

CS/SMR21006309/T1uf3

REF:

ASS. REC. BY:

Tanglin

CS/SMR21006309/T1uf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: XE 5134Dat Workshop m/s Woon Meng Motor

of _____

Insured: SMB 1332X

Policy No. _____

Claims No. BUS/12/20/1026

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: 1 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Mc Henry

Vehicle: IN / OUT

Veh No: XE 5134D Yr Regn: 2019 Sep.

Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Pri. over /

Truck / Trailer or Tipper truck.Make: Scania P410B6X4H3 12742.Colour Maroon A/C: Insured / Std / NI / NASp. Reading 120630 T/Radio: Insured / Std / NI / NAEng/No: Y52P6X40005520/39.

C/No: _____

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 orTyre Size: F: 295/30R22.5R: 22 (D)

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

TOYO / YOKO or Triangle.Front 8 mm Rear 8/8 mmR/Bal. 8 mm L/Bal. 8/8 mmL/Bal. 8 mm D.O.I. 3/6/21D.O.A. Woon Meng SMT 6th.Survey held at Woon Meng SMT 6th.

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

o/s Frt

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

Date/Time Action / Instruction

n/s will pass estimate later.Confirmed final fig P/P \$2429.55, 1 repair day.
(RED \$810.99; 25%)

Date/Time, File Pass to?

☐ : Preli. Report1) 3/8 TYPIST☐ : Final Report

Date/Time, File Return to?

2) _____

Report Form: TPLump Sum / L&L: \$2429.55Days Of Repair: 1Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

24/12- forwarded to
TANWEITECKE SMH.COM.
SG

SS2120CG0001 / STA Inspection Pte Ltd[575627]
ENTRY DATE & TIME: 16/12/2020 08:56 (SGT)
SUBMITTED BY: Mohamad Farez Bin Jalil
VERSION: 1 (16/12/2020 08:56 (SGT))

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	16/12/2020 08:56 (SGT)
Date of Accident	15/12/2020 07:20 (SGT)
Exact Location of Accident	20 Senoko Loop, Singapore 758153
Additional Location Information	NEAR MIN LOK EATING HOUSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5134D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLC MACHINERY PTE. LTD.
Company Reg No	2XXXXX721W
Email Address	kaienn.tiu@chuanlim.com
Mobile Phone No	(Phone) +65-65710615
Alternative Phone No	(Office) +65-65710615

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P410B6X4HZ
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5113899787
Cover Note Number	-

DRIVER

Name of Driver	KERK SOON SEN
NRIC No	FXXXX213M
Date Of Birth	12/02/1972
Occupation	Outdoor

Date Of Driving Pass	18/01/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84987572
Alt. Phone Number	-
Email Address	sam384858@gmail.com
Address	20 SENOKO DRIVE
Address complement	-
Postcode	758207
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1332X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KHOO KAY HUAT
NRIC No	SXXXX032B
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
REFER TO ATTACHED
REFER TO ATTACHED
-

SKETCH PLANIMPORTANT 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.



Policyholder's Signature
Date & Time:

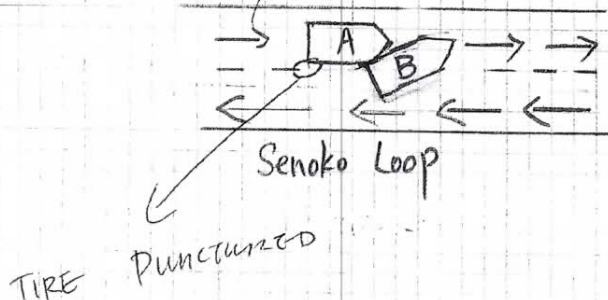
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

MIN LOK EATING HOUSE

A = XE5134D

B = 5MB 1332X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle 'A' (XE5134D) along the Senoko Loop.

I stop my vehicle and call my supervisor to inform my rear tyre got flat, ~~flat tyre~~ suddenly my vehicle a jerk When I saw vehicle 'B' (SMB1332X) SMRT Bus collided right side right mirror damage.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____