

REF:

From _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____


Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

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: _____ days Res.: **Yes or No**

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: **IN / OUT**

Veh No: SG0818K Yr Regn: 2010 July

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

Truck / Trailer or

Make: Toyota Estima C.C. 2362

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

Sp. Reading: 145310 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ACR500112821 *

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: 225/50R18

R: 225/50R18

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Survey held at _____

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

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

Date / Time	Action / Instruction
	TPALG.
	COE Expiry : 30/07/2030.
	MV :
	PV :
	Nett:

☐ : Prelim. Report
☐ : Final Report

Resurvey No. of Trip:

Lump Sum / L.S.: 6

Neel end (S)

Transportation:

$$S + RS_2 \rightleftharpoons S_3$$

Photos

1	Others	
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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	22/08/2021 17:33 (SGT)
Date of Accident	22/08/2021 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN ANAK BUKIT TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ818K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO SAY HIAN
NRIC No	S1606737G
Email Address	BILLTEO@YMAIL.COM
Mobile Phone No	(Phone) +65-96791900
Alternative Phone No	+65-96991900

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118395613-01
Cover Note Number	-

DRIVER

Name of Driver	TEO SAY HIAN
NRIC No	S1606737G

Date Of Birth	06/09/1963
Occupation	Indoor
Date Of Driving Pass	07/11/1980
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96791900
Alt. Phone Number	+65-96991900
Email Address	BILLTEO@YMAIL.COM
Address	BLK 614 SENJA ROAD #02-46
Address complement	-
Postcode	670614
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 - 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?	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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
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?	Yes
Reasons for not uploading a video of the accident	ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX2979H
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOKE HUI YING

NRIC No	S8337465I
Contact Number	(Phone) +65-97324091
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 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:

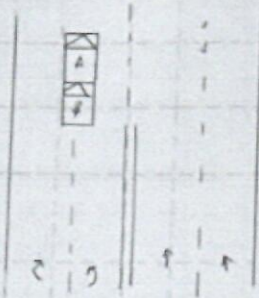
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: GADAH
NRIC/FIN No.: J443341

SKETCH PLAN

JUAN BAK BERN TORRES
DUREAN 4250

A - 562 818K
B - 500X 2979H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO FORM 9999

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)

Reporting Centre Personnel's Signature
Name: 6001AF 59930


**SINGAPORE
POLICE FORCE**


T/20210822/2043

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20210822/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2021 14:48	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: TEO SAY HIAN			Address: APT BLK 614 SENJA ROAD #02-46 SINGAPORE 670614		
ID Type / ID No.: NRIC NO / S1606737G			Contact No.: Home/Office: Mobile: 96791900		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 06/09/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

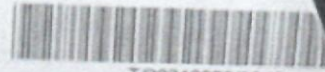
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2021 11:15	Type of Location: Bend
Location: DUNEARN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ818K	Car	TOYOTA	ESTIMA AERAS G- EDITION 2.4 A	Brown	Slightly Damaged	0
SMX2979H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**


T/20210822/2043

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20210822/2043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ818K	NTUC Income Insurance Co-Operative Limited	5118395613-01	31/07/2021	30/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO SAY HIAN	ID No.	S1606737G
Related Vehicle	SGQ818K (Car)	Contact No.	96791900
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	22/08/2021	Date Discharge	22/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LOKE HUI YING	ID No.	S8337456I
Related Vehicle	SMX2979H (Car)	Contact No.	97324091
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/8/2021, at about 1115hrs, I was driving my vehicle SGQ818K along Jalan Anak Bukit towards Dunearn Road. After negotiating the bend, I was driving along the merging lane of Dunearn Road. I formed up behind a lorry which braked a few times. Suddenly, the lorry in front of me jammed brake and almost came to a complete stop. I had to jam brake as well and it was then I was hit from the rear by vehicle SMX2979H. We exchanged particulars and left the scene. However later in the day, I felt pain in my body and went to seek medical treatment. I was given 3 days outpatient sick leave and was issued a medical certificate. I did not bring along the medical certificate at the time of lodging the Traffic Accident Report. I have informed the insurance of this accident and have extracted the in-vehicle camera footage (front and rear) into my hand phone. My vehicle sustained denting and scratches on the rear bumper and boot door.



**SINGAPORE
POLICE FORCE**



T/20210822/2043

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 4

Report No. T/20210822/2043

CONTINUATION OF REPORT