

# CS/INC21011658/Atf3

ASS. REC. BY: \_\_\_\_\_

REF: \_\_\_\_\_

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMX5093T Yr Regn: 2021, Jan.

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

Truck / Trailer or \_\_\_\_\_

Make: Honda Shuttle c.c. 1496

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 28312 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: GK82102427 \*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modif: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 16/11/21

Survey held at S.K.

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
	<u>TP INC.</u>
	<b>PART BY PART 7687.18, 8</b>
	<del>part by part</del> <b>\$7843.60;50%</b>
	MV : _____
	PV : _____
	Nett: _____

Date/Time, File Pass to?

 : Prel. Report  
 : Final Report

Days Of Repair: 8

1)

Date/Time, File Return to?

Resurvey No. of Trip: \_\_\_\_\_

2)

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

3 + RS, SI \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

Report Formed: \_\_\_\_\_

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 .....	12/11/2021 16:48 (SGT)
Date of Accident .....	11/11/2021 08:45 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMX5093T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG HUA SENG
NRIC No .....	SXXXX521Z
Email Address .....	estrpt66@gmail.com
Mobile Phone No .....	(Phone) +65-90051816
Alternative Phone No .....	+65-90051816

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00014992100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	JONATHAN YUEN ZHI WEI
NRIC No .....	SXXXX037F

Date Of Birth .....	12/05/1997
Occupation .....	Indoor
Date Of Driving Pass .....	16/12/2020
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90051816
Alt. Phone Number .....	-
Email Address .....	estrpt66@gmail.com
Address .....	BLK 296B BUKIT BATOK STREET 22 #14-80
Address complement .....	-
Postcode .....	652296
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FLORA NG JIA YI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007759999
Alt. Police Station Phone No .....	(Fax) +65-67764246
Police Station Address .....	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211111/2058

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLD4947D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHAI
Contact Number .....	(Phone) +65-93865541
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMW7637S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

### INJURED PERSONS DETAILS

**INJURED 1**

Name of injured person .....	JONATHAN YUEN ZHI WEI
Gender .....	Male
Phone No .....	(Phone) +65-90051816
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMX5093T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**INJURED 2**

Name of injured person .....	FLORA NG JIA YI
Gender .....	Female
Phone No .....	(Phone) +65-85225369
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMX5093T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

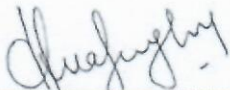
IMPORTANT NOTICE


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 Authorised 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 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.

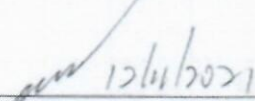
8. Consent under the Personal Data Protection Act (PDPA)

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.

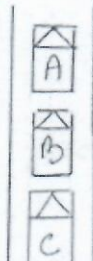
  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

Sketch Plan

Along 10E



A: SMX 5093T  
 B: 3L04947D  
 C: RMW 7637S


Describe Circumstances of the Accident

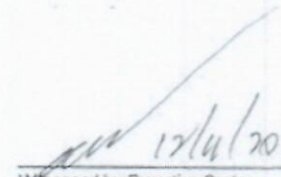
Refer to Police Report No. : T/2021/1111/2058

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

  
Witnessed by Reporting Centre Personnel


**SINGAPORE  
POLICE FORCE**


T/20211111/2058

1 of 4

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

Report No. T/20211111/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2021 13:46	Vide Report No.:	Station Diary No.: 24
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## Informant's Particulars

Name of Informant: JONATHAN YUEN ZHI WEI		Address: APT BLK 296B BUKIT BATOK STREET 22 #14-80 SINGAPORE 652296	
ID Type / ID No.: NRIC NO / S9716037F		Contact No.: Home/Office: Mobile: 90051618	
Nationality: SINGAPORE CITIZEN		Email: Jonthanyuen@hotmail.com	
Sex: Male	Age: 24	Date of Birth: 12/05/1997	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Unemployed		Driving Licence Information: Class: 3A	Date of Expiry:

## General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 11/11/2021 08:45	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLD4947D	Car				Slightly Damaged	0
SMW7637S	Car				Slightly Damaged	0
SMX5093T	Car				Slightly Damaged	1



SINGAPORE  
POLICE FORCE



T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

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Report No. T/20211111/2058

## CONTINUATION OF REPORT

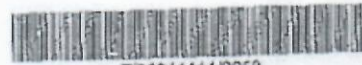
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Khai	ID No.	NIL
Related Vehicle	SLD4947D (Car)	Contact No.	93865541
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMW7637S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JONATHAN YUEN ZHI WEI	ID No.	S9716037F
Related Vehicle	SMX5093T (Car)	Contact No.	90051816
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999



T/20211111/2058

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Report No. T/20211111/2058

## CONTINUATION OF REPORT

Passenger		ID No.	S9801324E
Name	Flora Ng Jia Yi	Contact No.	85226369
Related Vehicle	SMX5093T (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	Healthlife Family Clinic	Date Treatment	11/11/2021
		Date Discharge	11/11/2021
		Degree of Injury	Slight
No. of Days granted Medical Leave	03		

Brief Details.

On 11/11/2021 at about 0845hrs, I was driving my vehicle bearing the registration plate number SMX5093T and I had just exited from Punggol Way about to enter TPE. The road was dry and the traffic volume was moderate. My wife Flora Ng sat at the rear right of the passenger seat. We have a dog in the car thus my wife sat at the rear.

As I was about to exit into TPE, the vehicle (SLG5818X) in front of me jammed brake thus I had to jammed brake to avoid the collision. I did managed to avoid the collision into the rear of SLG5818X however suddenly I felt an impact from the rear.

I got down my vehicle and realized that I am involve in a chain collision involving 3 Singapore vehicle. The sequence as follows:

- 1st vehicle: SMX5093T (my vehicle)
- 2nd vehicle: SLD4947D (Khai)
- 3rd vehicle: SMW7637S

I had checked and no one was injured at the point of time. I had exchanged contact number with SLD4947D and subsequently drove off. After which my wife Flora Ng felt pain at her neck and right wrist area. My wife visited Healthlife Family Clinic located at Blk 296A Bukit Batok Street 22 #01-64 and was given 3 days of MC from 11/11/21 to 13/11/2021.

I do have the in-car front/back camera installed in my vehicle and it captured the incident.



SINGAPORE  
POLICE FORCE



T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

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Report No. T/20211111/2058

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 D / Sgt 1 NG JIA HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2021 13:46
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168