ASS. REC. BY:

REF: CS/ Smo / 2100498 8/kv f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Choon Hock

of _____

Insured: SKF 7937P

Policy No. _____

Claims No. CMTD2101250/RUC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 2359K Yr Regn: 08, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Adio c.c 1496

Colour Yellow / Black A/C: Insured / Std / NI / NA

Sp.Reading 378111 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NKE165 - 7145641

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: B.S 185/60R15

R: Toyo

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 mm
L/Bal.	9 mm	L/Bal.	7 mm
D.O.A.	17/4/21	D.O.I.	21/4/2021

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear C/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
27/4/21	Kenneth confirmed LS $2000 (Red 2614.20,56%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 27/4/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + R$ _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 2000

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date of Submission	19/04/2021 12.00 (SGT)
Date of Accident	17/04/2021 21:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD TURNING TOWARDS DAWSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2359K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TENG HONG
NRIC No	SXXXX572A
Email Address	chousweelian@gmail.com
Mobile Phone No	(Phone) +65-93380391
Alternative Phone No	+65-93380391

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5093816904-03 (COMP)
Cover Note Number	-

DRIVER

Name of Driver	KOH TENG HONG
NRIC No	SXXXX572A

Date Of Birth	09/05/1951
Occupation	Outdoor
Date Of Driving Pass	14/10/1970
Driving Experience	50 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93380391
Alt. Phone Number	+65-93380391
Email Address	chousweelian@gmail.com
Address	BLK 824 #04-594 YISHUN STREET 81
Address Complement	-
Postcode	760824
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG ALEXANDRA ROAD TOWARDS DAWSON ROAD .

MY VEHICLE CAME TO A STOPPED BEFORE THE ZEBRA CROSSING TO GIVE WAY TO A PEDESTRIAN CROSSING THE ROAD.

SUDDENLY VEHICE B CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE.

ATTACHMENT(S)

Accident report SV0M214J0003

SKETCH PLAN

[illegible]

1. [illegible] the details of the accident to speed up the claims process.
2. [illegible] by the Policyholder and/or the Authorised Driver.
3. [illegible] truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may [illegible] to repudiate policy liability.
4. [illegible] of this Form by insurance companies is not an admission of policy liability on the part of the insurance [illegible].
5. [illegible] be referred to the Police for investigation.
6. [illegible] 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. [illegible] 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 [illegible] 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, handing 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, handing and/or dealing with my claims.

(collectively the "Purposes")

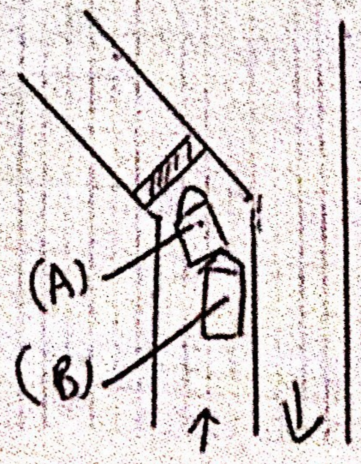
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

19 APR 2021

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



A- SH 2359K
B- SKF 7937P

DOA - 17/4/21