

ASS. REC. BY:

Steve

CS3 / SMR 21007103 / E4f3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SJR 4474B

at Workshop m/s ALPHA PERFORMANCE

Insured: SHC 4559T

Policy No.

Claims No. TAX/06/21/2054

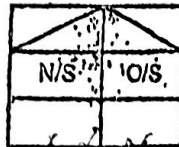
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: \$52K

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Cum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SJR 4474B

Yr Regn:

24/6/09

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

Truck / Trailer or

Make:

Mitsubishi Lancer

c.c.

1499

Colour:

Silver

Sp. Reading

158195

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JMY SRCY 2: A 94744118

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

Mod: Nil / 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

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

24/6/21

D.O.A.

29/6/21

Survey held at

Alpha Performance

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MY-S2K

\$1000 - \$2000, 4 repair days.

6/7/2021 Submit PRS.

Date/Time, File, Poss 107



: Prel. Report

6/7 TYPIST



: Final Report

Date/Time, File Return 107

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Weekend (\$

\$ + RS \$

Private

Others

TOTAL

Workshop: TP

Workshop / I.P.A. /

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 28/06/2021 10:59 (SGT)
Date of Accident 24/06/2021 14:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVE 7 TURNING TO WOODLANDS AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR4474B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AUTOGRAND PTE LTD
Company Reg No 2XXXXX171M
Email Address christophersoh1988@gmail.com
Mobile Phone No (Phone) +65-97566268
Alternative Phone No +65-97566268

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5111548938-01 (TP)
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SAIFULLAH BIN IBRAHIM
NRIC No SXXXX782C

Date Of Birth	02/04/1997
Occupation	Indoor
Date Of Driving Pass	12/11/2015
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97566268
Alt. Phone Number	-
Email Address	christophersoh1988@gmail.com
Address	144 TAMPINES STREET 12 #06-396
Address complement	-
Postcode	521144
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	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 vehicle 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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACHED.

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

Vehicle Registration Number	SHC4559T
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LOW KOK FOO

NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SXXXX772Z
(Phone) +65-90627872

-
-
-
-
-
-
-

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?

MUHAMMAD SAIFULLAH BIN IBRAHIM

-
-
-
-

REFER TO POLICE REPORT ATTACHED.

-

Yes

No

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 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

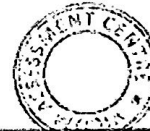
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (b) collectively the "Purposes")
- (c) 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
- (d) 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.



Policyholder's Signature / Date & Time

28 JUN 2021

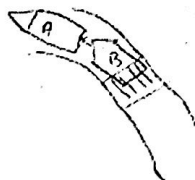
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

motorists
no 2



motorists
no 7

Describe Circumstances of the Accident


turning left from westbound lane 1 to the eastbound lane 2 via slip road.
 stopped at the give way sign as there was a car waiting to go on by
 the lane while waiting for


Declaration

We declare the foregoing particulars are true in every respect.

28 JUN 2021


 Policyholder's Signature / Date &
 Time

 28 June 2021 10:13
 Driver's Signature (if driver is not the policyholder) / Date
 & Time


 Witnessed by Reporting Centre
 Personnel