

Mennach

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop m/s: Chw Gorn
 of _____
 Insured: SMD 4581J
 Policy No: _____
 Claims No: C10012838/JM
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Ball or Market Value: \$62k
 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: Sm 8 P 888P 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: (Inorde) / Jammed / Leaked / Burnt or
 Brake: (Inorde) / Jammed / Leaked / Burnt or
 Mod: 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. <u>2</u> mm	R/Bal. <u>9</u> mm
L/Bal. <u>2</u> mm	L/Bal. <u>9</u> mm
D.O.A. <u>9/12/21</u>	D.O.I. <u>20/12/2021</u>

Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
8/17

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

Date / Time	Action / Instruction
<u>1</u>	<u>Est not ready</u>
<u>23/12/22</u>	<u>Submit PRS, repair range \$20,000-\$23,000</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

1) _____
 Date/Time, File Return to?
 2) 23/12/22-typist

Days Of Repair: 12

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transport:	_____
S - RS - SI	_____
Others	_____
TOTAL	_____

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 -

SKETCH PLAN

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- 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

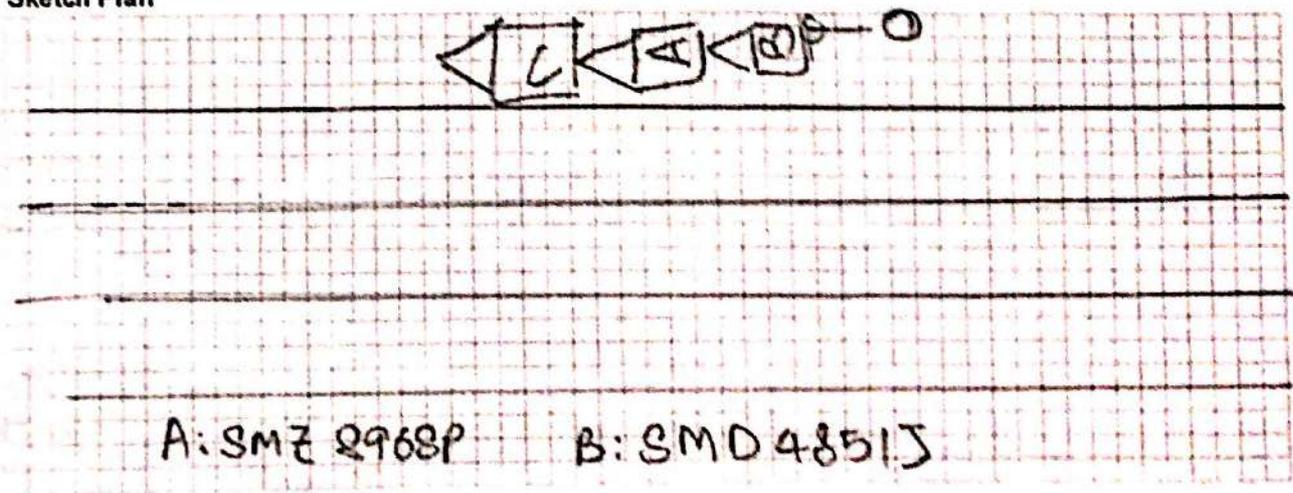
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Al
Policyholder's Signature / Date & Time

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

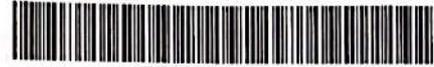
Ku 9/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan





**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.