

REF: CS/CTI21003902/Avf3

ASS. REC. 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: XE 4368C

Policy No. DMCVSNA00092902002

Claims No. SNM21D201669/C02/TANKL

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: SLR6150Z Yr Regn: 2017, August.

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

Truck / Trailer or

Make: Toyota CHR. C.C. 1797

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 80271 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2X102053085

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 275/50R18.

R: 225/50R18.

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

TOYO / YOKO or

Front / Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. 23/3/21 D.O.I. 26/03/21.

Survey held at # Twin Lvs.

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
	TP Claim.
19/8/21	Adrian confirmed LS \$18,000 (Red 10,569.41, 36%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐: Preli. Report

Days Of Repair: 10

1)

☐: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 20/8/21-Typist

Add Fee: ☐: Site Insp (\$☐: Interview (\$☐: Tech. Invs (\$☐: Weekend (\$

Survey Fee:

Transportation:

3 + PS. SI

Photos

Others

TOTAL

Report Format: Merimen

Lump Sum / L.B.F. (\$ LS \$18,000

SS1Y2130000D / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 24/03/2021 16:47 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (24/03/2021 16:47 (SGT))



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	24/03/2021 16:47 (SGT)
Date of Accident	23/03/2021 13:20 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TWDS CITY BEFORE FORT RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6150Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JASMINE LAM LAI PENG
NRIC No	SXXXX808C
Email Address	poon4072@gmail.com
Mobile Phone No	(Phone) +65-93803236
Alternative Phone No	+65-93803236

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG20008770
Cover Note Number	-

DRIVER

Name of Driver	JASMINE LAM LAI PENG
NRIC No	SXXXX808C



Date Of Birth	28/07/1972
Occupation	Indoor
Date Of Driving Pass	26/01/1996
Driving experience	25 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93803236
Alt. Phone Number	+65-93803236
Email Address	poon4072@gmail.com
Address	BLK 643 WOODLANDS RING ROAD #04-40
Address complement	-
Postcode	730643
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

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?	Yes
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/20210324/2076.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4368C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JASMINE LAM LAI PENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR6150Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

Signature: _____

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: _____

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

From Tanjung Katong Flyover:

ELP towards MCE

A: SLR 6150 Z

B: XE 4368 C

Refer to Police Report.
Report no. : T/20210324/2076

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

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



**SINGAPORE
POLICE FORCE**



T/20210324/2076

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

1 of 3

Report No. T/20210324/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2021 14:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: JASMINE LAM LAI PENG		Address: APT BLK 643 WOODLANDS RING ROAD #04-40 SINGAPORE 730643	
ID Type / ID No.: NRIC NO / S7226808C		Contact No.: Home/Office: Mobile: 93803236	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 48	Date of Birth: 28/07/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2021 13:20	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Policeman 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
SLR6150Z	Car	TOYOTA	C-HR HYBRID 1.8G CVT	Blue	Seriously Damaged	0
XE4368C	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE
POLICE FORCE



T/20210324/2076

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

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Report No. T/20210324/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR6150Z	SHC INSURANCE PTE. LTD.	DMPG20008770	22/08/2020	21/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JASMINE LAM LAI PENG		ID No. S7226808C
Related Vehicle	SLR6150Z (Car)		Contact No. 93803236
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/03/2021		Date Discharge 23/03/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME

I WAS DRIVING AT ECP (MCE) BEFORE FORT RD EXIT WHEN THE VEHICLES IN FRONT OF ME E-BRAKED. I MANAGED TO E-BRAKE AS WELL ON TIME TO PREVENT THE COLLISION, HOWEVER A DUMP TRUCK FROM MY REAR COLLIDED ON MY VEHICLE. I FELT DIZZY AFTER THE IMPACT, THEREFORE I SHIFTED MY CAR TOWARDS THE SIDE OF THE ROAD TO PREVENT FURTHER DAMAGES AND COLLISIONS HAPPENING AS IT WAS RAINING HEAVILY. THE AMBULANCE THEN CAME AND CONVEYED ME TO RAFFLES HOSPITAL WHERE I WAS DISCHARGED ON THE SAME DAY AND ISSUED 7 DAYS MC.

THAT'S ALL



SINGAPORE
POLICE FORCE



T/20210324/2076

3 of 3

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

Report No. T/20210324/2076

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:
TP /
SC TOH CHIN XIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65476066

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/03/2021 14:18

Classification Of Case: SINGAPORE
POLICE FORCE



Signature: