

ASS. REC. BY:

REF: CS/GRB21011877/Avf3

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: **SLR 4118G**Policy No. **D21MFL0000447**Claims No. **MFL2021D0005037**

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SMR199L** Yr Regn: **2019 / Dec**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Vezel** C.C. **1496**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **108184** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JHMRU1810Jx202235**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: Nil / **S/Rim** / STD A/Rim orTyre Size: F: **215/60R16**R: **215/60R16**

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

TOYO / YOKO or **Kumho**

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **20/11/21**D.O.I. **24/11/21**Survey held at **Automobile Hub**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 |
|---------------|--|
| | TPU |
| 7/1/22 | Adrian confirmed LS \$2900 (Red 4736.10, 62%) |
| | MV : |
| | PV : |
| | Nett : |

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) **10/1/22-typist**Days Of Repair: **4**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Report Format: **Merimen**

Lump Sum / L.B. / C

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$



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 | 22/11/2021 17:38 (SGT) |
| Date of Accident | 20/11/2021 15:50 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | CTE TOWARDS SLE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMR199L |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | PUAH LYONG SING |
| NRIC No | SXXXX873D |
| Email Address | KEVINPUAH@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96321787 |
| Alternative Phone No | (Home) +65-96321787 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 | 5119787839 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------|
| Name of Driver | PUAH LYONG SING |
| NRIC No | SXXXX873D |



| | |
|--|--------------------------------|
| Date Of Birth | 28/08/1964 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/03/1982 |
| Driving experience | 39 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96321787 |
| Alt. Phone Number | (Home) +65-96321787 |
| Email Address | KEVINPUAH@GMAIL.COM |
| Address | 21 SENGKANG EAST AVENUE #05-20 |
| Address complement | - |
| Postcode | 544809 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

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 | SLR4118G |
| 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 | PUAH LYONG SING |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMR199L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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

A-SMR199L

B-SLR 4118G

CTE TO SLE


Describe Circumstances of the Accident

On 20th Nov 21 @ 1550hrs, I'm travelling along ~~the~~ ^{CIE To SLE} towards City fetching 1 passenger. The traffic slowed down during to congestion. Suddenly, my vehicle (SMR 199L) experienced an impact from the rear. My vehicle got hit from the rear by another Honda Vezel, SLR 41186. The driver of SLR 41186 acknowledged it's his fault.

Declaration

I 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 Recording Centre
Signature



**SINGAPORE
POLICE FORCE**



T/20211122/7015

1 of 3

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

Report No. T/20211122/7015

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 22/11/2021 12:16 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: PUAH LYONG SING | | | Address: 21 SENGKANG EAST AVENUE #05-20 SINGAPORE 544809 | | |
| ID Type / ID No.: NRIC NO / S2506873D | | | Contact No.: Home/Office: Mobile: 96321787 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: KEVINPUAH@GMAIL.COM | | |
| Sex: Male | Age: 57 | Date of Birth: 28/08/1964 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: PRIVATE HIRER DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 20/11/2021 15:50 | Type of Location: CTE TOWARDS SLE BETWEEN AMK AVE 1 & AVE 3 EXIT |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 80 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| | | | | | | |
|-------------|------|-------|-------|--------|---------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SLR4118G | Car | HONDA | VEZEL | Silver | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20211122/7015

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20211122/7015

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|----------------|-------|------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SMR199L | Car | HONDA | HRV 1.5 DX CVT | Black | Slightly Damaged | 2 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMR199L | NTUC Income Insurance Co-Operative Limited | 5119787839 | 05/12/2020 | 05/12/2021 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | PUAH LYONG SING | | ID No. S2506873D |
| Related Vehicle | SMR199L (Car) | | Contact No. 96321787 |
| Hospital/Clinic | PROHEALTH 24-HOUR MEDICAL CLINIC | | Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL |
| Date | 22/11/2021 | | Date 22/11/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

I WAS TRAVELLING ALONG CTE TOWARDS SLE FETCHING 1 PASSENGER. AS THE TRAFFIC SUDDENLY SLOWED DOWN, I WAS HIT FROM THE REAR BY ANOTHER VEHICLE (HONDA VEZEL SLR4118G). DUE TO THE IMPACT, I HAVE EXPERIENCED HEADACHE AND STIFF NECK SINCE THE ACCIDENT. I WENT TO THE CLINIC AND WAS ENDORSED WITH 3 DAYS MEDICAL LEAVES.



SINGAPORE
POLICE FORCE



T/20211122/7015

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20211122/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/11/2021 12:16

Classification Of Case: