

ASS. REC. BY:

Steve

REF

CS3/CT121010407/EV93

ASSIGNMENT

From:

PRS

Date:

Veh No:

SMR 6410L

Yr Regn:

10/1/90

Estimated Cost:

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

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

Truck / Tractor or

To inspect Vehicle No:

Make:

Honda Shuttle

C.B. 1496

at Workshop no:

Color:

Blue

A/C: Insured / Std / NI / N

of

Sp. Reading

39054

TIRAC: Insured / Std / NI / N

Insured: GBK 1398P

Eng/No:

Policy No. DMCVSNW00001672101

C/No:

GR82102415

Claims No. SNM21D205741/C02/TANKL

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

(Client's Record)

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Make of Veh:

Mod: Nil / 3 Rim / STD A/Rim or

(Policy Condition)

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



Tyre Size:

F: 185/60R15

R:

11

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

TOYO (YOKO) or

Ret. or Market Value:

Front

Rear

IDAC Accident Report

Consistent? : Yes or No

R/Bal.

4

mm

R/Bal.

4

mm

SIA / PR Seen

Consistent? : Yes or No

U/Bal.

4

mm

U/Bal.

4

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

7/10/21

D.O.A.

11/10/21

Cum Sum:

%

3 Val.: Yes or No

Survey held at

Right Click Automats

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

MV - 78K

Repair range - 6K - 7K
7 days

12/10/21 Submit PRS, repair range \$6,000-\$7,000

Date/Time, File, Pass to:



: Prel. Report

Days Of Repair: 7



: Final Report

Resurvey No. of Trips

Date/Time, File Return to:

12/10/21-typist

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

Survey Fee:

Transportation

S. & R. S.

Private

Others

TOTAL

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	08/10/2021 15:16 (SGT)
Date of Accident	07/10/2021 15:30 (SGT)
Exact Location of Accident	Jln Masjid, Singapore
Additional Location Information	JALAN MASJID TOWARDS CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6410L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WANLI
Company Reg No	53338890B
Email Address	HELLO@WANLI.COM.SG
Mobile Phone No	(Phone) +65-88229900
Alternative Phone No	(Home) +65-88229900

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115554754-01
Cover Note Number	-

DRIVER

Name of Driver	TAN RUSHEN
NRIC No	S8137579H

Date of Birth	20/11/1981
Occupation	Outdoor
Date Of Driving Pass	09/12/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88220900
Alt. Phone Number	-
Email Address	HELLO@WANLI.COM.SG
Address	APT BLK 635A SENJA ROAD #34-255
Address complement	-
Postcode	671635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	GBK1398P
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Accident 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 RUSHEN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR6410L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to renew/reject 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 information 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 lodging 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 the 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 packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (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.



Policyholder's Signature / Date & Time
 Sketch Plan

[Signature]

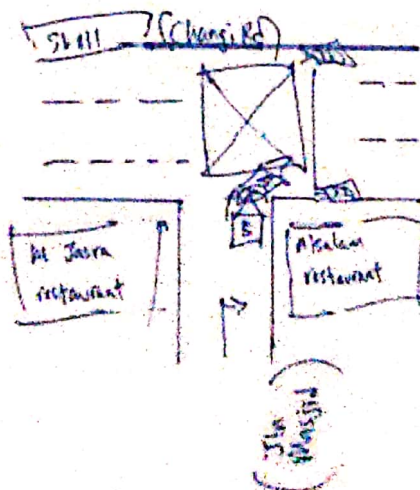
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel

Vehicle A: SMR6410L

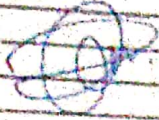
Vehicle B: GBK1378P



[Signature]

Describe Circumstances of the Accident

Traffic light was red my car stopped in front traffic light, suddenly an strong impact collided to my car rear portion. A ferry capsule BAK13GAP bang to my car SPH64106 due to the impact my rear dashcam was missing.



Declaration

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

MAG

Witnessed by Reporting Centre Personnel