

ASS. Fee By:

Tajimi

CZ3 / ALG 21005246 / T14f3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SMR 7761S

at Workshop.m/s NEO AUTOMOTIVE PTE LTD

of \_\_\_\_\_

Insured: SKK 8337M

Policy No. 2070124741

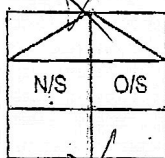
Claims No. 0727605263SG

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: \$93k.

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMR 7761S

Yr Regn: 2020 Jan

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

Truck / Trailer or

Make: Honda Shuttle Hybrid s.c 1496.

Colour: Black.

A/C: Insured / Std / NI / NA

Sp. Reading: 116251

T/Radio: Insured / Std / NI / NA.

Eng/No: \_\_\_\_\_

C/No: 6P7200425

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: 185/60R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.L 28/4/21

Survey held at Neo Auto

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

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

Date / Time Action / Instruction

25/5/2021 Submit DAR, 12 repair days.

Date/Time, File Pass to?



Preli. Report

1) 25/5 TYPIST



Final Report

Date/Time, File Return to?

Days Of Repair: 12

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Photos

Other:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Assessment (\$

File not Extracted: MER-DAR

Lump Sum / U/S: \_\_\_\_\_

# 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	27/04/2021 16:45 (SGT)
Date of Accident	26/04/2021 22:00 (SGT)
Exact Location of Accident	Sims Ave E, Singapore
Additional Location Information	TOWARDS BEDOK MRT STATION
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7761S
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Company Reg No	2XXXXX451M
Email Address	ACCURATELEASINGPTELTG@GMAIL.COM
Mobile Phone No	(Phone) +65-88588862
Alternative Phone No	+65-88580162

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	-

### DRIVER

Name of Driver	TAN HOON PENG
NRIC No	SXXXX848A

Date Of Birth	29/11/1959
Occupation	Outdoor
Date Of Driving Pass	18/10/1979
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98355593
Alt. Phone Number	-
Email Address	JTAN7074@GMAIL.COM
Address	BLK 899 TAMPINES STREET 81 #09-734
Address complement	-
Postcode	520899
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	JOEL LIM
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH  
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SKK8337M
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Accident report SP0U214R0002

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKJ7136M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TAN HOON PENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR7761S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## 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 lodging 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

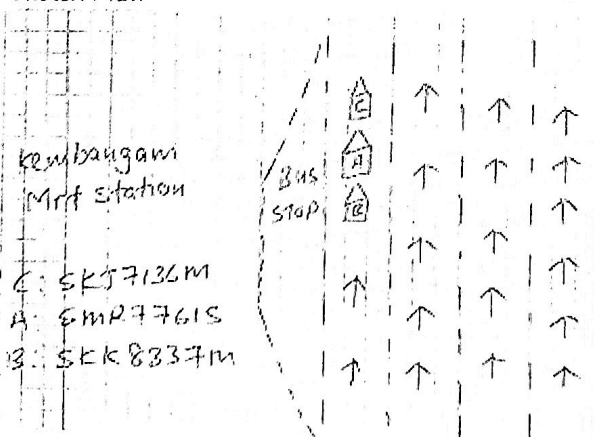


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

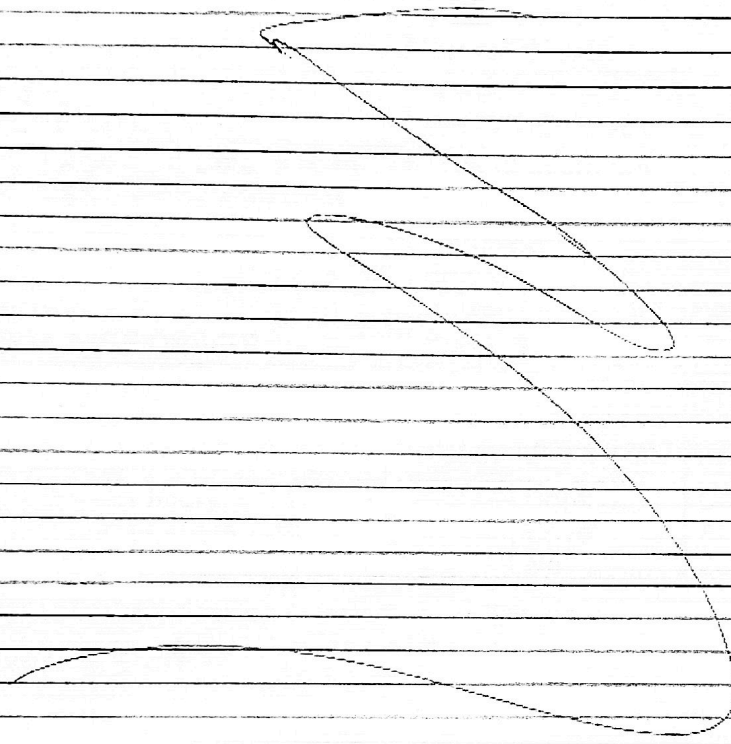


Sims Avenue East  
Towards Bedok Mrt Station

Describe Circumstances of the Accident

I was travelling along Sims Avenue east beside Kembangan MRT station towards Iscolok North

Please Refer to Police Report.




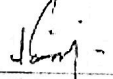
Declaration

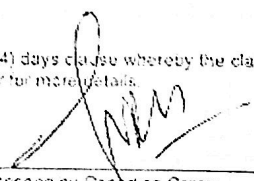
We declare the foregoing particulars are true in every respect.


If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



 Driver's Signature / Date & Time

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

 Witnessed by Reporting Centre Personnel

 PW





# SINGAPORE POLICE FORCE



T/20210427/2056

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20210427/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/04/2021 13:41			Vide Report No.:		Station Diary No.: 11
<b>Informant's Particulars</b>					
Name of Informant: TAN HOON PENG			Address: APT BLK 899 TAMPINES STREET 81 #09-734 SINGAPORE 520899		
ID Type / ID No.: NRIC NO / S1347848A			Contact No.: Home/Office: Mobile: 98355593		
Nationality: SINGAPORE CITIZEN			Email: jtan7074@gmail.com		
Sex: Male	Age: 61	Date of Birth: 29/11/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PERSONAL HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2021 22:00	Type of Location: Straight Road
Location:  SIMS AVENUE EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SKJ7136M		TOYOTA		Grey		1
SKK8337M		AUDI		Red		0
SMR7761S		HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210427/2056

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20210427/2056

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN HOON PENG	ID No.	S1347848A
Related Vehicle	SMR7761S	Contact No.	98355593
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/04/2021	Date Discharge	27/04/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

I am currently working as a part time private hire driver working for GRAB. I am driving a rented vehicle bearing registration plate number SMR7761S, a blue Honda Shuttle.

On 26/04/2021 at about 10pm, I was performing a Grab job ferrying a male passenger at that time and was on the left most lane along East Sims Avenue near Kembangan MRT station. There were quite a lot of cars at that time and the traffic was slow moving. As I was approaching the traffic light junction after the Kembangan MRT bus stop, I signaled left as I intended to turn onto Jalan Kembangan. As traffic stopped in front of me, I slowly accelerated and came to a halt. About 3 to 5 seconds later, I was hit by a red Audi bearing registration plate number SKK8337M from the rear. The impact pushed my car forward and caused a chain collision with another vehicle in front of me, a grey Toyota.

The left rear of my vehicle and the front was damaged and I was unable to start my car after the accident. We exchanged particulars and the other party left. After the accident, I felt pain on my lower back and the back of my neck. I went to a clinic at INSYNC medical at 66 East Coast Road #07-01 on 27/4/2021 and was given 4 days MC. There is in car camera (Front/rear) installed in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20210427/2056

3 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20210427/2056

**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:  
G /  
Sgt 3 TAN CHUAN SIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
27/04/2021 13:41

Classification Of Case: