

ACC. REC. BY:

Stere

CS3/CTI 21004179/Egf3

ASSIGNMENT

From: PRS

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. SNM21D201814C02

Sum Insured: \_\_\_\_\_

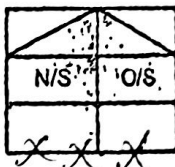
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Rat. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

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

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

8

days

Res.: Yes or No

Turn Sum: \_\_\_\_\_

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Veh No: SLU 5526P

Yr Regn: 13/3/15

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

Truck / Trailer or

Make: Honda Jazz

c.c. 1498

Colour: Red

A/C: Insured / Std / NI / N

Sp. Reading: 141/46

T/Radio: Insured / Std / NI / N

Eng/No: \_\_\_\_\_

C/No: JHMGKSSDFX202456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R16

R: 1

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

TOYO / YOKO or

Front

Rear

R/Bal. 4

mm

R/Bal. 4

mm

L/Bal. 4

mm

L/Bal. 4

mm

D.O.A. 30/3/21

D.O.I. 1/4/21

Survey held at V-Tech Apts

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

MR 44K

repair range SK - 6K

8 repair days

13/04/21 Submit PRS.

Date/Time, File Pass to?

☐

Prel. Report

13/04 Typist

☐

Final Report

Date/Time, File Return to?

Formed: MER-PRS

imp Sum / L.C. /

Days Of Repair: 8

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Workload (\$

Survey Fee:

Transportation:

\$ + 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	31/03/2021 18:09 (SGT)
Date of Accident	30/03/2021 15:30 (SGT)
Exact Location of Accident	Lor 6 Toa Payoh, Singapore
Additional Location Information	TOWARDS TOA PAYOH EAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5526P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIONG SOOK YUEN EMILY
NRIC No	SXXXX992Z
Email Address	ecsy80@yahoo.com
Mobile Phone No	(Phone) +65-97112283
Alternative Phone No	+65-97112283

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1498

#### INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP312048
Cover Note Number	-

#### DRIVER

Name of Driver	CHIONG SOOK YUEN EMILY
NRIC No	SXXXX992Z

Date Of Birth  
Occupation  
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

08/04/1980  
Indoor  
19/06/2008  
12 YEARS AND 9 MONTHS  
Female  
(Phone) +65-97112283  
+65-97112283  
ecsy80@yahoo.com  
BLK 680 WOODLANDS AVE 6 #09-754  
-  
730680  
Yes  
-  
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  
1  
No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Police Station Name  
Police Station Phone No  
Police Station Address  
Was notice of intended Prosecution given?  
If yes, against whom?

Yes  
Woodlands East Neighbourhood Police Centre  
(Phone) +65-18007679999  
3 Woodlands Drive 63 Singapore 737890  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN & POLICE REPORT

#### ATTACHMENT(S)

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

Yes  
No  
No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
Name of Driver

GBJ200M  
-  
-  
-  
-  
Commercial vehicle  
MUHAMMAD SHAHROL BIN SU'AH

C No  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

SXXXX367G  
(Phone) +65-91385907  
-  
-  
-  
-  
-  
-

### 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?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?

CHIONG SOOK YUEN EMILY  
BLK 680 WOODLANDS AVE 6 #09-754  
-  
730680  
-  
-  
SLU5526P  
Yes  
No


SKETCH PLAN

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 Person.
3. Information provided must be as truthful and accurate as possible. Any willful 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 agent(s) 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) in complying with requirements under any regulations, laws or court orders.

I HAVE READ AND UNDERSTAND THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

  
Date & Time: 30/3/2021  
5:16pm

(If filled in by the policyholder)  
Date & Time:

  
Date & Time:

