

CS/CT121005173/ATF3

ASSIGNMENT

SMQ3913C

~~SMQ3913C~~

Yr Regn: 2019/Nov

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s: _____

of: _____

Insured: _____

Policy No: DMPC SNW00053622100

Claims No: SNM21D202301/LO2/TOHHS

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

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

Truck / Trailer or

Make: _____

Honda Shuttle

c.c 1496

Colour: _____

White

A/C: Insured / Std / NI / NA

Sp Reading: _____

70665

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

GK82100758

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: _____

195/65R15

R: _____

195/65R15.

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

TOYO / YOKO or

Attrezzo

Front

Rear

R/Bal. _____

06

mm

R/Bal. _____

06

mm

L/Bal. _____

06

mm

L/Bal. _____

06

mm

D.O.A. _____

D.O.I. _____

27/04/21.

Survey held at _____

Liany Kee

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

Front N/S.

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

Date / Time

Action / Instruction

TP China.

mv: lump sum \$5700/-, 6 days
(Red: 8020.70 : 587%)
PV:
Nett: 13720.70

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

2)

Report Format: TP

Lump Sum / L.B. : 5700/-

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

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 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. 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 19/04/2021 13:42 (SGT)
Date of Accident 17/04/2021 19:35 (SGT)
Exact Location of Accident Bartley Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ3913C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner T H LIMO SERVICES
Company Reg No 5XXXX371L
Email Address teeHock50@gmail.com
Mobile Phone No (Phone) +65-87771341
Alternative Phone No +65-87771341

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5114071836-01
Cover Note Number -

DRIVER

Name of Driver LEE TEE HOCK
NRIC No SXXXX456H

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

17/08/1973
Indoor
01/08/2000
20 YEARS AND 8 MONTHS
Male
(Phone) +65-87771341
-
teehock50@gmail.com
BLK 609 BEDOK RESERVOIR ROAD #04-646
-
470609
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Change/cross lane
Clear
Wet

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
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
Hong Kah North Neighbourhood Police Post
(Phone) +65-18005679999
(Fax) +65-65652508
Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210418/2004.

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 1

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

SGR6213K
-
-
-
-
Private car

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)

-
-
-
-
-
-
-
-

VEHICLE B

SKETCH PLAN

IMPORTANT NOTICE

1. This 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 **truthful and accurate as possible**. Any willful 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 signing 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 insurers 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.



[Signature]

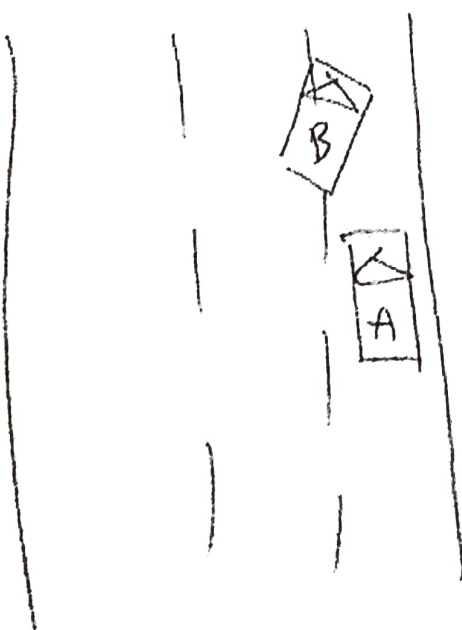
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

[Signature]

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No 1800-5679999



T/20210418/2040

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Report No. T/20210418/2040

CONTINUATION OF REPORT

Driver			
Name	MYO THANT ZAW	ID No.	G7643893K
Related Vehicle	SGR6213K (Car)	Contact No.	96211497
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
Driver			
Name	LEE TEE HOCK	ID No.	S7329456H
Related Vehicle	SMQ3913C (Car)	Contact No.	87771341
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/04/2021 at about 1934hrs, I was driving a White Honda Shuttle bearing plate number SMQ391 along Bartley Road East towards Tampines Ave 10. I was on lane 1 of 3 lanes and travelling at 70km/h. As I was driving, there was a Black Honda Stream bearing plate number SGR6213K, which was at a stationary position and suddenly changed lane into lane 1 without signaling. Immediately, I applied the jam brakes however, due to the wet road surface and not enough time to evade, my car hit onto the front left bumper of my car was damaged. The other car's right rear bumper was damaged. There was no injuries to anyone. The driver and I exchanged particulars and parted ways. I have a video recording of the accident from my car.



SINGAPORE POLICE FORCE

Station Of Origin
Kat North NPP
Raffles Road Street 31 #01 201
SINGAPORE 650370
Tel No: 1800 5670000



T/20210418/2040

1 of 3

Report No: T/20210418/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
18/04/2021 13:53

Vide Report No

Station Diary No
13

Informant's Particulars

Name of Informant LEE TEE HOCK			Address APT BLK 609 BEDOK RESERVOIR ROAD #04-646 SINGAPORE 470609	
ID Type / ID No NRIC NO / S7329456H			Contact No Home/Office: Mobile 87771341	
Nationality SINGAPORE CITIZEN			Email:	
Sex Male	Age: 47	Date of Birth: 17/08/1973	Type of Informant: Driver	
Race Chinese			Language: English	Institution / School Name:
Occupation: DORM INSPECTOR			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident Non-Injury	Drink Drive: No	Date/Time of Accident: 17/04/2021 19:35	Type of Location: Straight Road
Location BARTLEY ROAD EAST			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGR6213K	Car				Slightly Damaged	3
SMQ3913C	Car				Slightly Damaged	0

Details of Person Involved

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

TOTAL



SINGAPORE
POLICE FORCE

Police Station Of Origin
Heng Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No 1800-5679999



T/20210413/2040

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Report No T/20210413/2040

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:

J /

Sgt 3 MOHAMMAD FIRDAUS BIN JAFFAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No 65475229

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

18/04/2021 13:53

Classification Of Case: