

ASS. REC. BY: 2/200REF: CS3/LPC 2100 2446/RIV/3

2710

ASSIGNMENT

COE XPIRY: 2025/MAR

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: STW 40183at Workshop m/s WILLY MOTORof 27A, JERONH PORT RD #01-32Insured: LPC

Policy No. _____

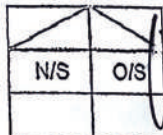
Claims No. _____

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: 29K

IDAC Accident Report: _____ 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: STW 40183 Yr Regn: 2010 / MARType: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: HONDA FIT 1.3h A c.c. 1339Colour: RED A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 117008 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: 9661144552Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 185/65R14

R: _____

BS / ☒ SUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 04/02/21 D.O.I. 22/02/21Survey held at WILLY MOTORDes. of Damages: Frt / Rear / ☒ NIS / ☐ UIC / ☐ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repair limit = 15K</u>
	<u>ESTIMATE RANGE OF REPAIR fro. OF DAYS - (4K-5K) / 10 days</u>

Date/Time, File Pass to?



: Prel. Report



: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Date/Time, File Return to?

Rep. Format: _____

Lump Sum / I.B.F. (\$) _____

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 Submission	16/02/2021 17:49 (SGT)
Date of Accident	04/02/2021 18:00 (SGT)
Exact Location of Accident	5 Lower Kent Ridge Rd, Singapore 119074
Additional Location Information	LOWER KENT RIDGE RD ROUNDABOUT NEAR 5 NUH CENTRE ORAL HEALTH.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4018J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NANI RAHAYU BTE MUHAMAD SANI
NRIC No	SXXXX277D
Email Address	nannie_2807@yahoo.com
Mobile Phone No	(Phone) +65-81004227
Alternative Phone No	+65-81004227

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117895347
Cover Note Number	-

DRIVER

Name of Driver	IFFAH DANISHA BINTE MOHAMAD RAFI
NRIC No	TXXXX906D
Date Of Birth	07/06/2001

Pass
ence
Number
ne Number
Address
ress
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

Indoor
26/03/2020
11 MONTHS
Female
(Phone) +65-82732003
-
danisha2811@gmail.com
BLK 52 TEBAN GARDENS ROAD
#05-588
600052
No
Child
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface
Collision - Roundabout
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
Yes
Yes
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Traffic Police
(Phone) +65-65470000
(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
YN3653B
Isuzu
-
-
-
Commercial vehicle
NA

ement

Company Name

Damage

of property damaged in accident

f 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?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

IFFAH DANISHA BINTE MOHAMAD RAFI

BLK 52 TEBAN GARDENS ROAD

#05-588

600052

REFER REPORT

SJW4018J

Yes

Yes

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 willful 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)**

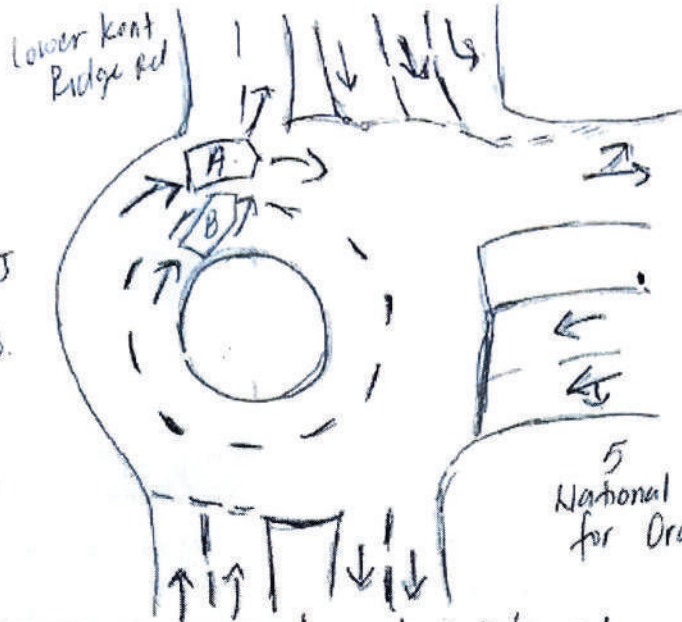
I understand, acknowledge, agree and consent that:

- (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: 16/02/2021

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/02/2021

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



(A) SW4018J

(B) YH 3653B

5 National University Centre for Oral Health Spore.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Lower Kent Ridge Rd.

Refer attached police Report T/20210205/7030

DECLARATION

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

Policyholder's Signature

Date & Time: 16/02/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/02/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Truck / Trailer or



SINGAPORE POLICE FORCE



T/20210205/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210205/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 16:40		Vide Report No.: D/20210204/0103	Station Diary No.:
Informant's Particulars			
Name of Informant: NANI RAHAYU BINTE MUHAMAD SANI		Address: 52 TEBAN GARDENS ROAD #05-588 SINGAPORE 600052	
ID Type / ID No.: NRIC NO / S7126277D		Contact No.: Home/Office: Mobile: 81004227	
Nationality: SINGAPORE CITIZEN		Email: NANNIE_2807@YAHOO.COM	
Sex: Female	Age: 49	Date of Birth: 28/07/1971	Type of Informant: Vehicle Owner
Race: Malay		Language: English	Institution / School Name:
Occupation: Customer service clerk		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/02/2021 18:00	Type of Location: Roundabout
Location: LOWER KENT RIDGE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJW4018J	Car	HONDA	FIT	Red	Seriously Damaged	0
YN3653B	Lorry	ISUZU			No Damage	0



SINGAPORE POLICE FORCE



T/20210205/7030

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 6547.0000

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Report No, T/20210205/7030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW4018J	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IFFAH DANISHA	ID No.	T0116906D
Related Vehicle	SJW4018J (Car)	Contact No.	82732003
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	04/02/2021	Date	04/02/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Vehicle Owner			
Name	NANI RAHAYU BINTE MUHAMAD SANI	ID No.	S7126277D
Related Vehicle	NIL	Contact No.	81004227
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Yesterday, on Thursday 4th Feb 2021 @6.00pm, I was driving along Lower Kent Ridge Road roundabout when suddenly a lorry abruptly swift his lorry to the left so he will be in time to exit to the filter road. The lorry was initially driving on my right side and by law expected to drive straight ahead along that road.

I was in great shock and was covered all over with shattered glass from the driver seat's window. It happened so fast and I burst to tears and was feeling scared and alone. I then drive the car from the middle of the road to the roadside for safety. My driver's door was badly hit & the door was jammed. I am not able to open the door from inside. By then, the elderly lorry driver was by my car shouting and screaming at me as if it was my fault.

I was so sure the elderly driver was at fault as he was driving irresponsibly and recklessly and put other drivers' life at risk. There is no way he can drive to the filter road on the left when he was on the right lane



**SINGAPORE
POLICE FORCE**



T/20210205/7030

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20210205/7030

CONTINUATION OF REPORT

At that moment, an ambulance stopped at the scene to check on me. Soon after, a traffic police officer Farhan came to handle the situation. He calmed me down and took all the details of the accident and the lorry driver's particulars. He mentioned, an IO Suffian will be handling this case and told me not to worry as there is a CCTV nearby and will investigate further. I managed to inform my mother about the accident. My mom managed to take pictures & video of the car and the scene but unable to speak to the driver. My mother is the owner of the vehicle.

I was then attended to the ambulance with some questions and was taken to the isolation ward for treatment. I was sent home at almost 12am after they treat my wounds and abrasion on my right hand. I was release only after the hospital get the result from the swap and the Chest X-ray test.

I am quite sure that I am a victim of an irresponsible, reckless & intolerable driver.

Best regards,
Iffah Danisha



**SINGAPORE
POLICE FORCE**



T/20210205/7030

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

4 of 4

Report No. T/20210205/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Authentication Stamp

Signature Of Informant:

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

Date/Time:
05/02/2021 16:40

Classification Of Case:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS22212G0002 Vehicle Registration No : SJW 4018J
Name (as shown in NRIC) : Hab Danisha Bte Mohamad Rafi NRIC/FIN/Passport No : TXXXX 906D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 52, Teban Gardens Road #05-588 Singapore (60052)
Contact (Tel) : _____ Mobile No : 8273 2003
Email Address : danisha2811@gmail.com
Date of Accident : 4.2.2021 Time of Accident : 1800 hrs
Place of Accident : Lower Kent Ridge Rd Roundabout Near 5 North Centre Oral Health
Insurance Company : NPM

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I want to amend driver correct date of birth.

Policyholder / Driver's Signature
Date:

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

IDAC - BOON LAY
ATA Inspection Pte Ltd
249 Jalan Boon Lay
Singapore 619523
6555 6111 17/2/21