Steve A/c

ASSIGNMENT

From: PRS Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Del. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Cum Sum: % 3 Vel.: Yes or No

OA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLK 10795 Yr Regn: 5/1/17

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

Make: Toyota Wish c.c 1797

Colour: Grey A/C: Insured / Std / Nil / N

Sp.Reading 103352 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: ZGE 20-0031884

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: Ft 225/45 2R17

Rr "

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

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 4/9/21 D.O.I. 8/9/21

Survey held at Kok Wan

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
	MV- 66 K

Date/Time, File, Resv. No. : Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trips

Survey Fee:

Transportation:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

: Weekend ($)

Photo

Others

TOTAL

Special Format :

Lump Sum / I.P.L./

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SM0M2196000C / MOVA AUTOMOTIVE PTE LTD [159727]
ENTRY DATE & TIME: 06/09/2021 13:40 (SGT)
SUBMITTED BY: Suann
VERSION: 1 (06/09/2021 13:49 (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	06/09/2021 13:49 (SGT)
Date of Accident	04/09/2021 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1078S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AJ FAMILY
Company Reg No	5XXXX527M
Email Address	VIANONG@YMAIL.COM
Mobile Phone No	(Phone) +65-82231468
Alternative Phone No	+65-82231468

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113028171
Cover Note Number	-

DRIVER

Name of Driver	AMRAN BIN JUMAT
NRIC No	SXXXX679A

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Date Of Birth	20/06/1962
Occupation	Indoor
Date Of Driving Pass	01/11/1990
Driving experience	30 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82231468
Alt. Phone Number	-
Email Address	VIANONG@YMAIL.COM
Address	BLK 839 JURONG WEST ST 81
Address complement	#03-87
Postcode	640839
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
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 TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

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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 acceptance of this report by the insurer, 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 any 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' law firm(s), 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 third parties by virtue 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' law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

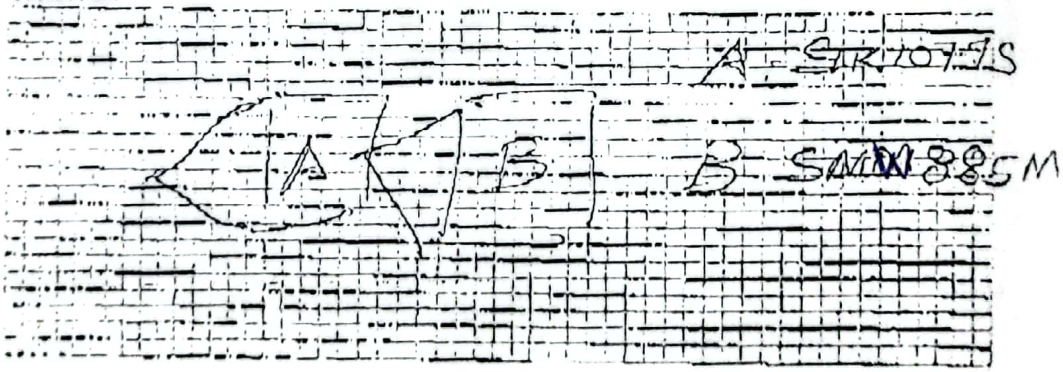
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents, (including their law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time:

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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SKETCH PLAN #2

Describe Circumstances of the Accident

On the 4th Sept. 2021 at 1700 hrs I was stationary waiting for green light and suddenly I heard a loud bang. I came out to check and saw vehicle SMM885M hit on my rear. We exchanged particulars and he apologized.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if other than the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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SINGAPORE POLICE FORCE

T/20210906/2108

Police Station Of Origin
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
06/09/2021 17:42		15

Informant's Particulars

Name of Informant AMRAN BIN JUMAT	Address APT BLK 839 JURONG WEST STREET 81 #03-87 SINGAPORE 640839
ID Type / ID No. NRIC NO / S1570679A	Contact No Home/Office Mobile: 82231468
Nationality SINGAPORE CITIZEN	Email
Sex: Male / Age: 59 / Date of Birth: 20/06/1962	Type of Informant Driver
Race Malay	Language English Institution / School Name
Occupation GRAB Driver	Driving Licence Information Class: 2B,2A,3 Date of Expiry

General Information of the Accident

Type of Accident	Injury	Drink Drive	Date/Time of Accident	Type of Location
	Others	No	04/09/2021 17:00	T-Junction

Location:
PAYA LEBAR ROAD

Weather	Road Surface	Road Speed Limit
Clear	Dry	
Traffic Flow Two Way	Traffic Control Traffic Light Working	Traffic Volume Heavy
Type of Collision Moving Vehicle Against Others		Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK1079S	Car	TOYOTA	Wish	Grey	Seriously Damaged	3
SMW885M	Car	MITSUBISHI		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA

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SINGAPORE POLICE FORCE

T/20210906/2108

Police Station Of Origin
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No: T/20210906/2108

CONTINUATION OF REPORT

Driver			
Name	AMRAN BIN JUMAT	ID No	S1570679A
Related Vehicle	NIL	Contact No	82231468
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	Lim Han Ling	ID No	S7608429G
Related Vehicle	NIL	Contact No	+6598295471
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 04/09/2021, at about 1700hrs, I encountered a traffic accident along Paya Lebar Rd, towards PIE.

I was stationary at the junction as it was a red light. Suddenly, a car collided with my vehicle from the rear. There were 4 people in my car: myself, my wife, and my parents. 2 of which suffered injuries. Both my wife and I were injured and had 5 days of MC from Thomson Medical starting from 06/09/2021. My car rear was damaged in the accident but I am unsure of the extent of the damages. It is currently still in the workshop.

The details of the other driver are as follows:
Name: Lim Han Ling
NRIC: S7608429G
HP: +6598295471
Car: SMW885M (Red, Mitsubishi)

I wish to state the driver was compliant and apologetic.

No government property was damaged. No pedestrians or cyclists were involved. No foreign vehicles were involved. No police or ambulance attended to the incident.

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SINGAPORE POLICE FORCE

T/20210906/2108

Police Station Of Origin
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No 1800-5648999

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

Sgt 3 LIU WENQIN, MARCUS

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
06/09/2021 17:42

Officer In Charge Of Case
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN
Contact No. 65476404

Classification Of Case

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