ASS. REG. BY: Steve CS3/ASM21011555/Euy3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

OR/TP/WS/PRS/LOD-REG/EVA/INV/MV

To Inspect Vehicle No: GBC 3165Z

at Workshop m/s

Insured: SHB 6228R

Policy No.

Claims No. S1M03L3Q

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

Rel. or Market Value:

IDAC Accident Report Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Sum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBC 3165Z Yr Regn: 1/11/11

Type: M.Car / M.cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Dyna 150 c.c 2982

Colour: Silver A/C: Insured / Std / NI / N

Sp.Reading 310384 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: JTFAT35Y40K201648

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Order) / Jammed / Locked / Burnt or

Brake: (Order) / Jammed / Locked / Burnt or

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

Tyre Size: F: 195R15C

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / (M/C) / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Sel.	5 mm	R/Sel.	5 mm
U/Sel.	5 mm	U/Sel.	5 mm

D.O.A. 29/10/21 D.O.I. 12/11/21

Survey held at Ngee Ngee Motor

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

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

Date / Time	Action / Instruction
MV-35K	Repair range – 1K – 2K 3 repair days
22/11/2021 Submit PRS.	

Date/Time, File Recd: Prelim. Report

22/11 TYPIST Final Report

Date/Time, File Return to:

Days Of Repair: 3

Resurvey No. of Trips: 2

Survey Fee:

Transportation:

Add Fee: Site Insp (S
Interview (S
Tech. Inve (S
Weekend (S

Photo

Others

TOTAL

Forward: SMART CLAIM - PRS

Sum / L.E. Ins

Your NCD will be affected due to late reporting

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 witholding 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	10/11/2021 15:52 (SGT)
Date of Accident	29/10/2021 09:40 (SGT)
Exact Location of Accident	Jurong Pier Rd, Singapore
Additional Location Information	Jurong Pier Road towards Jurong Island Checkpoint
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3165Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Edmund Vehilce Rental Pte Ltd
Company Reg No	201625244G
Email Address	edmundevr@gmail.com
Mobile Phone No	(Phone) +65-93219360
Alternative Phone No	(Home) +65-93219360

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112254195-02-000008
Cover Note Number	-

DRIVER

Name of Driver	Tan Jian Wei
NRIC No	S9343138C

Date Of Birth	15/11/1993
Occupation	Outdoor
Date Of Driving Pass	14/05/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97428850
Alt. Phone Number	-
Email Address	edmundevr@gmail.com
Address	279 Balestier Road Balestier Point #02-27
Address complement	-
Postcode	329727
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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?	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	SHB6228R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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SKETCH PLAN

Describe Circumstances of the Accident

AS PER POLICE REPORT

I, [illegible] [illegible] reporting on behalf the driver Mr. Tin Zaw Win S9343136C due to unable to make time to go down to the reporting centre. He already take [illegible] for this recall / reported

The lorry is rented by my company, SAN ENGINEERING & CONSTRUCTION PL and feel free to call me at [illegible]

Declaration

I/We declare the foregoing particulars are true in every respect

10 Nov 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Scanned with CamScanner

SKETCH PLAN #2

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 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.

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 20211029 2015

Police Station Of Origin
Jurong West N P C
708 Corporation Road SINGAPORE 649818
Tel No 1800 2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No.
29/10/2021 11:18	D/20211029/0036	36

Informant's Particulars

Name of Informant TAN JIAN WEI	Address APT BLK 290F BUKIT BATOK STREET 24 #14-115 SINGAPORE 655290
ID Type / ID No NRIC NO / S9343138C	Contact No Home/Office Mobile 97428659
Nationality SINGAPORE CITIZEN	Email
Sex / Age / Date of Birth Male / 27 / 15/11/1993	Type of Informant Driver
Race Chinese	Language Institution / School Name
Occupation MANPOWER OPERATION	Driving Licence Information Class 3 Date of Expiry

General Information of the Accident

Type of Accident	Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident 29/10/2021 09:40	Type of Location Road

Location
JURONG PIER ROAD

Weather Clear	Road Surface Dry	Road Speed Limit
Traffic Flow Two Way	Traffic Control	Traffic Volume Heavy
Type of Collision Between Moving Vehicles - Head On		Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3165Z	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver	Slightly Damaged	0
SHB6228R	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue		0

SINGAPORE
POLICE FORCE

Police Station Of Origin
Jurong West NPC
Tuas Corporation Road SINGAPORE 649818
Tel No: 1800 2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		
Driver Name	TAN JIAN WEI	ID No	S9343138C
Related Vehicle	GBC3165Z (Lorry)	Contact No	97428850
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment: NIL		Date Discharge: NIL	
No. of Days granted Medical Leave: NIL		Degree of Injury: NIL	

Brief Details.
On 29/10/2021 at about 0940hrs, I am the driver for vehicle GBC3165Z travelling along Jurong Pier Road heading towards Jurong Island Checkpoint Pass Office. I was travelling on the most right lane as I want to turn right into the slip road that leads to the Pass Office.

When the traffic light turns green, I turned right into the slip road and noticed that there was an incoming vehicle SHB6228R travelling against traffic of the road. I immediately stopped at the yellow box of the junction to prevent collision. However, the vehicle still drove forward and collided with my vehicle.

Subsequently, both of us stop and made a check. No one was injured and when I request for his particulars, he refused to provide to me. Thus, I called for police assistance (ID/20211029/0036) and was advised to lodge this police report. No one ambulance was at scene.

I wish to state that my vehicle do not have in-vehicle recording. No threat and assault took place.

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C.
503 Corporation Road SINGAPORE 649818
Tel No: 1800 2689888

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
J/
Sgt 2 LUI WENG SOON

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
29/10/2021 11:18

Officer In Charge Of Case:
TP / G.T /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No: 65476246

Classification Of Case

Authentication Stamp:
Nil

Singapore Police Force

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