

Kenneth

ASSIGNMENT

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

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

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop no's Chen Grom

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

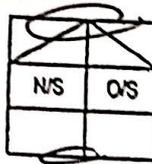
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Sal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ 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: Sm 8 8988P Yr Regn: 03, 16

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

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

Make: Mazda 3 c.o. 1498

Colour: M. Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 79274 T/Radio: Insured / Std / Nil / NA

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

C/No: JM 6 BM 42 A 8 G 0330262

Gen. Cond: Good / Fair / Poor / Burnt

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

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

Modl: Nil / (Rim) / STD A/Rim or \_\_\_\_\_

Tyre Size: F: \_\_\_\_\_ R: \_\_\_\_\_

215/50R17

(S) / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

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

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

R/Bal. 2 mm R/Bal. 9 mm

L/Bal. 2 mm L/Bal. 9 mm

D.O.A. 9/12/21 D.O.I. 20/12/2021

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or \_\_\_\_\_

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
1	Est not ready

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

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

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

\$ - RS. \$ \_\_\_\_\_

Fuel: \_\_\_\_\_

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 ..... 09/12/2021 16:27 (SGT)  
Date of Accident ..... 09/12/2021 10:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AYE TOWARDS CITY AT 9KM SIGN BEFORE QUEENSWAY  
EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMZ8968P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ALVIN LIM BENG HUAT (LIN MINGFA)  
NRIC No ..... SXXXX057A  
Email Address ..... 76MINGFA@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-86010098  
Alternative Phone No ..... +65-86010098

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  
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 ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121903549  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ALVIN LIM BENG HUAT (LIN MINGFA)

NRIC No ..... SXXXX057A  
 Date Of Birth ..... 14/06/1976  
 Occupation ..... Indoor  
 Date Of Driving Pass ..... 20/01/2005  
 Driving experience ..... 16 YEARS AND 11 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-86010098  
 Alt. Phone Number ..... +65-86010098  
 Email Address ..... 76MINGFA@GMAIL.COM  
 Address ..... APT BLK 85 YISHUN AVE 11  
 Address complement ..... 02-31  
 Postcode ..... 768865  
 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 ..... 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 ..... 4  
 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 ..... Kebun Baru Neighbourhood Police Post  
 Police Station Address ..... Blk 111 Ang Mo Kio Avenue 4 Singapore 560111  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

AT 10:15AM 9-DEC-2021, WHILE TRAVELLING ON AYE TOWARDS CITY NEAR AYE 9 KM SIGN, I WAS ON THE LANE 1 OF THE AYE, IT WAS AT A BLINK OF SECOND THAT THE FRONT CAR SUDDENLY STOP AND I BRAKE BUT FAILED, AIRBAG WAS OUT ANG I QUICKLY GET OUT OF MY VEHICLE FOR SAFETY REASON DUE TO A LOT OF SMOKE FROM MY AIRCON VENT. I DID FEEL THAT THERE IS A IMPAT WHEN I ALIGHTED, I BELIVE THE REAR VEHICLE (SMD4851I) DID MAKE A SLIGHT REVERSE MOVEMENT AFTER THE ACCIDENT IMPACT

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... No  
 Was there any audio recorded? ..... No

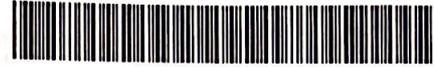
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLX5023X  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -





**SINGAPORE  
POLICE FORCE**



T/20211209/2082

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

1 of 4

Report No. T/20211209/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/12/2021 17:22	Vide Report No.:	Station Diary No.: 45
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**Informant's Particulars**

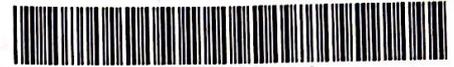
Name of Informant: ALVIN LIM BENG HUAT		Address: APT BLK 85 YISHUN AVENUE 11 #02-31 SINGAPORE 768865	
ID Type / ID No.: NRIC NO / S7618057A		Contact No.: Home/Office: Mobile: 86010098	
Nationality: SINGAPORE CITIZEN		Email: 76mingfa@gmail.com	
Sex: Male	Age: 45	Date of Birth: 14/06/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: INFRASTRUCTURE ENGINEER		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: 09/12/2021 09:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
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
FBP6902A	Motorcycle				Slightly Damaged	0
SJR5636U	Car					0
SLH9958T	Car					0
SLX5023H	Car				Seriously Damaged	1
SMD4851J	Car				No Damage	1



Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

**CONTINUATION OF REPORT**

Driver			
Name	ARNOLD STANLEY	ID No.	NIL
Related Vehicle	SMD4851J (Car)	Contact No.	91291559
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	ALVIN LIM BENG HUAT	ID No.	S7618057A
Related Vehicle	SMZ8968P (Car)	Contact No.	86010098
Hospital/Clinic	CareDoc Medical Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/12/2021	Date Discharge	09/12/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

I wish to inform that I was involved in a chain collision accident along AYE.

On 09/12/2021 at about 0953hrs, I was driving vehicle bearing registration SMZ8968P along AYE on the first lane. I saw then car (SLX5023H) in front of me jammed brakes hence I also jammed brakes. However, I could not brake in time and collided with vehicle SLX5023H. My vehicle's airbags were deployed, I went down to check and realized that it was a chain collision involving 5 cars and 1 motorcycle. I do not know the exact reason of the chain collision. I went to see a doctor and was given 4 days of MC.

I wish to inform there is front and rear in car camera in my vehicle.