

ASS. REC. BY:

REF:

CS/AGI 2100 3180/ATd3

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: GW31316Yr Regn: 2018 / May.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan NV350

C.C.

2488Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 61306

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MC2E26Z0008636Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 R15 CR: 195 R15 C

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.A. 15/03/21Survey held at NHT

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

Rear O/S

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

Date / Time

Action / Instruction

TP Budget Direct.lump sum \$1500/- . 3 days.
(Red: 8790.80 : 85%)

MV :

PV :

Nett :

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.E. (\$) _____

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	10/03/2021 15:32 (SGT)
Date of Accident	09/03/2021 17:15 (SGT)
Exact Location of Accident	Bedok Reservoir Cres, Singapore
Additional Location Information	IN FRONT OF BELVIA BLK 748A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3131G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIAN ANN PLASTER
Company Reg No	BXXXXX500J
Email Address	kminterior88@yahoo.com.sg
Mobile Phone No	(Phone) +65-97308786
Alternative Phone No	+65-97308786

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117118523
Cover Note Number	-

DRIVER

Name of Driver	PEH KAI WAT
NRIC No	SXXXX779B
Date Of Birth	03/04/1957
Occupation	Outdoor

Date Of Driving Pass	29/05/1981
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97308786
Alt. Phone Number	-
Email Address	kminterior88@yahoo.com.sg
Address	4 TAMPINES ST 73 #10-03
Address complement	-
Postcode	528824
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210310/7006.

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	SJF6504Z
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

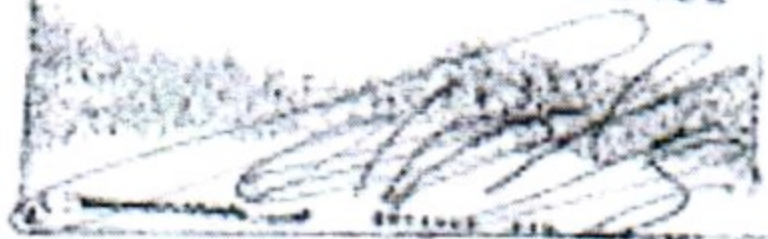
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation will void the insurance policy, may 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 G.A. Records Management Centre established by the General Insurance Association of Singapore (GIA) for publishing and that copies of this report will further 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:

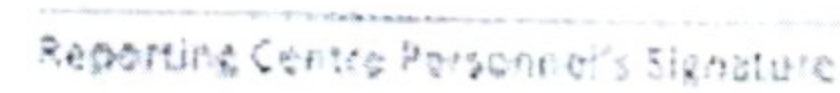
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to a insurer(s) who have insured vehicle(s) involved in this accident (all insurers 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.

Lian Ann Plaster



Policyholder's Signature
Date & Time:


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


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

I authorized smc to email the GIA report to admin@nhimotor.com

10/3/21

Lian Ann Plaster



0.9W 2.16
6.296647

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref: police report no: 1/20X0310/7006

DECLARATION

(i) We declare the foregoing particulars are true in every respect.

Lian Ann Plaster

Policyholder's Signature _____
Date & Time _____

Driver's Signature



SINGAPORE POLICE FORCE



T/20210310/7006

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

1 of 3

Report No. T/20210310/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2021 11:06			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: PEH KAI WAT			Address: 4 TAMPINES STREET 73 #10-03 SINGAPORE 528824			
ID Type / ID No.: NRIC NO / S1271779B			Contact No.: Home/Office: Mobile: 97308786			
Nationality: SINGAPORE CITIZEN			Email: kminterior88@yahoo.com.sg			
Sex: Male	Age: 63	Date of Birth: 03/04/1957	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: RENOVATION CONTRACTOR			Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/03/2021 17:15	Type of Location: Straight Road
Location: BEDOK RESERVOIR CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GW3131G	Van	NISSAN	NV350			0
SJF6504Z	Car	HONDA	STREAM			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20210310/7006

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

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Report No. T/20210310/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GW3131G	NTUC Income Insurance Co-Operative Limited	5117118523	31/05/2020	30/05/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH KAI WAT		ID No. S1271779B
Related Vehicle	GW3131G (Van)		Contact No. 97308786
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I (GW3131G) was stopped stationary at Bedok Reservoir Crescent in front of Belvia Blk 748A (2 ways lane).

Suddenly, I felt a huge impact with the loud sound of bang from behind. Veh "b" (SJF6504Z) collided into the rear RH portion of my vehicle and caused damages.

Veh "b" (SJF6504Z) never stopped after the collision and drove away.

I wish to stated that I have front and rear in-car camera capture of this incident.



**SINGAPORE
POLICE FORCE**



T/20210310/7006

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

3 of 3

Report No. T/20210310/7006

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 / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

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

Date/Time:
10/03/2021 11:06

Classification Of Case:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 500J

Vehicle Details

Vehicle No.: GW3131G
Vehicle to be Exported: No
Intended Deregistration Date: 09 Mar 2021
Vehicle Make: NISSAN
Vehicle Model: NV350 PANEL VAN 2.5 5MT 5DR
Primary Colour: Grey
Manufacturing Year: 2017
Engine No.: YD25422747A
Chassis No.: JN1MC2E26Z0008636
Maximum Power Output: -
Open Market Value: \$25,062.00
Original Registration Date: 31 May 2018
First Registration Date: 31 May 2018
Transfer Count: 0
Actual ARF Paid: \$1,254.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 May 2028
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$34,001.00
COE Rebate Amount: \$24,559.00
Total Rebate Amount: \$24,559.00

The information contained herein is correct as at 09 Mar 2021

OK