

Ass. No. BY

## 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. 3443360683SG

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:

4

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:

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

Truck / Trailer or

Make:

Colour:

Sp Reading:

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. 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

Got body injured

Date/Time, File Pass to?

1) 16/03 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Photo (\$

Survey Fee:

Transportation:

3 + RS \$

Photos

Other:

MER-DAR

## 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	22/02/2021 17:13 (SGT)
Date of Accident	21/02/2021 21:23 (SGT)
Exact Location of Accident	Jurong West Ave 4, Singapore
Additional Location Information	TOWARDS JURONG WEST ST 64
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8567K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Company Reg No	2XXXXX486C
Email Address	FORTEAUTOLEASINGPTLTD@GMAIL.COM
Mobile Phone No	(Phone) +65-88580162
Alternative Phone No	+65-88588862

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 car

### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	P2343351
Cover Note Number	-

### DRIVER

Name of Driver	HUANG SIRONG
NRIC No	SXXXX836J
Date Of Birth	28/01/1983
Occupation	Outdoor

Date Of Driving Pass  
 Driving experience  
 Gender  
 Mobile Number  
 Alt. Phone Number  
 Email Address  
 Address  
 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

05/12/2005  
 15 YEARS AND 2 MONTHS  
 Male  
 (Phone) +65-81276923  
 -  
 FORTEAUTOLEASINGPTE LTD@GMAIL.COM  
 BLK 317C YISHUN AVENUE 9 #07-256  
 -  
 763317  
 No  
 Hirer  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Collision - Head to Rear  
 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  
 No  
 Yes  
 2  
 No

#### PASSENGER 1

Name  
 Gender

NISA  
 Female

#### 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  
 Eunus Neighbourhood Police Post  
 (Phone) +65-18004439999  
 (Fax) +65-62444376  
 Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
 STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### ATTACHMENT(S)

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

Yes  
 Yes  
 No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMS4336B

Vehicle Manufacturer		-
Vehicle Model		-
Vehicle Variant		-
Vehicle Colour		-
Vehicle Category		Private car
Name of Driver		-
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	HUANG SIRONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX8567K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **immediately** 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 **rescind 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 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.
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' law firms/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' law firms/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/be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

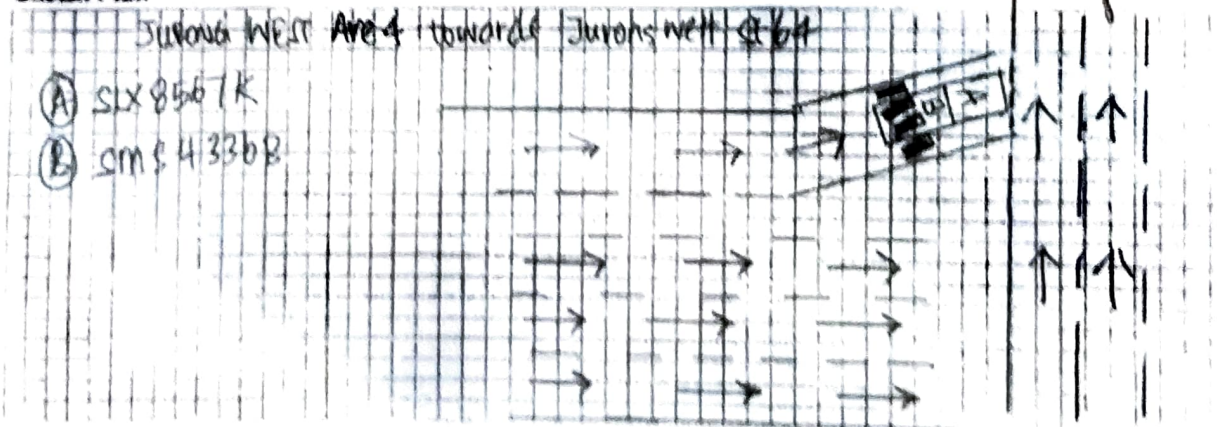


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

AS per police Report

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210222/2103

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20210222/2103

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2021 15:42	Vide Report No.:	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: HUANG SIRONG			Address: APT BLK 317C YISHUN AVENUE 9 #07-256 SINGAPORE 763317	
ID Type / ID No.: NRIC NO / S8304836J			Contact No.:	Mobile: 81276923
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 38	Date of Birth: 28/01/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: RYDE 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: 21/02/2021 21:30	Type of Location: Bend
Location:  JURONG WEST STREET 64				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SLX8567K	Car				Slightly Damaged	1
SMS4336B	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210222/2103

2 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20210222/2103

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	HUANG SIRONG		ID No.	S8304836J
Related Vehicle	SLX8567K (Car)		Contact No.	81276923
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/02/2021	Date Discharge	22/02/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
<b>Driver</b>				
Name	TAN SOON KIAT		ID No.	S7624044B
Related Vehicle	SMS4336B (Car)		Contact No.	96702914
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 21/02/2021 at about 2130hrs, I am a Ryde driver and was driving my silver Toyota Prius car, SLX8567K with a female Malay passenger behind. During which, my vehicle was stationary at the filter lane along Jurong West Ave 4 towards Jurong West St 64 before the give way line. After which, I felt an impact from my rear portion as such I alighted from my vehicle to inspect. I then realized that a black Mazda 6 car, SMS4336B had collided onto my vehicle rear bumper. Subsequently, the said driver directed me to shift our vehicles in front of the filter lane along Jurong West St 64 and we managed to exchange our details before leaving the place. After the accident, I felt unwell and decided to seek medical treatment at Advance Clinic & Surgery Pte Ltd. I was given 3 days MC from 22/02/2021 to 24/02/2021 by Dr Lim Peng Keong. My vehicle is installed with in-car and no one else is injured.



22/2103  
2 of 3  
22/2103



# SINGAPORE POLICE FORCE



T/20210222/2103

3 of 3

Report No. T/20210222/2103

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

## 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: G / Staff Sgt HEAP ZHI YONG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 22/02/2021 15:42
Classification Of Case: