

ASS. REC. BY: Steve 7 MSG 21004716/EVF3

PRS

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD ☒ TR ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SLK 3016K
Policy No. 30001621713
Claims No. 255930
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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: STM 5501B Yr Regn: 8/1/09
Type: ☒ M.Car ☐ M.Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover ☐
Truck / Trailer or _____
Make: Honda FH C.C. 1339
Colour: Red A/C: ☐ Insured ☐ Std ☐ NI ☐ N
Sp. Reading: 12748 T/Radio: ☐ Insured ☐ Std ☐ NI ☐ N
Eng/No: _____
C/No: GE 61148159
Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ Burnt
Steering: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt or
Brake: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt or
Mod: ☐ Nil ☐ S/Rim ☐ STD A/Rim or
Tyre Size: F: 195/55R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken
Front: _____ Rear: _____
R/Bal: 4 mm R/Bal: 4 mm
L/Bal: 4 mm L/Bal: 4 mm
D.O.A. 12/4/21 D.O.L. 15/4/21
Survey held at 2020 Spray Painting
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
	<u>MV-4SK</u> <u>Repair range 10K-11K</u>
	<u>21 days</u> <u>16/4/21 INFORMED STEVE 12 DAYS</u>
<u>16/4/21</u>	<u>Submit PRS, repair range \$10,000-\$11,000</u>

Date/Time, File, Pass to? ☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

16/4/21-Typist

Approved: PRS

Imp. Sum / L.B. / %

Days Of Repair: 12

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (% _____)

☐ : Weekend (% _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Phone: _____

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 Authorized 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	13/04/2021 15:17 (SGT)
Date of Accident	12/04/2021 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE Changi after Paya Lebar Road Entrance
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5501B
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INSURED POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDILLAH MURSYID BIN MANSOR
NRIC No	S8230965I
Email Address	ABDILLAH.MURSYID@YMAIL.COM
Mobile Phone No	(Phone) +65-94350610
Alternative Phone No	+65-94350610

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5090042528-04
Cover Note Number	drivo CLASSIC (E.W)

DRIVER

Name of Driver	ABDILLAH MURSYID BIN MANSOR
NRIC No	S8230965I

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

06/10/1982
 Indoor
 03/03/2003
 18 YEARS AND 1 MONTH
 Male
 (Phone) +65-94350610
 +65-94350610
 ABDILLAH.MURSYID@YMAIL.COM
 BLK 498H #10-460
 TAMPINES STREET 45
 526498
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Chain Collision
 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
 4
 Yes
 No
 Yes
 1
 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
 Rochor Neighbourhood Police Centre
 (Phone) +65-18002949999
 (Fax) +65-63918583
 11 Kampong Kapor Road Singapore 208678
 No

CIRCUMSTANCES OF ACCIDENT

REFER TO 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

SLK3016K
 -
 -
 -
 -
 Private hire

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)

CHAN
(Phone) +65-96273727

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

YN4286X

Commercial vehicle

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

GBG3064K

Commercial vehicle

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?

ABDILLAH MURSYID BIN MANSOR

SJM5501B

Yes

No

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No: MT

DDA 12-04-2021
Time 19:00 Hrs

Report Date & Start Time 13-04-2021 15:03

Vehicle No: S1313501B 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.



12/04/21 / 15:03

Policyholder's Signature / Date & Time

13-04-21 / 15:03

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

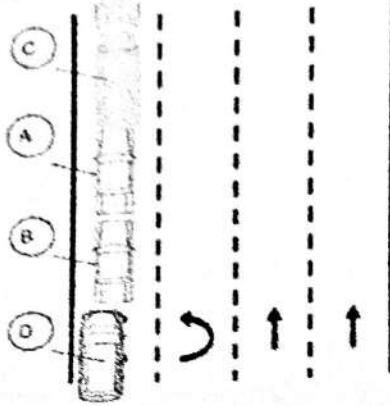
Alan Tung (S098825)
Customer Care Executive
Motor Service Centre



Witnessed by Reporting Centre Personnel

SKETCH PLAN #2

SKETCH PLAN



PIE Chang: after Paya Lebar Road Entrance
 Vehicle A: SJM5501B Vehicle B: SLK3016K Vehicle C: YN4286X Vehicle D: GBG3064K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.


