 BOON LAY GROVE

Postcode 499677

SKETCH PLAN


IMPORTANT NOTICE

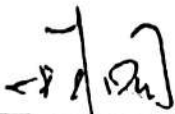
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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 G/A 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.

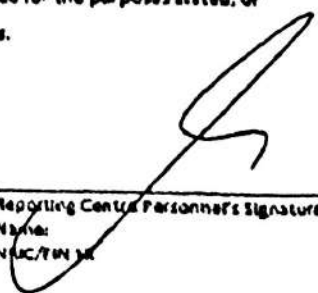
8. Consent under the Personal Data Protection Act (PDPA)

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.

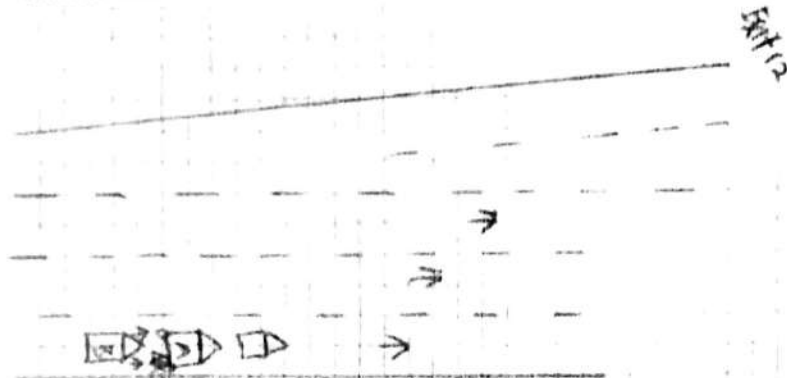
  
Policyholder's Signature  
Date & Time: 24/10/2020

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/10/2020

  
Reporting Centre Personnel's Signature  
Name:  
NIC/TIN No:

## Sketch Plan #2

### SKETCH PLAN



A: SMV 2861 Z

B:

PLE tows Jony near Exit 12

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

24/10/2020 at around 10:10 - 10:30 hrs I was driving veh A: SMV 2861 Z travelling on PLE expressway tows Jony direction near Exit 12 front car slowed down and brake following by me, suddenly a strong impact from behind veh B: SDW 73433 collided into my car veh A SMV 2861 Z rear portion.


#### Important:

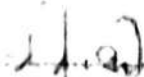
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), there is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence


<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input checked="" type="checkbox"/>	Claim-OD/ TP at other works

#### DECLARATION

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

  
 Policyholder's signature  
 Date & Time 24/10/2020

  
 Driver's Signature  
 (If driver not the policyholder)  
 Date & Time 24/10/2020

  
 Reporting Centre Personnel's Signa  
 Name  
 Wric/Fin No.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201026/2023

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20201026/2023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 10 41		Vide Report No.:		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of informant: LIN GUO		Address: 2A CHANGI FERRY ROAD #03-724 BOON LAY GROVE SINGAPORE 499677		
ID Type / ID No.: FIN NO / G2046450Q		Contact No.: Home/Office: Mobile: 98696722		
Nationality: CHINESE		Email:		
Sex: Male	Age: 39	Date of Birth: 02/11/1980	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: HAWKER STAFF		Driving Licence Information: Class: 3C Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2020 10 30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDW7373J	Car	BMW		Black	Seriously Damaged	0
SMV2861Z	Car	TOYOTA	CAMRY	Black	Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved. No	
No. of Pedestrians Injured. NIL	Use of Pedestrian Crossing. NA



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201026/2023

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No: T/20201026/2023

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIN GUO	ID No.	G2046450Q
Related Vehicle	SMV2861Z (Car)	Contact No.	98696722
Hospital/Clinic	FAITH FAMILY CLINIC (JURONG)	Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: NIL
Date Treatment	25/10/2020	Date Discharge	25/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	GOH PECK TIONG	ID No.	S6810450E
Related Vehicle	SMV2861Z (Car)	Contact No.	97316533
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

**Brief Details.**

On 24/10/2020 at about 10:30am, I was traveling in my vehicle (SMV2861Z) along PIE Expressway towards Jurong together with my supervisor as a passenger. During this time, we were traveling along the right most lane. The traffic was heavy and there was no rain.

When we were nearing the exit 12 of PIE, the vehicle in front of us slowed down and came to a stop as there were other vehicles in front which also slowed down. I followed behind and came to a stop behind the front vehicle safely. The vehicle in front subsequently started moving forward and I prepared to move as well. Suddenly without warning, my vehicle was knocked with a strong impact from the rear. My vehicle moved forward but it did not hit the vehicle in front. It happened very quickly and my passenger and I were in a daze.

We soon alighted from our vehicle and noticed that a vehicle (SDW7373J) had collided into the rear of our vehicle. We made a check on ourselves and did not feel any injuries on us during that point in time. I went to speak to the other driver and was also not injured. I took down the details of the damages. I noticed that my vehicle's rear bumper was badly damaged and was already dislodged from the vehicle. The rear boot area and right rear tail-light area were also dented. The other vehicle had the front left portion of the vehicle damaged. I did not managed to take down the particulars of the other driver. I only got the license plate number.

We called for our own towing crew for our vehicles and did not call for any ambulance or police assistance. My vehicle did have an on board camera facing the rear and it was recording. My vehicle was subsequently towed and we went our separate ways.



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20201026/2023

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

3 of 4

Report No. T/20201026/2023

**CONTINUATION OF REPORT**

The following day on 25/10/2020, I felt some pain and discomfort around my chest and back area. My right wrist area also had some pain when I move it. I suspected that it was due to the accident thus decided to see a doctor for my injuries. I was given a total of 3 days medical leave.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201026/2023

4 of 4

Police Station Of Origin:  
Pasir Ris N P C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No T/20201026/2023

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:

G /

Sgt 2 LECK WEN HAO, DANIEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

MP168

Signature Of Informant:

Date/Time:

26/10/2020 10:41

Classification Of Case: