

REF:

ASSIGNMENT

Veh No: 52K23822 Yr Regn: 2011 / Jan.

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

Truck / Trailer or

Make: Honda Shuttle c.c. 1496

Colour silver A/C: Insured / Std / NI / NA

Sp. Reading 143702 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK81100945

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: 185/60R15

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

TOYO / YOKO or

Front Rear
R/Bal. d mm R/Bal. 86 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 24/08/21

*Survey held at NS

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 China

mv : LUMP SUM \$10,5000, 6DAYS

PV: RED: 4965.32;32%

Nett:


☐: Prelim. Report

□: Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

 Interview (\$)

Tech. Inve C3

: Weekend (2)

Survey Fee:

Transportation:

3)	$S + RS$	SM
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Photos

3) Others

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	24/08/2021 12:09 (SGT)
Date of Accident	23/08/2021 13:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PENJURU ROAD TOWARDS PENJURU FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2582Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH BOON TAK
NRIC No	S7730448G
Email Address	scopiosg@hotmail.com
Mobile Phone No	(Phone) +65-97451479
Alternative Phone No	+65-97451479

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SHUTTLE 1.5G CVT
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 car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120426856
Cover Note Number	11/01/2021 TO 10/01/2022

DRIVER

Name of Driver	TOH BOON TAK
NRIC No	S7730448G

Date Of Birth	02/11/1977
Occupation	Indoor
Date Of Driving Pass	05/12/2000
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97451479
Alt. Phone Number	+65-97451479
Email Address	scopiosg@hotmail.com
Address	APT BLK 335 JURONG EAST AVENUE 1 #01-1580 (S) 600335
Address complement	-
Postcode	-
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 - Cross Junction
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 WITH ATTACHED.

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	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK2617B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHOVINDRAN S/O SUBAMANEYAM
Contact Number	(Phone) +65-97390451
Address	-

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

SKETCH PLAN

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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.
(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.

15.20pm

25/08/2021

31/08/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(Penguin Lane)

(Penguin Road)

Stop Line

Veh A - SLK 2582Z

Veh B - GBK 2617B

Describe Circumstances of the Accident

As per above date and time, I was driving my vehicle SLK 2582 Z along Penguin Road towards Penguin Flyover on the right lane of Dual-carriageway. Somewhere at junction of Penguin Road and Penguin Lane, Veh(B) GBK 2617 B from Penguin Lane suddenly drive across the junction without stopping and check oncoming vehicles. As a result, my vehicle front portion collided onto Veh(B) Left side portion. We exchange particulars and left the scene.

Veh A - SLK 2582 Z

Veh B - GBK 2617 B

Declaration

We declare the foregoing particulars are true in every respect.

15.20 pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

