

ASS. REC. BY:

REF:

CS/MSG21001215/AGqd3

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. **A80429747QMY**
 Claims No. **633306**
 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: **5** 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: **SMK 7755Y** Yr Regn: **2020 / Jan.**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota Alphard** C.C. **2493**
 Colour: **Black** A/C: Insured / Std / NI / NA
 Sp. Reading: **66090** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **AYH 300089076**
 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: **215/60R16**
 R: **215/60R16**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Sunride**

Front Rear
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **26/01/21**
 Survey held at **Modern**

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

Front N/S

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

Date / Time Action / Instruction

TP MSIG.

27/01/21 Informed Jowyn Tay, we are pending for estimate from repairer.

12/04/21 @ 4.46pm revised to Jowyn Tay via Merimen.

MV:

PV:

Nett:

Final fig \$8092.37, 5 days (Red \$6270.13, 44%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 12/04 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **5**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

____ \$ + PS. ____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: **MER-TP**Estimate / L.B.I. : **8092.37**

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	25/01/2021 14:56 (SGT)
Date of Accident	24/01/2021 07:00 (SGT)
Exact Location of Accident	Central Blvd, Singapore
Additional Location Information	CENTRAL BOULEVARD RIGHT TURNING TO SHEAR AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7755Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E CAPITAL AUTOMOBILE PTE LTD
Company Reg No	2XXXXX104E
Email Address	KENJIONG@ECAPITAL.SG
Mobile Phone No	(Phone) +65-85878889
Alternative Phone No	+65-87425182

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	Comprehensive
Fleet Policy	Yes
Policy Number	5112142341
Cover Note Number	-

DRIVER

Name of Driver	GOH JUN JIE
NRIC No	SXXXX348H
Date Of Birth	26/04/1987
Occupation	Outdoor

Date Of Driving Pass	14/08/2009
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87425182
Alt. Phone Number	-
Email Address	GOHJUNJIE87@ICLOUD.COM
Address	BLK 418 ANG MO KIO AVE 10 #14-1053
Address complement	-
Postcode	560418
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ERICKO CASPAR WIJTANO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICER REPORT NO. F/20210125/7006

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA8248C
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AMANDA
Contact Number	(Phone) +65-93501290
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	GOH JUN JIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK7755Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/11/2021



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



**SINGAPORE
POLICE FORCE**



F/20210125/7006

1 of 2

POLICE REPORT (NP299)

Report No. F/20210125/7006

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 25/01/2021 09:32	Vide Report No.	Station Diary No.		
Name Of Informant GOH JUN JIE	Address 418 ANG MO KIO AVENUE 10 #14-1053 SINGAPORE 560418			
ID Type / ID No. NRIC NO / S8772348H	Contact No. Home/Office:	Mobile: 87425182		
Nationality SINGAPORE CITIZEN	Email Address GOHJUNJIE87@ICLOUD.COM			
Occupation Chauffeur	Sex Male	Age 33	Date of Birth 26/04/1987	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 24/01/2021 06:55 - 24/01/2021 07:00	Location Of Incident 418 ANG MO KIO AVENUE 10 #14-1053 SINGAPORE 560418			

Brief details.

On 24 Jan 2020, I was driving along central blvd toward Shear ave on the middle lane.when turning into shear ave the driver on my left suddenly drive straight when she is only allow to "Turn Left. My lane are allow to go straight and "Turn Left. So I signal and "Turn Left. And we collided.

Subjects Involved

Victim

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

25/01/2021 09:32

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20210125/7006

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210125/7006

Person Name	GOH JUN JIE		
ID Type	NRIC NO	ID No	S8772348H
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Chauffeur	Address	418 ANG MO KIO AVENUE 10 #14-1053 SINGAPORE 560418
Mobile No	87425182	Is Informant A Victim?	Yes
Person Name	Ericko Caspar Wijtano		
Gender	Male	Race	Chinese
Language	English	Occupation	Aircraft pilot (except commercial airline and air force)
Address	21 Marina way	Mobile No	96228424
Relation To Informant	Client		
Person Name	GOH JUN JIE (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

25/01/2021 09:32

Classification Of Case: