

ASS. REC. BY:

REF:

CT1/21010333/Kv

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

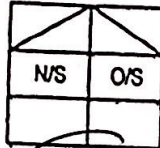
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

10/12

Person Contacted:

Vehicle: IN / OUT

Veh No:

Snm 798J

Yr Regn:

10, 07

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

Truck / Trailer or

Make:

Toy Vios

c.c

1497

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

433071

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR05314Y 930 5030589

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Firm 89

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

5/10/21

D.O.I.

7/10/2021

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 EST NOT READY

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
1. This Form must be completed by the Policyholder and/or the Authorised Driver
 2. 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.
 3. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 4. Any false reporting may be referred to the Police for investigation.
 5. 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.
 6. 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 06/10/2021 17:11 (SGT)
Date of Accident 05/10/2021 14:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP RD (GAMBAS AVE TO WOODLANDS AVE 12)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM798J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH POH PENG (GAO BAOPING)
NRIC No SXXXX683G
Email Address ppkoh333@gmail.com
Mobile Phone No (Phone) +65-96988333
Alternative Phone No +65-96988333

VEHICLE PARTICULARS

Manufacturer Toyota
Model VIOS E AUTO
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1497

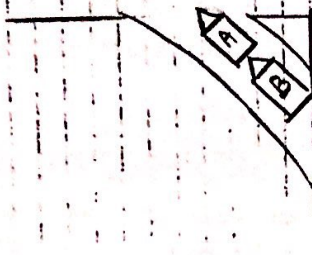
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110680740-02
Cover Note Number 10/04/2021 - 09/04/22

DRIVER

Name of Driver KOH POH PENG (GAO BAOPING)
NRIC No SXXXX683G

Woodlands Ave 12



Gambas Ave

A: SMM 798J

B: YQ 2471A

Hp: 8209 3280

Kaliya Peruma / Shanmug

F8496407R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: NTUC

Veh NO: SMM798J

DOA: 5/10/21 2:40pm

Refer Police Report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

(75) mg 5/10/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy ☒ Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Station Of Origin:
Woodlands East N.P.C.
Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

T/20211005/2091

1 of 4

Report No. T/20211005/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/10/2021 21:00

Vide Report No.:

Station Diary No.:
77

Informant's Particulars

Name of Informant:
KOH POH PENG

Address:
APT BLK 686C WOODLANDS DRIVE 73 #10-86 SINGAPORE
733686

ID Type / ID No.:
NRIC NO / S7213683G

Contact No.:
Home/Office: Mobile: 96988333

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 49 Date of Birth: 16/04/1972

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
PRIVATE HIRE

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: 05/10/2021 14:40	Type of Location: Bend
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Location:

GAMBAS AVENUE

Lamp Post Number: 67S1

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMM798J	Car	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	1
YQ2471A	Lorry	HINO		White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMM798J	NTUC Income Insurance Co-Operative Limited	5110680740-02	10/04/2021	09/04/2022

CONTINUATION OF REPORT

made a check and realized a lorry bearing registration plate number (YQ2471A) had collided into the rear of my car.

The lorry driver was Kaliya Perumal Shanmugam.

I felt pain my neck area. The female passenger informed she was not injured however I am unsure about the lorry driver.

I made a check on my vehicle and discovered the left side rear bumper was dented and hanging loose. I am unsure about the lorry.

We exchanged details and the lorry driver informed his supervisor. Subsequently, we left the scene. I then called Kaliya's supervisor and was informed to file a claim.

No Police or ambulance was at scene.
No government property was damaged.

I went to Procross Medical Clinic and received a 3 days Medical Certificate from 05/120/2021 to 07/10/2021.

I have saved the footage of the incident on my front incar camera. I do not have a rear incar camera.