ASS. REC. BY: Stem | CS3/MSG 21004716/EVF3-1

P.R.S

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SLK 3016K

Policy No. 30001621713

Claims No. 255930

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 Rport: 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: SJM 5501B Yr Regn: 8/1/09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailer or

Make: Honda Fit c.c 1339

Colour: Red A/C: Insured / Std / NI / N

Sp.Reading: 127148 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: GE 6114 1159

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: 195/55R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
U/Bal.	4 mm	U/Bal.	4 mm
D.O.A.	12/4/21	D.O.I.	15/4/21

Survey held at 2020 Spray Painting

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	MV-45K Repair range 10K-11K
	21 days 16/4/21 INFORMED STEVE 12 DAYS
16/4/21	Submit PRS,repair range $10,000-$11,000
2/8/21	Submit LS $7100 (Red 7400, 51%)

Date/Time, File,Pass to? : Prell. Report

: Final Report

Date/Time, File Return to? 2/8/21-Typist

Days Of Repair: 12

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

$ • RS $

Photos

Others

TOTAL

Processed : TP

Insp Sign / I.D. :

SN07214D000I / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 13/04/2021 15:17 (SGT)
SUBMITTED BY: Tang Chun Kiet
VERSION: 1 (13/04/2021 15:17 (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	13/04/2021 15:17 (SGT)
Date of Accident	12/04/2021 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE Changi after Paya Lebar Road Entrance
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5501B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDILLAH MURSYID BIN MANSOR
NRIC No	S8230965I
Email Address	ABDILLAH.MURSYID@YMAIL.COM
Mobile Phone No	(Phone) +65-94350610
Alternative Phone No	+65-94350610

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5090042528-04
Cover Note Number	drivo CLASSIC (E.W)

DRIVER

Name of Driver	ABDILLAH MURSYID BIN MANSOR
NRIC No	S8230965I

Date Of Birth	06/10/1982
Occupation	Indoor
Date Of Driving Pass	03/03/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94350610
Alt. Phone Number	+65-94350610
Email Address	ABDILLAH.MURSYID@YMAIL.COM
Address	BLK 498H #10-460
Address complement	TAMPINES STREET 45
Postcode	526498
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	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	4
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)	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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLK3016K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	CHAN
Contact Number	(Phone) +65-96273727
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	YN4286X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBG3064K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDILLAH MURSYID BIN MANSOR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM5501B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 13/04/2021 15:03

Report No: MT

DOA: 12/04/2021
Time: 16:00 hrs

Vehicle No: SJM3501B Reporting Type:

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 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.

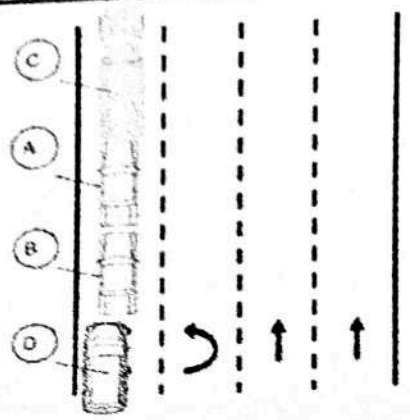
13/04/21 / 15:03
Policyholder's Signature / Date & Time

13/04/21 / 15:03
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S0988258)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

SKETCH PLAN #2

SKETCH PLAN



PIE Changi after Paya Lebar Road Entrance

Vehicle A: SJM5501B Vehicle B: SLK3016K Vehicle C: YN4286X Vehicle D: GBG3064K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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

13/04/21 / 15:03
Policyholder's Signature / Date & Time

13/04/21 / 15:03
Driver's Signature (if driver is not the policyholder) / Date & Time

Alan Tang (S0938825I)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20210412/2141

Report No: T/20210412/2141

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
12/04/2021 22:23		170

Informant's Particulars

Name of Informant: ABDILLAH MURSYID BIN MANSOR			Address: APT BLK 498H TAMPINES STREET 45 #10-460 SINGAPORE 520498	
ID Type / ID No.: NRIC NO / S8230965I			Contact No.: Home/Office:	Mobile: 94350610
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 05/10/1982	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	12/04/2021 16:00	Straight Road

Location:
PAN-ISLAND EXPRESSWAY

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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
GBG3064K	Van					0
SJM5501B	Car	HONDA	FIT 1.3G A	Red	Seriously Damaged	0
SLK3016K	Car					0
YN4286X	Lorry					5

SINGAPORE
POLICE FORCE

T/20210412/2141

Report No T/20210412/2141

Police Station Of Origin:
Rochor N P C
11 Kampong Kapor Road SINGAPORE
208678
Tel No 1800-2949999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM5501B	NTUC Income Insurance Co-Operative Limited	5090042528-04	08/01/2021	07/01/2022

Details of Person Involved			
Any Pedestrian Involved No		Use of Pedestrian Crossing NA	
No. of Pedestrians Injured NIL			
Driver			
Name	ABDILLAH MURSYID BIN MANSOR	ID No.	S8230905I
Related Vehicle	SJM5501B (Car)	Contact No.	94350610
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/04/2021	Date Discharge	12/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/04/2021 at about 1600hrs, I (SJM5501B) was driving along PIE towards Changi and exited at Jalan Eunos. As the traffic was heavy, it was slow moving and there was a lorry (YN4286X) in front of me that came to a stop. As such, I also came to a stop, that is when I felt an impact at the rear of my vehicle. Due to the impact, I was in a daze. After a few minutes, I came out of my vehicle and someone had informed me about what happened. He informed me that there was one vehicle that stopped behind my vehicle (SLK3016K) and another vehicle (GBG3064K) had hit onto the vehicle (SLK3016K). Due to the impact, the vehicle (SLK3016K) behind me hit onto my vehicle and my vehicle hit onto the lorry (YN4286X) in front of me. The damages to my vehicle the rear bonnet of my vehicle was dented in, driver and passenger side door unable to open, the IU unit came off, engine bonnet dented. I also suffered injuries due to the accident. The injuries were whiplash on the back of my body and neck.

I would like to also mention that I was asked to sign a few documents by Shi Ying from Kim Chwee Auto Pte Ltd. I don't really know what documents it is as I was still in a daze.

SINGAPORE
POLICE FORCE

T/20210412/2141

Report No: T/20210412/2141

Police Station Of Origin:
Rochor N P C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

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:
A /
Sgt 2 MOHAMED RAFHAN BIN MOHAMED ABDUL KADER

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/04/2021 22:23

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP 166 SINGAPORE POLICE FORCE