 13/04/21 / 15:03
 Policyholder's Signature / Date & Time

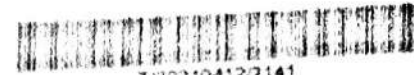
13/04/21 / 15:03
 Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S093825)
 Customer Care Executive
 Motor Service Centre

 Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210412/2141

1 of 3

Report No. T/20210412/2141

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208878
Tel No: 1800-2949889

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/04/2021 22:23

Vide Report No.:

Station Diary No.:
170

Informant's Particulars

Name of Informant:
ABDILLAH MURSYID BIN MANSOR

Address:
APT BLK 498H TAMPINES STREET 45 #10-460 SINGAPORE
526498

ID Type / ID No.:
NRIC NO / S82309651

Contact No.:
Home/Office: Mobile: 94350810

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 38 Date of Birth: 05/10/1982

Type of Informant:
Driver

Race:
Malay

Language:

Institution / School Name:

Occupation:
ENGINEER

Driving Licence Information:
Class: 2B,2A,2,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/04/2021 16:00	Type of Location: Straight Road
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Location:

PAN-ISLAND EXPRESSWAY

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3064K	Van					0
SJM5501B	Car	HONDA	FIT 1.3G A	Red	Seriously Damaged	0
SLK3016K	Car					0
YN4286X	Lorry					5



SINGAPORE POLICE FORCE



T/20210412/2141

2 of 3

Police Station Of Origin:
Rochor N P C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No: T/20210412/2141

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective
SJM5501B	NTUC Income Insurance Co-Operative Limited	5090042528-04	08/01/2021
			Expiry Date
			07/01/2022

Details of Person Involved			
Any Pedestrian Involved No		Use of Pedestrian Crossing NA	
No. of Pedestrians Injured NIL			
Driver	Name	ID No.	
	ABDILLAH MURSYID BIN MANSOR	582306651	
Related Vehicle		Contact No.	
	SJM5501B (Car)	94350610	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
	TAN TOCK SENG HOSPITAL	Class: 2B, 2A, 2, 3 Date of Expiry: NIL	
Date Treatment		Date Discharge	
12/04/2021		12/04/2021	
No. of Days granted Medical Leave		Degree of Injury	
03		Slight	

Brief Details.

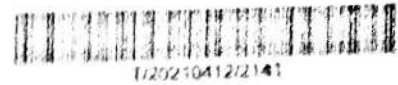
On 12/04/2021 at about 1600hrs, I (SJM5501B) was driving along PIE towards Changi and exited at Jalan Eunus. As the traffic was heavy, it was slow moving and there was a lorry (YN4286X) in front of me that came to a stop. As such, I also came to a stop, that is when I felt an impact at the rear of my vehicle. Due to the impact, I was in a daze. After a few minutes, I came out of my vehicle and someone had informed me about what happened. He informed me that there was one vehicle that stopped behind my vehicle (SLK3016K) and another vehicle (GBG3064K) had hit onto the vehicle (SLK3016K). Due to the impact, the vehicle (SLK3016K) behind me hit onto my vehicle and my vehicle hit onto the lorry (YN4286X) in front of me. The damages to my vehicle the rear bonnet of my vehicle was dented in, driver and passenger side door unable to open, the IU unit came off, engine bonnet dented. I also suffered injuries due to the accident. The injuries were whiplash on the back of my body and neck.

I would like to also mention that I was asked to sign a few documents by Shi Ying from Kim Chwee Auto Pte Ltd. I don't really know what documents it is as I was still in a daze.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999



T/20210412/2141

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Report No: T/20210412/2141

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:

A /

Sgt 2 MOHAMED RAFHAN BIN MOHAMED
ABDUL KADER

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP 166 SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:
12/04/2021 22:23

Classification Of Case: