

ASS. REC. BY:

REF:

Smo / 21009454/K4

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____
of _____

Insured: _____

Policy No. _____

Claims No. _____

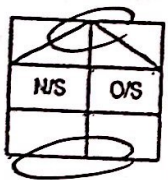
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 22k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/26 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGF 622R Yr Regn: 03, 06

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

Truck / Traller or

Make: Toy Vios c.c. 1497

Colour: M. Black AC: Insured / Std / NI / NA

Sp. Reading: 242195 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR0531474204178210

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/45R16

R: _____

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 6 mm

R/Bal. 2 mm

L/Bal. 6 mm

L/Bal. 2 mm

D.O.A. 8/9/21

D.O.I. 8/9/2021

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

1

PRS

CTA Achau @ 22,573.00

LM repair com @ 6-8k

submit PRS Report

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair: 10

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ - RS. \$

Fixes

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	06/09/2021	Time of Accident:	12.50 hrs
Exact Location:	woodlands Ave 12 towards gambas Ave		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SGF 62R	NRIC / FIN / Passport no:	
Name of Registered Owner:	koh cheng zong, Kendrick		
Owner's Email:	Kendrick@yahoo.com.sg		
Owner's Address:	81K 752 woodlands circle #12-522 (S) 730752		
Vehicle Make:	Totata	Vehicle Model:	V10S
Engine Capacity (cc):	1500	Transmission:	Auto Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	(Private) Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	NTUC Income		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	5116796989-01		

DRIVER			
Name of Driver:	koh cheng zong, Kendrick <input checked="" type="checkbox"/> same as		
NRIC / FIN / Passport no:	576153682	Date of Birth:	23/05/1976
Occupation:	Project Manager (Indoor) Outdoor	Driving Pass Date:	24 Jul 1999
Contact Number:	96929884	Gender:	(Male) Female
Address:	81K 752 woodlands circle #12-522 (S) 730752		
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:		

GENERAL DESCRIPTION OF THE ACCIDENT			
Type of Collision:	(Chain collision) Side Swipe / Front to Rear / Others:		
Weather Condition:	(Clear) Raining / Others:		
Road Surface:	(Dry) Wet / Others:		
Was anybody injured?	(Yes) No	Police Report Made?	(Yes) No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	(B) Vehicle 1	(D) Vehicle 2	(C) Vehicle 3
Vehicle Registration No:	G80 788/H	G8E 3706E	YM 9502U
Vehicle Make / Model:	Nissan NV 200	Toyota Dyna	1842U
Name of Driver:	marc Goh		Lee Sin Su
NRIC / FIN / Passport no:			
Contact Number:	8488 8800	8518 2234 / 6904089	8778 6538
Name of Insurance Co:			

WITNESSES	
Name:	Contact Info:

DETAILS OF WITNESSES			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	SGF 62R	Gho convey	

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

7/09/2021

1400

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to repudiate or rescind policy liability.
4. The acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any data requested may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Research Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the report will for a fee be made available upon application by interested parties.
7. By the signing of this report at the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available at request.
8. Consent under the Personal Data Protection Act (PDPA)
I understand and agree that:
(a) My insurer, my broker and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal information set out in this Form and any other personal information provided by me or processed 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 making 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 postages) 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 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 or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

100/100

① 544 632

② 582 7211

③ Ym 95024

④ 582 3706

⑤ 100/100



SINGAPORE POLICE FORCE



T/20210907/7014

1 of 3

Report No. T/20210907/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2021 13:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH CHENG ZONG KENDRICK			Address: 752 WOODLANDS CIRCLE #12-522 SINGAPORE 730752		
ID Type / ID No.: NRIC NO / S7615368Z			Contact No.: Home/Office: Mobile: 96929584		
Nationality: SINGAPORE CITIZEN			Email: kendric8@yahoo.com.sg		
Sex: Male	Age: 45	Date of Birth: 23/05/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: automotive project management			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2021 17:50	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD7881H	Van	NISSAN	NV200	Black	Seriously Damaged	2
GBE3706C	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	4
SGF622R	Car	TOYOTA	VIOS 1.5E A	Black		0



SINGAPORE POLICE FORCE



T/20210907/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210907/7014

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
YM9502U	Lorry	ISUZU		White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF622R	NTUC Income Insurance Co-Operative Limited	5116796989-01	30/03/2021	29/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHENG ZONG KENDRICK	ID No.	S7615368Z
Related Vehicle	SGF622R (Car)	Contact No.	96929584
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/09/2021	Date	07/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 06 sept 2021, at around 1750 hrs, I was travelling along Woodlands Ave 12 towards Gambas Ave on lane 3. I was at a complete STOP already. Moment later, I heard a loud bang and feel an impact on my rear portion and my car moved forward and hit on the front vehicle. Thereafter, I came out from my car and found in a 4 cars chain collision. I am the second car involved in the accident.

I felt my neck pain and back with slight pain at that moment. On the same night, I felt worse. The next day morning, I went to see doctor at Central 24-HR clinic. I was given 3 days MC (7Sept to 09Sept2021).