

ASS. REC. BY: Steen 7 REPT CS3/MSG 21004716/EFV3

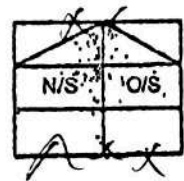
PRS

**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: \_\_\_\_\_  
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 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  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: STM 5501 B 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: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Mod: NH / 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.A. 15/4/21  
Survey held at 2020 Spray Painting  
Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or  
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-4SK</u> <u>Repair large 10K-11K</u>
	<u>21 days</u>

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

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

3200 Form 1:  
Unit Sum / L.B. 1: \_\_\_\_\_

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

VOA 12-94 2021  
Time 19:00 R03

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.



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

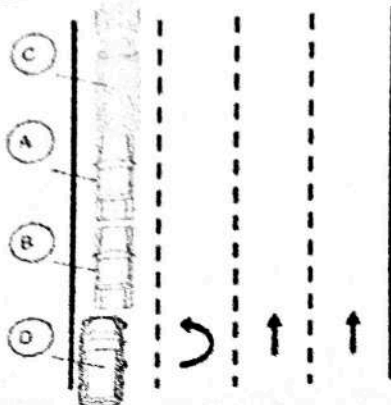
Alan Tung (S098825)  
Customer Care Executive  
Motor Service Centre



Witnessed by Reporting Centre Personnel

SKETCH PLAN #2

SKETCH PLAN




PIE Changi 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

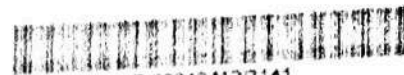
Declaration

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  
209878  
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		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	5090042528-04	08/01/2021	07/01/2022
SJM5501B	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name	ABDILLAH MURSYID BIN MANSOR	ID No.	582306651
Related Vehicle	SJM5501B (Car)	Contact No.	94350610
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2.3 Date of Expiry: NIL
Date Treatment	12/04/2021	Date Discharge	12/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	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 Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20210412/2141

3 of 3

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 KADERSignature Of Interpreter:  
Not applicableOfficer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp

SINGAPORE  
POLICE FORCE

Signature Of Informant:

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

Classification Of Case: