

ASS. REC. BY: T. AnglinREF: C53 / ALG 21004134 / T1953

## 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. 5416304163SG

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: 968K

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 9 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_ %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP - PPS

Vehicle: IN / OUT

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Veh No: SMR2836TYr Regn: 2019, Dec.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Fit GFC.C. 1317Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 61552

T/Radio: Insured / Std / NI / NA

Eng/No: GK33425580

C/No: \_\_\_\_\_

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: 175/70R14R: 175/70R14BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 4/3/21Survey held at Benefit Auto.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

15/07/21 Submit DAR.

Date/Time, File Pass to?

☐ : Prel. Report

1) 15/07 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: MER-DAR

Lump Sum / L.B.I. (%) \_\_\_\_\_

Days Of Repair: 9Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

## 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 .....	29/03/2021 10:46 (SGT)
Date of Accident .....	27/03/2021 16:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG HOLLAND ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR2836T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM HUNG TENG
NRIC No .....	S8724922J
Email Address .....	vandersar_87@hotmail.com
Mobile Phone No .....	(Phone) +65-94231133
Alternative Phone No .....	+65-94231133

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
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 hire
Transmission .....	Auto
CC .....	1400

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5115074886-01
Cover Note Number .....	drivo CLASSIC

#### DRIVER

Name of Driver .....	LIM HUNG TENG
NRIC No .....	S8724922J



Date Of Birth .....	19/08/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	26/10/2007
Driving experience .....	13 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94231133
Alt. Phone Number .....	+65-94231133
Email Address .....	vandersar_87@hotmail.com
Address .....	BLK 709 #04-110 TAMPINES STREET 71
Address complement .....	-
Postcode .....	520709
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 .....	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? .....	No
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 .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	SCY21Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	ADELENA SHEE
NRIC No .....	S8037140C
Contact Number .....	(Phone) +65-96269888
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM HUNG TENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMR2836T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INCOME MOTOR SERVICE CENTRE

Report No: MT

D.O.A: 27/03/2021

Time: 16:30 hrs

Report Date & Start Time: 29/03/2021 10:39

Vehicle No: SMR2836T Reporting Type:

**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 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.



29/03/21 / 10:39

Policyholder's Signature / Date & Time

29/03/21 / 10:39

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

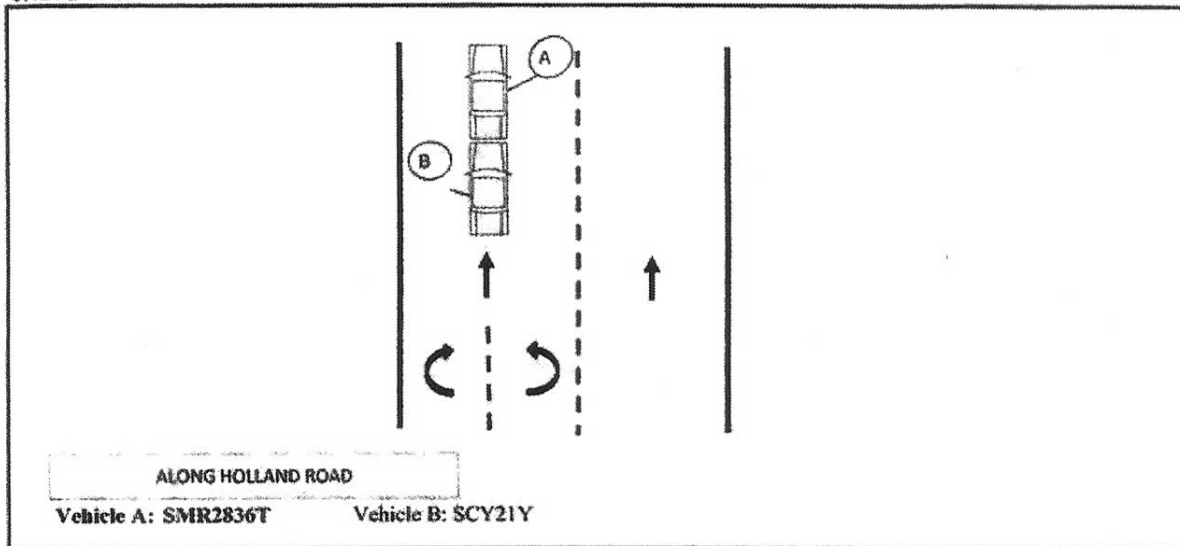
Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel





**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**


REFER TO POLICE REPORT

**Declaration**

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

  
 29/03/21 / 10:39  
 Policyholder's Signature / Date & Time

29/03/21 / 10:39  
 Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
 Customer Care Executive  
 Motor Service Centre  
  
 Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210328/2022

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20210328/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2021 12:27		Vide Report No.:		Station Diary No.: 36
<b>Informant's Particulars</b>				
Name of Informant: LIM HUNG TENG		Address: APT BLK 709 TAMPINES STREET 71 #04-110 SINGAPORE 520709		
ID Type / ID No.: NRIC NO / S8724922J		Contact No.: Home/Office: Mobile: 94231133		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 19/08/1987	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2021 16:30	Type of Location: X-Junction	
Location: HOLLAND ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCY21Y	Car	TOYOTA		Black		0
SMR2836T	Car	HONDA	FIT 1.3GF CVT	Grey		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMR2836T	NTUC Income Insurance Co-Operative Limited	5115074886-01	27/12/2020	26/12/2021



**SINGAPORE  
POLICE FORCE**



T/20210328/2022

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3  
Report No. T/20210328/2022

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM HUNG TENG	ID No.	S8724922J
Related Vehicle	SMR2836T (Car)	Contact No.	94231133
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On the date, time and location mentioned above, V1 (SMR2836T) was travelling along the road on the wanted to make a right turn, and as the traffic was smooth and traffic light was green with green arrow in my favour, as such I make the turn and upon turning, a collision occurred on my vehicle's rear with 1 impact from V2 (SCY21T).

The accident took place, and both parties acknowledge the incident. However, I decided to go for my own medical treatment.

The accident was minor. No Police attended.

There is no mechanical fault. There is in-car CCTV in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20210328/2022

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

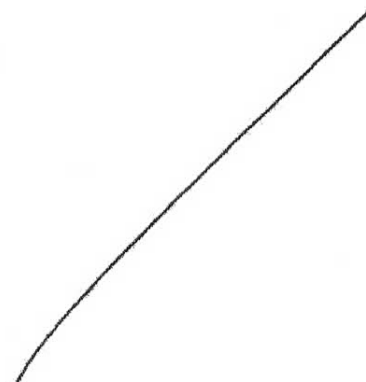
3 of 3

Report No. T/20210328/2022

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/

Sgt 3 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2021 12:27

Officer In Charge Of Case:

TRIPOLI SINGAPORE  
Sgt 3 PONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE