

ASS. REC. BY:

REF:

## 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:

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.

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLJ8589X

Yr Regn: 2016 Dec

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

Truck / Trailer or

Make:

Kia Forb K3

c.c. 1591

Colour

Grey.

A/C: Insured / Std / NI / NA

Sp. Reading

126/879.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAF2411MH5666355

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:

215/45R17.

R:

215/45R17.

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

TOYO / YOKO or

Tourador

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

08/09/21.

Survey held at

T-K

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

TP Direct Asia. Independent.

MV:

PV:

Nett:

Date/Time, File Pass to?



Preli. Report



Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Report Format:

Lump Sum / L.R. (\$)

SA0A21930009 / Ajax Mars Pte Ltd  
 ENTRY DATE & TIME: 04/09/2021 18:46 (SGT)  
 SUBMITTED BY: Susan  
 VERSION: 1 (04/09/2021 18:46 (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	04/09/2021 18:46 (SGT)
Date of Accident	03/09/2021 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Punggol walk
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ8589X

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JUN WEN
NRIC No	SXXXX230D
Email Address	Wenge83@gmail.com
Mobile Phone No	(Phone) +65-94313820
Alternative Phone No	+65-94313820

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	K3 1.6 A SEDAN
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG20013628
Cover Note Number	-

#### DRIVER

Name of Driver	TAN JUN WEN
NRIC No	SXXXX230D

Date Of Birth .....	15/02/1983
Occupation .....	Indoor
Date Of Driving Pass .....	05/01/2004
Driving experience .....	17 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94313820
Alt. Phone Number .....	+65-94313820
Email Address .....	Wenge83@gmail.com
Address .....	HDB Waterway Terraces I, 308C Punggol Walk
Address complement .....	#16-334
Postcode .....	823308
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

## PASSENGER 1

Name .....	NYUGEN
Gender .....	Female

## PASSENGER 2

Name .....	MEGAN
Gender .....	Female

## 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

I was driving along punggol walk. Traffic light turns red. I slowed down and stop. Suddenly vehicle B hit against my rear. My rear was badly damaged. Both my passenger and Myself suffer back and neck ache due to the sudden strong impact.

## 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 .....	SKR8775U
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Camry
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NA
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 .....	TAN JUN WEN
Gender .....	Male
Phone No .....	(Phone) +65-94313820
Address .....	HDB Waterway Terraces I, 308C Punggol Walk
Address Complement .....	#16-334
Post Code .....	823308
Approximate Age Years Old .....	-
Injuries Sustained .....	suffer back and neck ache
Injured person in which vehicle? .....	SLJ8589X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 2

Name of injured person .....	NYUGEN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	suffer back and neck ache
Injured person in which vehicle? .....	SLJ8589X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 3

Name of injured person .....	MEGAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	suffer back and neck ache
Injured person in which vehicle? .....	SLJ8589X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## 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.
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5. Any false reporting may be referred to the Police for investigation.
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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.

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR

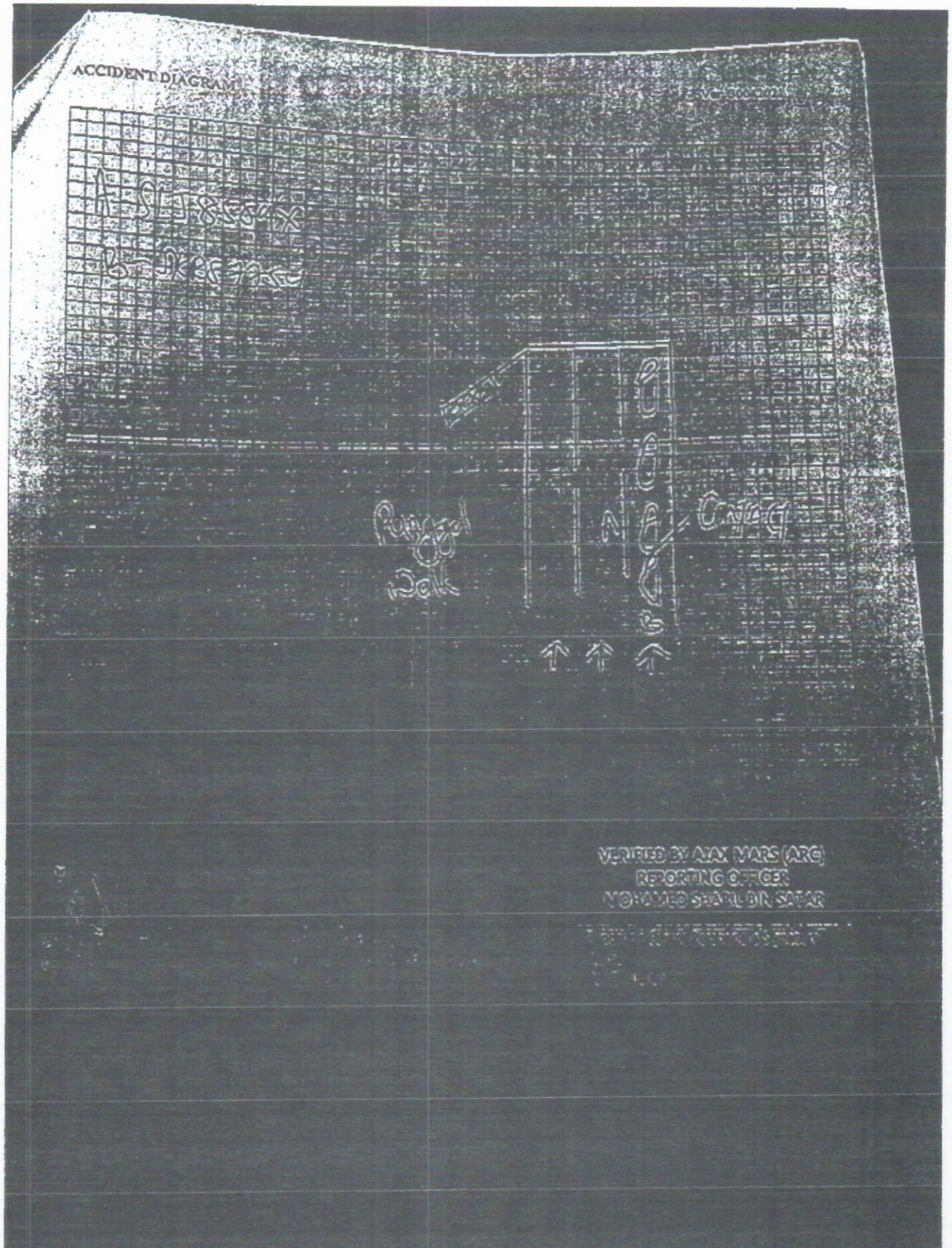
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRC/FIN No.:

Accident report SA0A21930009

## SKETCH PLAN #2



## SKETCH PLAN #3

## SKETCH PLAN


REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along punggol walk. Traffic light turns red. I slowed down and stop. Suddenly vehicle B hit against my rear. My rear was badly damaged. Both my passenger and Myself suffer back and neck ache due to the sudden strong impact.

## 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)  
Date & Time:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:


**SINGAPORE  
POLICE FORCE**


T/20210905/7022

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

1 of 3

Report No. T/20210905/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2021 19:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN JUN WEN			Address: 308C PUNGGOL WALK #16-334 SINGAPORE 823308		
ID Type / ID No.: NRIC NO / S8306230D			Contact No.: Home/Office: Mobile: 94313820		
Nationality: SINGAPORE CITIZEN			Email: WENGE83@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 15/02/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2021 15:20	Type of Location: Straight Road
Location:  PUNGGOL WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SKR8775U	Car	TOYOTA	CAMRY	Silver		0
SLJ8589X	Car	KIA	FORTE K3 1.6A	Grey		2

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
SLJ8589X	SHC INSURANCE PTE. LTD.	DMPG20013628	29/12/2020	28/12/2021	



**SINGAPORE  
POLICE FORCE**



T/20210905/7022

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

2 of 3

Report No. T/20210905/7022

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	NGUYEN THI HANG NGA	ID No.	S9085928E
Related Vehicle	SLJ8589X (Car)	Contact No.	88187528
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2021	Date	04/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	TAN JUN WEN	ID No.	S8306230D
Related Vehicle	SLJ8589X (Car)	Contact No.	94313820
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/09/2021	Date	04/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was driving along Punggol Walk. Traffic light turned red. I slowed down and stopped. A vehicle suddenly hit my vehicle from the rear. My rear was badly damaged. Both my passenger and myself suffer back and neck ache due to the sudden impact.



**SINGAPORE  
POLICE FORCE**



T/20210905/7022

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

3 of 3

Report No. T/20210905/7022

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
05/09/2021 19:53

Classification Of Case: