OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Estimated Cost:

To Inspect Vehicle No:

at Workshop m/s

Insured: Policy No. Claims No.

Sum Insured:

Make of Veh:

(Client's Record)

(Policy Condition)

Bal. or Market Value:

IDAC Accident Rport:

Report Format:

Lump Sum / LBJ: (\$

Remark: The veh had commenced its

repair at the time of inspection.

From

Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Brw 2/6(c.c /499. Colour Whee A/C: Insured / Std / NI / NA Sp.Reading 1/5/64 T/Radio: Insured / Std / NI / NA Eng/No: C/No: WBA 6/12 070 < P68 735 Gen. Cond Good / Fair / Poor / Burnt Steering: Norder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil (S/Rim) / STD A/Rim or Tyre Size: F: 205/60R/6. R: 205/60R/6. BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front / Rear Consistent?: Yes or No Type M.Car M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Make: Brww 2/6(c.c /499. A/C: Insured / Std / NI / NA Sp.Reading 1/5/64 T/Radio: Insured / Std / NI / NA Sp.Reading 1/5/64 T/Radio: Insured / Std / NI / NA Eng/No: C/No: WBA 6/12 070 < P68 735 Gen. Cond Good / Fair / Poor / Burnt Steering: Norder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Tyre Size: F: 205/60R/6 R: 205/60R/6 BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front / Rear R/Bal. Ob mm R/Bal.	ADDI	GNMENT 2012 Too
Truck / Trailer or Make: B(MW 2/6)	Date:	
Make: BMW 266 c.c 1499. Colour Libre AC: Insured / Std / NI / NA Sp. Reading 10564 T/Radio: Insured / Std / NI / NA Eng/No: C/No: WBA 6V I2 070 S P68 735 Gen. Cond Good / Fair / Poor / Burnt Steering: norder / Jammed / Leaked / Burnt or Brake: (norder / Jammed / Leaked / Burnt or Modi: Nil (S/Rim) / STD A/Rim or Tyre Size: F: 205/60R/6. R: 205/60R/6. BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front / Rear R/Bal. 06 mm R/Bal. 06 mm Consistent?: Yes or No Res.: Yes or No 3 Val.: Yes or No Survey held at Xi A Hua. Des. of Damages: Frt (Rear) / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision		
Colour Libre A/C: Insured / Std / NI / NA Sp.Reading ICS/64 T/Radio: Insured / Std / NI / NA Eng/No: C/No: WBA 6V ID 070 \$ P68 735 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: 205/60 R/6. R: 205/60 R/6. BS / DUN / EXNOVA / GY / S / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front / Rear Consistent?: Yes or No Consistent?: Yes or No Res.: Yes or No J. D.O.I. 09/04/21. Survey held at Xi \ Hua. Des. of Damages: Frt Real / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision	EVA / INV / MV	The state of the s
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Vehicle: IN / OUT tacted: The U/C / Chassis frame / Body Structure affected due to collision		Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
	Vehicle: IN / OUT	The state of the s
		The U/C / Chassis frame / Body Structure affected due to consistor
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GIA / PR See	n: Consistent: . Tes o	1110	27501.	- notation			
Est. Repairs:	days Res.: Yes	or No	D.O.A.	D.O.I. 09/04/21.			
Lum Sum:	% 3 Val.: Yes o	or No	Survey held at	Xin Hua.			
CA / REV /	REP. / 24 HRS	/ehicle: IN / OUT					
Date:	Person Contacted:		The U/C / Chassi	s frame / Body Structure affected due to collision.			
Date / Time	Action / Instruction TPAXA	* Into	() HE				
	mv :						
	PV:						
	Nett:						
Date/Time, File Pa	ss to? : Preli. Report		Days Of Repair:	gramma substituti e a con a			
1)	: Final Report		Resurvey No. of Tr	ip: Survey Fee:			
Date/Time, File R	eturn to?	Add Fee	: Site Insp	Transportation:			

Interview (\$

Tech, Invs (\$

Weetend (\$

Photos

Others

TOTAL

SY0A21480004 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 08/04/2021 17:14 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (08/04/2021 17:14 (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 witholding 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 08/04/2021 17:14 (SGT) Date of Accident 05/04/2021 06:20 (SGT) Exact Location of Accident JIn Membina, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMR9562L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

