

ASS. REC. BY:

REF:

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: _____

IDAC Accident Rpt: _____ 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: SLH307SE Yr Regn: 2016 / Oct.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel C.C. 1796Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 271286 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RUI1202266Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / B/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 215/60R16

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

TOYO / YOKO or Falken

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 05/01/21Survey held at SW werkzDes. 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 _____

TPALG

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / LBH: _____

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

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	24/11/2020 17:14
Date Of Accident	19/11/2020 19:00
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3075E
Insured/Policyholder	
Name Of Registered Owner	MS CARZ LEASING PTE LTD
Co Reg No	2XXXXX066R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87814418
Alternative Phone No	OFFICE-87814418

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER 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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V10945/VPZ/R00
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIQ HASIF BIN ASRI
NRIC No	SXXXX811Z
Date Of Birth	14/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2013
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87814418
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 704 WEST COAST ROAD #13-439
Postcode	120704
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY N.P.C
Police Station Address	ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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 1

Vehicle Registration Number	GBJ9097K
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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FAIQ HASIF BIN ASRI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLH3075E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

APT BLK 704 WEST COAST ROAD #13-439

Postcode

120704

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

B. 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
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN

Sketch Plan area with grid lines and handwritten notes:

- A - 9LH307SE
- B - 61BJA07K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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



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

Reporting Centre Personnel's Signature
Name:
NRIC ID No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201120/2055

1 of 3

Report No. T/20201120/2055

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2020 13:34	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: MUHAMMAD FAIQ HASIF BIN ASRI			Address: APT BLK 704 WEST COAST ROAD #13-439 SINGAPORE 120704	
ID Type / ID No.: NRIC NO / S9123811Z			Contact No.:	Mobile: 87814418
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 29	Date of Birth: 14/07/1991	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2020 19:00	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBJ9097K	Lorry				No Damage	1
SLH3075E	Car				Slightly Damaged	1

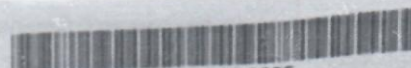
Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201120/2055

3 of 3

Report No. T/20201120/2055

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

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:

A /
Sgt 1 TAN KAR KIAT KELVIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/11/2020 13:34

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201120/2055

2 of 3

Police Station Of Origin
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20201120/2055

CONTINUATION OF REPORT

Driver			
Name	RAMALINGAM VENKATESAN	ID No.	G7070535X
Related Vehicle	GBJ9097K (Lorry)	Contact No.	90593577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 30/05/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD FAIQ HASIF BIN ASRI	ID No.	S9123811Z
Related Vehicle	SLH3075E (Car)	Contact No.	87814418
Hospital/Clinic	CHUNG & EE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 19/11/2020 at about 1900hrs, I was driving my silver Honda Vezel bearing SLH3075E with 1 passenger and heading towards BKE before SLE exit. I was on the most left lane. I was slowing down the car as it was raining. Subsequently, a orange lorry bearing GBJ9097K collided with my car from the back and my car suffered a slight dent on the back bumper. There was no visible damages to the lorry. We both exchanged particulars and we left afterwards. I then felt a sharp pain on my chest area and I was advised to seek medical assistance. I was given 5 days MC from 20/11/2020 to 24/11/2020. MC number is OD0000012390. My passenger was not injured. No government properties was damaged and no police attended. That is all.