

60
PRS

CTI
ASSIGNMENT

Vehicle No. SLT1088T Date Recd. 26 Mar 2012

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

Truck / Trailer or

Make

Merce C180

CC 1796

Colour

Brown

A/C ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp Reading

122995

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

Eng/No.

C/No:

WDD2040492-A687705

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: ☒ Nil / ☐ STD A/Rim or

Tyre Size:

F:

225/45 ZR17

R:

11

☒ 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.I.

23-07-21

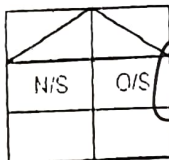
Survey held at

W/S

2pm

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

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



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

Inspect Vehicle No:

Workshop m/s

Eclipse Auto

Insured:

Policy No.

Claims No.

Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Est. or Market Value:

\$36K

DAC: Accident Report

Consistent? : Yes or No

SLA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res: Yes or No

Work Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date

Person Contacted

Date / Time

Action / Instruction

\$4000 - \$5000

Rebate : 24116

Date/Time, File Pass to:



: Preli. Report



: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



Site Insp: \$



Interview: \$



Estimate: \$



Other: \$

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	21/07/2021 13:06 (SGT)
Date of Accident	19/07/2021 10:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JALAN DAMAI TOWARDS KAKI BUKIT AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT1088T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO AIK LEE
NRIC No	S7321370C
Email Address	Ricky.neo73@gmail.com
Mobile Phone No	(Phone) +65-83331658
Alternative Phone No	+65-83331658

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5095522316-03
Cover Note Number	-

DRIVER

Name of Driver	NEO AIK LEE
NRIC No	S7321370C

Date Of Birth	19/06/1973
Occupation	Indoor
Date Of Driving Pass	07/09/1994
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83331658
Alt. Phone Number	+65-83331658
Email Address	Ricky.neo73@gmail.com
Address	Blk 123 TECK WHYE LANE #06-858
Address complement	-
Postcode	680123
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 - Major/Minor Rd
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 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	EMAIL TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5465Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOPAL JEYANDAN
NRIC No	S8278555H
Contact Number	(Phone) +65-92727864

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form may be completed by the Police officer and/or the Registered Person.
3. Information provided must be as truthful and accurate as possible. The General Insurance Association of Singapore (GIA) may allow insurance companies to regulate policy wording.
4. The issue and acceptance of this form by insurance companies is a non-admission of liability.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Reports Manager or Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for after be made available only 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 be permitted to collect, use, disclose and/or process my Personal Information (as defined in this form) and any other personal information provided by me or provided 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Ministry of Transport 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 investigation 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers (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, and
 - (ii) to relevant government agencies as reasonably required for the purposes stated, or
 - (iii) to comply with requirements under any regulations, laws or court orders.

Reporting Officer's Name: PHILIP TOH
 ORIGIN NO: 11111111

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/07/2021 at around 1040 hrs I was driving along
 Sabon Daura Rd towards Kabi Bori Ave. I was on the extreme
 left lane when suddenly Veh. B: 686 54652 came out from the main
 road of the school compound and bumped into my front right side
 of my vehicle.

DECLARATION

I have signed this report in full and true to the best of my knowledge and belief.

Driver's Signature: *[Signature]*
 Reporting Officer/Personnel's Signature: *[Signature]*
 Name: *[Name]*
 NRIC/IN No.: *[Number]*