

ASS. REC. BY:

REF:

Gul  
PRS

MSG

## 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7 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:

SL88831C

Yr Regn:

22 May 2018

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

Truck / Trailer or

Make:

Mazda

3

1.5

c.c

1496

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

45835

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM 6BN 24A 8J 0204693

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

25/45 R17

R:

11

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

02-12-20

Survey held at

w/s

3:30pm

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

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

Date / Time

Action / Instruction

\$7000 - \$8000

cost: 42860

SUBMIT PRS REPORT

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Other:

TOTAL

Report Format:

Lump Sum / L.P.D.

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Inve (\$)



Workshop (\$)

## 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 Submission	30/11/2020 17:40 (SGT)
Date of Accident	30/11/2020 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOWARDS KAMPONG BAHRU ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8831L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEN JIANRONG, JEREMY
NRIC No	SXXXX197E
Email Address	JEREMYCHEN_JR@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90307175
Alternative Phone No	+65-67457367

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	ECICS
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC20P00078300
Cover Note Number	-

### DRIVER

Name of Driver	CHEN JIANRONG, JEREMY
NRIC No	SXXXX197E
Date Of Birth	15/07/1987
Occupation	Indoor

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	CHEN JIANRONG, JEREMY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ8831L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SWITCH PLAN

**IMPORTANT NOTICE**

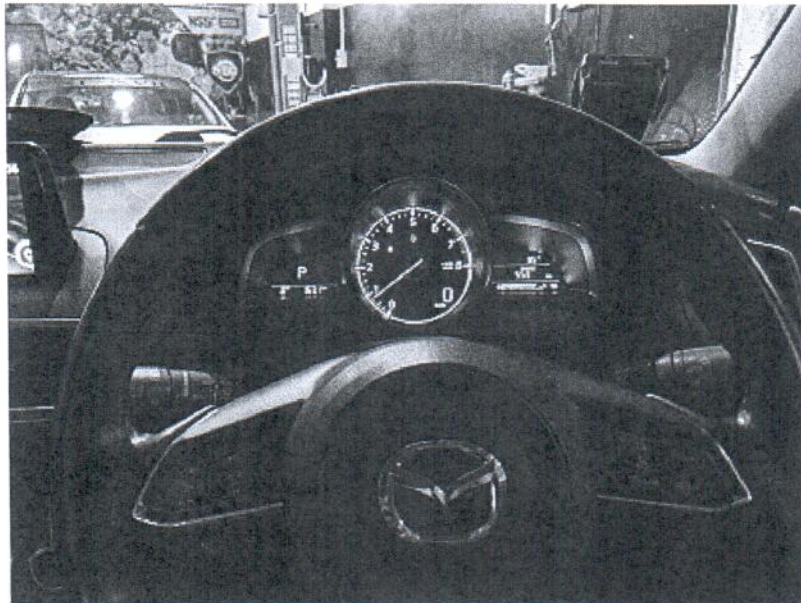
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David A. Jones  
 David A. Jones  
 David A. Jones







Accident report SV0520BU0001

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**SINGAPORE  
POLICE FORCE**



T/20201130/2059

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20201130/2059

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ8831L	ECICS LIMITED	MPC20P00078300	22/05/2020	21/05/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN JIANRONG, JEREMY		ID No. S8721197E
Related Vehicle	SLZ8831L (Car)		Contact No. 90307175
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	30/11/2020		Date Discharge 30/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I was driving my car (SLZ8831L) along Jalan Bukit Merah and I was about to approach the X-junction traffic light of Jalan Bukit Merah and Kampong Bahru. I wanted to make a right turn to Kampong Bahru when the traffic light right turn arrow was red. As it was still red, I stopped just before the line of the traffic light junction. I then saw a lorry (GBC7059X) approaching my car at a normal speed which resulted into a collision. The rear portion of my car was seriously damaged as the front portion of the lorry had hit onto it.

I then went out of my car and discovered that a car (SME5078M) had hit onto the said lorry's rear portion which resulted to have the impact and the reason to why the lorry had hit onto me. Police and ambulance was at scene. Both the driver and the passenger of SME5078M was conveyed by the ambulance.

I was issued with a case card from the police and was advised to lodge a report. I had also went to the clinic as I was having a headache and back pain. I was granted with 3 days of MC.