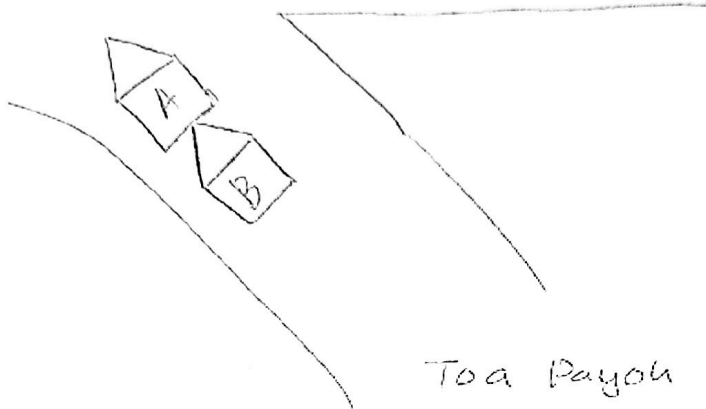
SKETCH PLAN #2

SKETCH PLAN

Toa Payoh East

A SLU 5524f

B 9BJ 300M



Toa Payoh Lor 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 30/3/2021 about 1130pm. I was travelling along Toa Payoh Lor 6 I was checking traffic from main road. Suddenly, Third party bang me from behind. I was shocked with the impact. I felt uncomfortable and will go for doctor consultation.

DECLARATION

I/We declare the foregoing statements are true and correct.

*[Signature]*

Police Officer's Signature

Date & Time 30/3/2021 5/6pm

Driver's Signature

(If driver is not the police officer)  
Date & Time

Reporting Officer's Signature

Name  
Date & Time

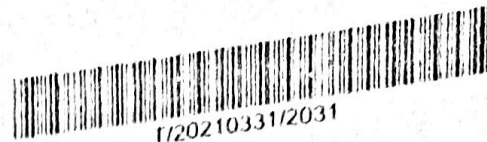
<input type="checkbox"/> Damaged only	<i>V-track Auto Serv</i>
<input type="checkbox"/> Minor damage	
<input checked="" type="checkbox"/> Major damage	
<input type="checkbox"/> Full vehicle damage	
Policy No. MP 313048	
Insurer HIL ASSURANCE	SLU 5524P





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Woodlands East N.P.C  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20210331/2031

1 of 4

Report No T/20210331/2031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
31/03/2021 12:14

Vide Report No.:

Station Diary No.:  
35

### Informant's Particulars

Name of Informant:  
CHIONG SOOK YUEN, EMILY

Address:  
APT BLK 680 WOODLANDS AVENUE 6 #09-754  
SINGAPORE 730680

ID Type / ID No.:  
NRIC NO / S8010992Z

Contact No.:  
Home/Office: Mobile: 97112283

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Female 40 08/04/1980

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
SALES

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: 30/03/2021 15:30	Type of Location: filter lane
Location: LORONG 6 TOA PAYOH				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing		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
GBJ200M	Van	TOYOTA	HIACE VAN TURBO 5DR MT	Silver	Slightly Damaged	0
SLU5526P	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Red	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210331/2031

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20210331/2031

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU5526P	HL ASSURANCE PTE. LTD	MP312048	13/03/2021	12/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD SHAHROL		ID No.	S8723367G
Related Vehicle	GBJ200M (Van)		Contact No.	87506020
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
Driver				
Name	CHIONG SOOK YUEN, EMILY		ID No.	S8010992Z
Related Vehicle	SLU5526P (Car)		Contact No.	97112283
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/03/2021		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location. I was driving my vehicle SLU5526P along toa payoh east and was turning left to Lorong 6 toa payoh. As I was approaching the main road of Lorong 6 toa payoh, my vehicle was slowly inching to move to the main road when I felt a impact coming from behind me and my head whiplashed. I then exit my vehicle to discuss with the vehicle owner of GBJ200M and we agreed on doing official claim and exchange particulars then we went off. As during the accident, my head whiplashed and I felt giddy, thus after I visited the car workshop. I went to see doctor and informed that my neck, shoulder and lower back pain, I was then given 3 days MC.

I then consulted my friend who was in charge of my insurance claim and he informed me to lodge a police report and I acknowledged and approached to lodged a police report.





**SINGAPORE  
POLICE FORCE**



T/20210331/2031

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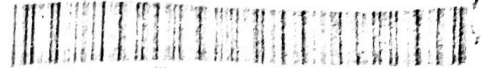
Report No. T/20210331/2031

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210331/2031

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

4 of 4

Report No. T/20210331/2031

**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:

L /

Sgt 2 BRANDON NEO ZHEN YAO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
31/03/2021 12:14

Classification Of Case:

Authentication Stamp  
NP168