

ASS. REC. BY: bd

ASSIGNMENT

15 May 2008

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s: Auto Insure
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: \$500
 (Client's Record)
 Make of Veh: _____

Veh No: SLG 69834 (r Regn: — / —)
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: Toyota Vios c.c. 1496
 Colour: white A/C: Insured / Std / NI / NA
 Sp Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR053HY9305060883
 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: 205/45ZR17
 R: 11

(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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Aplus
 Front R/Bal. 6 mm / Rear R/Bal. 6 mm
 L/Bal. 6 mm / L/Bal. 6 mm
 D.O.A. 21/1/21 w/s / D.O.I. 28-03-21
 Survey held at _____ 3:30pm
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Total loss - by LTA</u>
	<u>Vehicle has been deregistered.</u>
	<u>submit extensive total loss</u>
	<u>Market Value: \$16,000(est)</u>
	<u>LTA: \$8509(EST)</u>
	<u>Nett Value: \$7491/-</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: —

1) Date/Time, File Return to?

Resurvey No. of Trip: _____

2)

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Insp (\$)
 Misc (\$)

Survey Fee:

Transportation: _____

_____ \$ + RS _____ \$

) Photos

) Other: _____

TOTAL

Project File no: _____

Develop: _____ / _____

Your NCD will be affected due to late reporting

Gua Q. 'ang
LKK
Not Authorised.
Excess \$500
29/3/2021

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 23/03/2021 14:00 (SGT)
Date of Accident 27/01/2021 17:42 (SGT)
Exact Location of Accident Bartley Rd, Singapore
Additional Location Information SLIP RD OF BARTLEY & UPP PAYA LEBAR RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG6983U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner R MOSES THOMAS
NRIC No SXXXX019A
Email Address moses@ryainvestments.org
Mobile Phone No (Phone) +65-90066395
Alternative Phone No +65-90094938

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1496

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00147842004
Cover Note Number -

DRIVER

Name of Driver R MOSES THOMAS
NRIC No SXXXX019A

Date of Birth	11/09/1965
Occupation	Outdoor
Date of Driving Pass	14/02/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90066395
Alt. Phone Number	+65-90094938
Email Address	moses@ryainvestments.org
Address	BLK 222 SERANGOON AVE 4 #03-264
Address complement	-
Postcode	550222
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 - Major/Minor Rd
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?	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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SDCARD WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1798A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Category	Taxi
No. 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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG6983U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

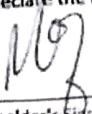
NO SKETCH PLAN PROVIDED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

 22/3/21
 Policyholder's Signature
 Date & Time:
 for R motor thw...

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



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



**SINGAPORE
POLICE FORCE**



F/20210218/7028

1 of 2

POLICE REPORT (NP299)

Report No. F/20210218/7028

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 18/02/2021 12:51	Vide Report No.	Station Diary No.
Name Of Informant R MOSES THOMAS	Address 222 SERANGOON AVENUE 4 #03-264 SINGAPORE 550222	
ID Type / ID No. NRIC NO / S1699019A	Contact No. Home/Office:	Mobile: 90066395
Nationality SINGAPORE CITIZEN	Email Address MOSES@RYAINVESTMENTS.ORG	
Occupation Consultant	Sex Male	Age 55
Institution/School Name	Date of Birth 11/09/1965	Race Indian
Date/Time Of Incident 27/01/2021 17:00	Location Of Incident UPPER PAYA LEBAR ROAD	

Brief details.

I am an insulin dependant diabetic patient since 1989 and also been driving since 1994 and was going home from Hougang Polyclinic after sending my wife and daughter for the appointment and while driving for about 800 metres I suddenly blackout and couldn't see much what's in front of me and when I woke up I was in great pain and that's when I realise that the steering wheel was pushed towards my stomach and believed I was involved in a serious accident as the pain in my stomach was unberable and not able to feel both my legs. I was still groggy and quickly I saw a gentleman and asked him for assistance and thats when my mobile rang on the bluetooth sat in my car and my wife was on the other line and was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210218/7028

speaking to the gentleman explaining what had happened and shortly the ambulance came and took my blood test and found out the sugar level reading was 1.8mmol and the SCDF also came and retrieve me from the car and took me to the hospital.

Subjects Involved			
Victim			
Person Name	R MOSES THOMAS		
ID Type	NRIC NO	ID No	S1699019A
Gender	Male	Age	55
Race	Indian	Language	English
Occupation	Consultant	Address	222 SERANGOON AVENUE 4 #03-264 SINGAPORE 550222
Mobile No	90066395	Is Informant A Victim?	Yes
Person Name	R MOSES THOMAS (Informant)		

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description
1	Wallet containing my NRIC and bank cards	Stolen			NA	1	Singapore Dollars 20.00	Brown long wallet

Signature Of Officer Recording The Report: <i>Not applicable</i>	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: <i>Not applicable</i>	Date/Time: 18/02/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp