

ASS. REC. BY:

REF:

TJ / 2001404711c9

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s V8
 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: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP 2122 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGR 52470 Yr Regn: 02, 07
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or L Wagon
 Make: 1 Honda Stream c.c. 1799
 Colour: White A/C: Insured / Std / NI / NA
 Sp.Reading: 258910 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RN6 1022812
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / SRIm / STD A/RIm or
 Tyre Size: F: 215/45R17
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or GR MAX

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 15/12/20D.O.I. 21/12/2020

Survey held at _____

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

Rear n/s

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

Date / Time	Action / Instruction
<u>1</u>	<u>Got B.I, car not ready</u>
	Kenneth confirm LS \$1100, 2 days (Red \$2838.80, 72%)

Date/Time, File Pass to?

☐ : Prel. Report

11/29/12 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

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

S + RS, SI

Fees

Others

TOTAL

Report Format: MER-TP

Lump Sum 4.4 (\$ 1100)

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	16/12/2020 15:51 (SGT)
Date of Accident	15/12/2020 15:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CLEMENTI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR5247U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FUSION CAR RENTALS PTE. LTD.
Company Reg No	2XXXXX140G
Email Address	fusioncarrentals@gmail.com
Mobile Phone No	(Phone) +65-82889564
Alternative Phone No	+65-82889564

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5110730478-01
Cover Note Number	-

DRIVER

Name of Driver	LOH JUN YONG
NRIC No	SXXXX890C
Date Of Birth	02/04/1970
Occupation	Outdoor

Date Of Driving Pass	13/12/1994
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-82889564
Alt. Phone Number	-
Email Address	jloh6810@gmail.com
Address	APT BLK 175 ANG MO KIO AVENUE 4 #11-787
Address complement	-
Postcode	560175
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT, REF NO: T/20201216/2065

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

Vehicle Registration Number	GBF787H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

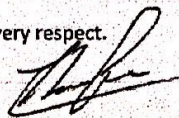
Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGR5247U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

$A \neq E$

$\begin{array}{|c|} \hline A \\ \hline \uparrow \\ \hline B \\ \hline \end{array}$

[illegible]

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



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

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575623
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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



SINGAPORE POLICE FORCE



T/20201216/2065

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20201216/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 13:59		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: LOH JUN YONG, THOMAS			Address: APT BLK 175 ANG MO KIO AVENUE 4 #11-787 SINGAPORE 560175		
ID Type / ID No.: NRIC NO / S7009890C			Contact No.: Home/Office: Mobile: 82889564		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 02/04/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2020 15:30	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF787H	Lorry					0
SGR5247U	Car					3

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



**SINGAPORE
POLICE FORCE**



T/20201216/2065

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Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20201216/2065

CONTINUATION OF REPORT

Driver			
Name	SUBRAMANIYAN SASIKUMAR		ID No. S8063156A
Related Vehicle	GBF787H (Lorry)		Contact No. 62542822
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
Driver			
Name	LOH JUN YONG, THOMAS		ID No. S7009890C
Related Vehicle	SGR5247U (Car)		Contact No. 82889564
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/12/2020	Date Discharge	15/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the 1528hrs, I was driving my rental grab car SGR5247U at along AYE with 3 passengers seated in my car. I picked up the passengers from Fullerton Hotel towards Blk208A Clementi Avenue 6. I travelled via AYE. The road was wet and drizzling. The traffic was moderate. I was driving at lane 2. I was driving slowly as the cars in front of me were moving slow. At one point, I came to a stop as the vehicle in front of me stopped and suddenly I felt a vehicle collided with my car at the rear portion. My passengers and I were not injured then. I came out to check what happened and the vehicle collided with my car was a lorry GBF787H.

I asked the driver why he collided with my car and the driver couldn't answer. We then exchanged particulars and took photographs and left the scene to report the accident. Due to the accident, my car's left rear bumper is dented, scratched and loose. I have a front car camera and it was recording. Later part of the day, I started to feel back and my neck were aching. Thus I consulted the doctor and I was given 5 days of MC.