

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s _____ Trans Cab

Insured: _____

Policy No. MS002701

Claims No. M2100561

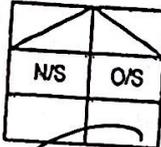
Sum Insured: _____ Excess: _____

(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: 03 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMP 713617 Yr Regn: 10, 19

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

Truck / Trailer or

Make: Toy Altis c.c. 1598

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 70700 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO 53 REH 80 0598945

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 205/55R16

R: _____
BS / PUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 31/1/21

Survey held at _____

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

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

Date / Time Action / Instruction

1 Got BZ, not ready

09/02/21 @ 12.48pm Email police report to TMI.

10/02/21 @ 1.02pm revised to Jeffrey Tay via Merimen.

02/03/21 @ 9.32am confirmed with Wai Yin final fig \$1822.78, 3 days (Red \$7967.84, 81%)

Date/Time, File Pass to?

: Prell. Report

: Final Report

11/02/03 Typist

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 1822.78



**SINGAPORE
POLICE FORCE**



T/20210201/2002

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20210201/2002

COMPILED BY REPORT

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2021 00:09	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars			
Name of Informant: SELVAM S/O SINNAKANNU		Address: APT BLK 438 CHOA CHU KANG AVENUE 4 #05-473 SINGAPORE 680438	
ID Type / ID No.: NRIC NO / S1455794F		Contact No.: Home/Office: Mobile: 87758773	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 12/06/1960	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: GO JEK DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2021 11:40	Type of Location: Straight Road
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBJ2742C	Van				Slightly Damaged	0
SMP7136H	Car				Slightly Damaged	3

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



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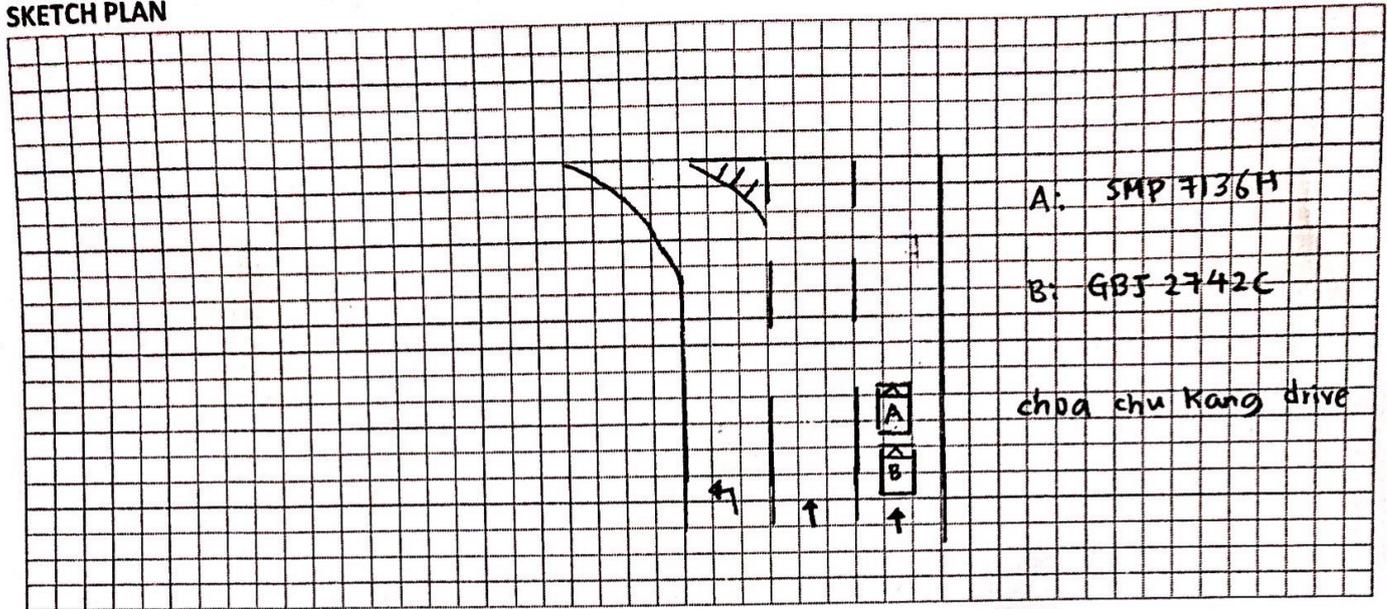
CONTINUATION OF REPORT

Passenger			
Name	THANGAMMAL D/O BHASKARAN	ID No.	S1545512H
Related Vehicle	NIL	Contact No.	97388707
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/01/2021	Date Discharge	31/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SELVAM S/O SINNAKANNU	ID No.	S1455794F
Related Vehicle	NIL	Contact No.	87758773
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/01/2021	Date Discharge	31/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	QUINNIE SEETOH LAI KUIN	ID No.	S7040971I
Related Vehicle	NIL	Contact No.	90473500
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 31/01/2021 at 1140hrs, along CCK Dr near to Shell Petrol Kiosk, towards the direction of Yew Tee, while my vehicle SMP7136H was on the move, in the right lane, a van bearing registration number GBJ2742C hit onto my vehicle from the back. There were damage to both our vehicles and we exchanged particulars. After the accident, me and my wife felt unwell and we seek medical treatment at Ng Teng Fong General Hospital. We were given 5 days of medical leave. I will also be notifying Transcab the following day as today is a Sunday. I am not sure if the other driver sustained any injury or seek medical treatment. She was nervous and I told her to calm down and we moved our vehicles to the side so as not to obstruct the traffic. I also advised her to lodge a police report.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report T/20210201/2002

DECLARATION

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

Policyholder's Signature
Date & Time:


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


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