ALPINE CAR RENTAL PTE LTD

1XXXXX483E

X543210H@GMAIL.COM

(Phone) +65-88181638

(Home) +65-88181638

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

BMW

216i

Private hire

No - Claiming third party

Private hire

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5112296399-01

DRIVER

Name of Driver NRIC No

KOH BOCK HWA SXXXX632B



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

26/03/1960 Outdoor 01/08/1977

43 YEARS AND 8 MONTHS

(Phone) +65-88181638

X543210H@GMAIL.COM

APT BLK 478C YISHUN ST 44 #08-171

763478

No

Hirer

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

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No

Alt. Police Station Phone No

Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

Yes

Changi Neighbourhood Police Centre

(Phone) +65-18005872999

(Fax) +65-65872900

9 Simei Street 2 Singapore 529914

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

WITH DRIVER

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

SKZ1976K

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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH BOCK HWA
Address	*
Address Complement	
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	
Injured person in which vehicle?	SMR9562L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

ICEORLANT NOTICE

- 1. Please report portestly the details of the acceptance of covering the cover protect
- 2 This form must be completed by the Policyhelder and/or if a Arthodised Drivet
- Information provided must be as truthful and accurate as possible. Any welful or or procentation or withful of of material facts may allow insurance companies to repudiest, policy liability.
- The name and acceptance of this form by insurance companies is not an admission of policy fishility on the part of the insurance companies.
- 5. Any fake 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 auchiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the Indignent of the report to the insurers, you hereby consent to the arrivering of this report at the centre and to copies of the report heing made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (b) 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 :
 - processing, bandling 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.
- (c) the information so collected under (d) above may be shared / disclosed:
 - 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

Fol-yholder's Seinsteile

Driver's Egneture (E driver is not the policyholder) Uate & Tiene: MAY

Regioning Centre Personnel's Signature Name: Nation Ho.:

SECURIAN							
		Tions				A	SMR 156 2
		Plaz	18	(19)	(18)	B	SKZ 1971
					BIK 119 Jin Me		
SCRIBE CIRCUI	MSTANCES OF	THE ACC	IOENT				
	Refer	To	Police	Report	T/2021041	06/211/2	124
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	1	Dete E T	arrain .		CORP /AM- Law		





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 1 of 3 Report No. T/20210406/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2021 17:11		Made:	Vide Report No.:	Station Diary No 55		
Informa	nt's Partic	ulars		BETTE THE SECOND SECOND		
Name of Informant: KOH BOCK HWA			Address APT BLK 478C YISHUN STREET 44 #08-171 SINGAPORE 763478			
	/ ID No.: D / S14286	32B	Contact No.: Home/Office:	Mobile: 96157197		
National SINGAP	ity: ORE CITIZ	'EN	Email:			
Sex: Male	Age: 61	Date of Birth: 26/03/1960	Type of Informant Driver			
Race: Chinese			Language. English	Institution / School Name:		
Occupation: Grab driver			Driving Licence Information Class: 3	Date of Expiry:		

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2021 06:2	Type of Location Straight Road
Location: JALAN MEMI Weather:	BINA	Road Surface		Road Speed Limit:
Clear		Dry Traffic Control:	arking	Traffic Volume:
Traffic Flow Two Way		Traffic Light - Wo	A PARTICI	Lidin

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKZ1976K	Car	TOYOTA		Blue		0
SMR9562L	Car	BMW		White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

2 of 3 Report No. T/20210406/2112

CONTINUATION OF REPORT

Name	Unknown			ID No.		NIL
Related Vehicle	SKZ1976K (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng	Class NIL Date of Expiry NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			
Driver					1111	
Name	KOH BOCK HWA			ID No		S1428632B
Related Vehicle	SMR9562L (Car)			Conta	ict No.	96157197
Hospital/Clinic	Central 24-hr clinic (Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	06/04/2021		Date Disc	charge	06/04	/2021
No. of Days gran	led Medical Leave	03	Degree o		Slight	

Brief Details.

On the 06/04/2021 at 0620hrs, I was travelling along a single lane road of Jalan Membina towards Tiong Bharu Road. I then stopped at the junction of Jalan Membina and Tiong Bahru Road as I wanted to turn left and the traffic light was red. After I came to a complete stop, I felt a impact from the rear after a few seconds. I made a check and discovered that a blue Toyota had collided into the rear of my car. There was no Police or ambulance at the scene. As I was in a hurry both parties forgot to exchange particulars. I only managed to take pictures of the accident. My car has in-built recording which managed to capture the accident.





3 of 3 Report No. T/20210406/2112

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

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 / Staff Sgt SIVA BALAN S/O CHINNAPAN	Signature Of Informant:	
Signature Of Interpreter Not applicable	Date/Time 06/04/2021 17:11	
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476179	Classification Of Case:	
Authentication Stamp		