

0001 114

Survey TGLM

REF:

C53/GRB21004606/B v f3

Veron

ASSIGNMENT

From:

Date:

13/4/2021

Estimated Cost:

OD / ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

SJZ 9868Z

at Workshop m/s

T & S Motor Service

of Blk 5035

AMK Ind PKZ #01-357

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

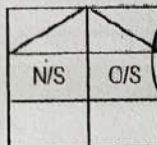
(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJZ 9868Z

Yr Regn:

1

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

Truck / Trailer or

Make:

Doysta Vellfie

C.C. 2493

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

271030

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ANF1208192047

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: ~~In order~~ / Jammed / Leaked / Burnt or

Brake: ~~In order~~ / Jammed / Leaked / Burnt or

Modi: Nil / ~~SRM~~ / STD A/Rim or

Tyre Size:

F: 235/55/18

R: 235/55/18

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

9/4/2021

D.O.I.

13/4/2021

Survey held at

T & S Motor Service

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

TGLM

13/4/2021



Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Driver				
Name	HADI SUFYAN BIN MULIANTO		ID No.	S8800609G
Related Vehicle	SJZ9868Z (Car)		Contact No.	96436851
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/04/2021		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	TAN HOCK LENG PAUL		ID No.	S1242209A
Related Vehicle	SMV9852D (Car)		Contact No.	91888243
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

Brief Details.

On 10/04/21 at about 1545hrs, I was driving (SJZ9868Z) along Bedok Road towards Upper Changi East. I was on my lane about to turn right towards Upper Changi East. While I was turning, this vehicle (SMV9852D) did not keep to his lane and as such, he collided on to the right side of my vehicle.

Upon collision, both parties came out of the vehicles to take photos and also to exchange particulars. No police or ambulance assistance were needed. We then proceeded on with our journey. I wish to state that my car camera has captured the accident scene.

On 09/04/21, I felt pain at my neck and the left side of my back. As such, I went to Mount Alvernia Hospital and was given 5 days of MC.

I am lodging this report for police investigation purposes.



**SINGAPORE
POLICE FORCE**



T/20210410/2077

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20210410/2077

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:

E /

Sgt 2 HO BOON KIAT, DARON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

10/04/2021 15:00

Classification Of Case:

Authentication Stamp

NP168

SN 070



SINGAPORE POLICE FORCE



T/20210410/2077

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20210410/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2021 15:00		Vide Report No.:		Station Diary No.: 20	
Name of Informant: HADI SUFYAN BIN MULIANTO					
Address: APT BLK 944 TAMPINES AVENUE 5 #04-279 SINGAPORE 520944					
ID Type / ID No.: NRIC NO / S8800609G		Contact No.: Home/Office: Mobile: 96436851			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 33	Date of Birth: 08/01/1988	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: PRIVATE HIRED DRIVER		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: 09/04/2021 15:45	Type of Location: Bend
Location: BEDOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ9868Z	Car				Slightly Damaged	1
SMV9852D	Car				Slightly Damaged	0

Details of Person Involved

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

Describe the Circumstances of the Accident

On Saturday 20th at about 4:20pm, I was travelling from B1E into EUE. At point EUE, there was a jam getting into EUE from the lane. All cars stopped. I stopped before GBE 571C. There was about 4m space in between.

All of a sudden, vehicle SMS 883P hit my vehicle from behind. It caused my vehicle to surge forward to hit GBE 570EC also. We came out of vehicle to inspect and take photos.

I have submitted video evidence of both front and rear videos showing my car was stationary when hit by SMS 883P and then it surged forward as a result to hit GBE 570EC.

Photos also submitted as evidence.

DECLARATION

I hereby declare that the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Officer / Date & Time



USE RECEIPT OF INSURANCE