

ASSIGNMENT

From: 128101
Estimated Cost: 128101
To Inspect Vehicle No: GBC 3165Z
of Workshop mls
SHB 6228R
Policy No.
Claims No. S1M03L3Q
Sum Insured:
(Client's Record)
Make of Vehicle

(Pulley Condition)

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

Dept. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 G/A / PR Sent: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Loan Sum: _____ % 3 Vol.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Vehicle: IN / OUT
 Person Contacted: _____

Veh No: ETBC 31652 Yr Regn: 11/11
 Type: M. Car / M. Cycle / Bus / Van / Motor Cycle / Truck / Trailer or
 Maker: Toyota Dyna 150 cc 1982
 Colour: Silver A/O: Insured / Stolen / N / N
 Sp. Reading: 310384 Yr. Radio: Insured / Stolen / N / N
 Eng. No: J1FAT35840K 201648
 Gen. Cond: Good / Fair / Poor / Bught

Steering / Igniter / Jammed / Locked / Burnt or
Brake / Igniter / Jammed / Locked / Burnt or
Mod 1 / Nil / 3/1 Rim / 3/2 4/1 Rim or
Tyre Size: FI _____ 195R15C
RI _____
BS / DUN / EXN / OVA / GY / FS / LIZA / MJC / OHTSV / PIR / BURN /
JOYO / YOKO or B _____

Front

R/Uel, 5 mm

U/Uel, 5 mm

D.O.A. 29/10/21

Survey held at Ngee Ngee Motor

Det, of Demogage / Pst / Rear / O/S / H/S / U/C / Reel/ or

Front RH

Front RH

the V/O / CHASTITY frame / Body structure affected due to collision

Date / Time	Action / Instruction
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MV-35A

Repair range - 1K - 2K
3 repair days

22/11/2021 Submit PRS

22/11 TYPIST

SMART CLAIM - PRS

Days of Repair: 3
Resurvey No. of Trips: 2

Survey Fee	
Transportation	
1	5.00
2	5.00
3	5.00
4	5.00
5	5.00
6	5.00
7	5.00
8	5.00
9	5.00
10	5.00
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91	5.00
92	5.00
93	5.00
94	5.00
95	5.00
96	5.00
97	5.00
98	5.00
99	5.00
100	5.00
TOTAL	500.00

Add Fee:

Site Insp	(5)
Interview	(9)
Track, Insp	(7)
Witnesses	(1)

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	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	edmunddevr@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	edmunddevr@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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-
-
-
-
-

Describe Circumstances of the Accident

AS PER POLICE REPORT

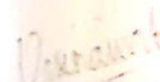
I, Sumant 379325250 reporting on behalf of owner
Mr. Dhanraj MG 343431326 due to unable to make
 time to go down to the reporting station. He already tells
 the reporting and mention for the result / statement

The loss is covered by my company, SAN ENGINEERING &
 CONSTRUCTION PL and feel free to call me at 93219386

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

Witnessed by Reporting Centre
 Personnel

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful 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 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 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claim (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 situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A-600 3452

3-10-19





**SINGAPORE
POLICE FORCE**



T/20211029/2015

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

Report No. T/20211029/2015

REPORT OF A TRAFFIC ACCIDENT

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

Informant's Particulars

Name of Informant TAN JIAN WEI	Address APT BLK 290F BUKIT BATOK STREET 24 #14-115 SINGAPORE 655280		
ID Type / ID No NRIC NO / S9343138C	Contact No Home/Office	Mobile: 97428859	
Nationality SINGAPORE CITIZEN	Email		
Sex Male	Age 27	Date of Birth 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 Bend
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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	

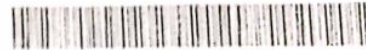
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3165Z	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver	Slightly Damaged	0
SHBB228R	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue		0





**SINGAPORE
POLICE FORCE**



D/20211029/0035

Police Station Of Origin
Jurong West N.P.C.
200 Corporation Road SINGAPORE 649818
Tel No. 1800 2655000

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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	59343138C
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.

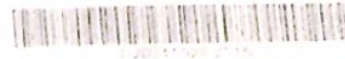
When the traffic light turns green, I turned right into the slip road and noticed that there was an incoming vehicle SHB6228R travelling against traffic of the road. I immediately stopped at the yellow box of the junction to prevent collision. However, the vehicle still drove forward and collided with 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 (D/20211029/0035) 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



11/2021 11:18 2118

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Police Station Of Origin
Jurong West N.P.C.
100 Corporation Road SINGAPORE 649818
Tel No. 1800 2689885

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

JF

Sgt 2 LUI WENG SOON

Signature Of Informant

Date/Time

29/10/2021 11:18

Signature Of Interpreter

Not applicable

Officer in Charge Of Case

IP / G.I.T /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No. 65476246

Classification Of Case

Authentication Stamp

18/10/21

Singapore Police Force

