

ASS. REC. BY:

REF:

ASM / 21010586/KH

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:

06 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SM14 4183/Hr Regn: 01, 19

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

Truck / Trailer or

Make:

Honda Jazz c.c. 1318

Colour:

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

34686

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTHMGK 3850KS 200226

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 175/65R15

R:

Dun

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

12/10/21

D.O.I.

14/10/2021

Survey held at

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

O/S Frt body

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

Date / Time

Action / Instruction

1 / Est not ready, set BZ

Estimate repair cost \$6-7K

SUBMIT PRS report

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

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	13/10/2021 14:05 (SGT)
Date of Accident	12/10/2021 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WATERLOO STREET TOWARDS MIDDLE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH4183H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHENG ANN
NRIC No	S1315279I
Email Address	SEASON222111@GMAIL.COM
Mobile Phone No	(Phone) +65-94888389
Alternative Phone No	+65-94888389

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123693822
Cover Note Number	-

DRIVER

Name of Driver	TAN CHENG WEE
NRIC No	S6936401B

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.

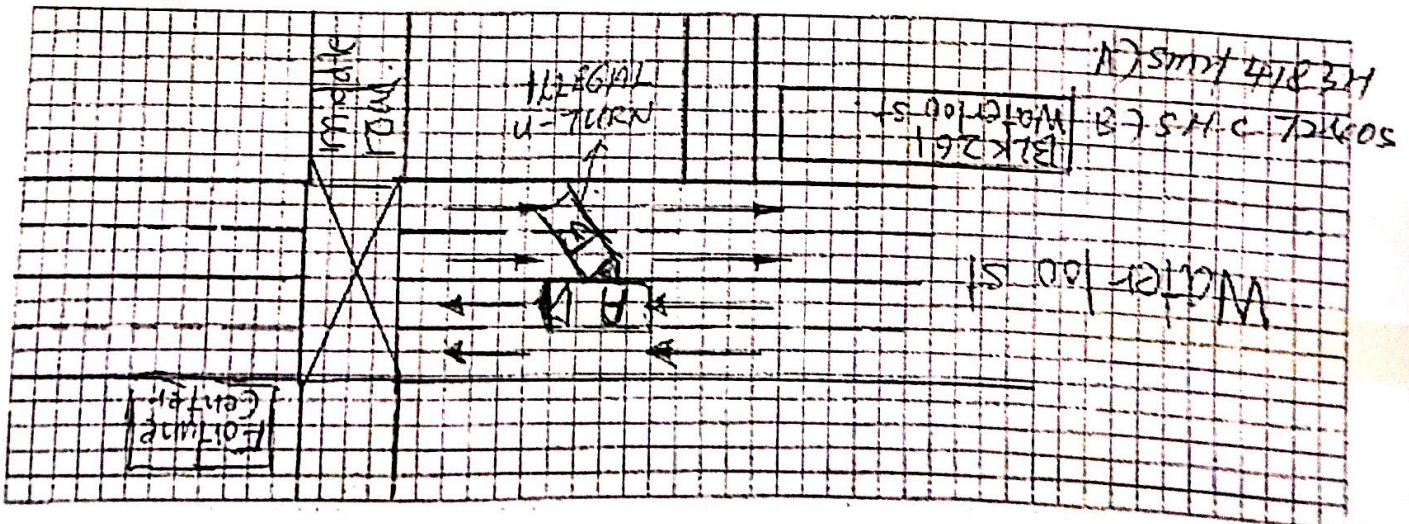
CITY AUTO PTE LTD
81k 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





SINGAPORE POLICE FORCE



T/20211012/7040

1 of 3

Report No. T/20211012/7040

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2021 21:32	Vide Report No.: A/20211012/0057	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN CHENG WEE			Address: 558 PASIR RIS STREET 51 #04-309 SINGAPORE 510558	
ID Type / ID No.: NRIC NO / S6936401B			Contact No.: Home/Office: Mobile: 94888389	
Nationality: SINGAPORE CITIZEN			Email: season222111@gmail.com	
Sex: Male	Age: 51	Date of Birth: 18/10/1969	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Private Hirer			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2021 14:50	Type of Location: Straight Road
Location: WATERLOO STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Taxi illegal U-Turn on opposite road and hit on my car driver side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC7240S	Taxi	HYUNDAI		Yellow	Slightly Damaged	1
SMH4183H	Car					0



**SINGAPORE
POLICE FORCE**



T:202110127040

2 of 3

Report No. T:202110127040

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHENG WEE	ID No.	S6936401B
Related Vehicle	SMH4183H (Car)	Contact No.	94888389
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/10/2021	Date	12/10/2021
No. of Days granted Medical Leave	10	Degree of	Serious

Brief Details.

- 1-Accident happen along Waterloo Street (50 meter in-front of Blk261 Waterloo street)
- 2-My vehicle driving toward junction of Waterloo street and middle road .
- 3-Out of sudden the Taxi from opposite lane of Waterloo street toward Blk 261 Waterloo street hit my car on driver side .
- 4-Too sudden and out of no where the Taxi crash my car by surprise . The driver side door was badly dented and could not open .
- 5-Worry that car might catch fire , i exit through the front passenger door . The Taxi revised his car around 3 meter from impact position .
- 6-Feeling bit giddy , i rest at the road side a while .
- 7-I agree the Taxi driver to get me an ambulance .
- 8-I took some pictures of the accident site before the ambulance arrive .
- 9-Ambulance medic attend to me and shortly after the Traffic Police arrived .
- 10-I was then send to Raffles Hospital .

Remark : I have car camera which record the accident . Some photos have been taken too . Traffic police have On site with some actual information . Please contact me if you required further information as the video and photo is large file to attach .