

CS/FCI21013128/Atf3

ASS. REC. BY: _____

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKU6963R Yr Regn: 2015 August

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

Truck / Trailer or

Make: Audi A1 c.c. 999

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

Sp. Reading: 80992 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZ28X3F B024998

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/50R16

R: 195/50R16

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. 23/12/21

Survey held at Tick Hai

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 1st Cap.</u>
LUMP SUM \$2200, 2DAYS	
	<u>MV :</u>
	<u>PV :</u> RED: 2005.56; 47%
	<u>Nett :</u>

Date/Time, File Pass to?

: Preli. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

____ \$ + RS. ____ \$

Photos

Others

Report Format : _____

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	22/12/2021 09:54 (SGT)
Date of Accident	21/12/2021 09:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS BEFORE JALAN EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6963R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IVAN TAN CHEE KIANG
NRIC No	S7726499Z
Email Address	serenatyr@hotmail.com
Mobile Phone No	(Phone) +65-81818138
Alternative Phone No	+65-81818138

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A1
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	1000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA490086
Cover Note Number	-

DRIVER

Name of Driver	SERENA TAN YUNRU
NRIC No	S8722488J

Date Of Birth	14/07/1987
Occupation	Indoor
Date Of Driving Pass	13/01/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96683088
Alt. Phone Number	-
Email Address	serenatyr@hotmail.com
Address	BLK 664 JALAN DAMAI #13-149
Address complement	-
Postcode	410664
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	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	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 POLICE REPORT: T/20211221/7013.

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	FBS4281E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	ZAMIR
NRIC No	S8804895D
Contact Number	(Phone) +65-91093965
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SERENA TAN YUNRU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKU6963R
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 claim 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 writul misrepresentation or withholding of material facts may allow insurance companies to renewate 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 lodgment 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:

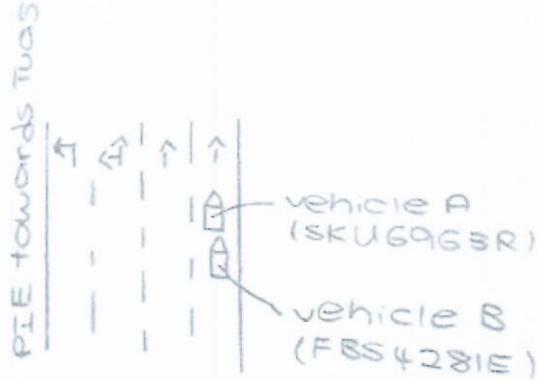
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management, in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 21/12/2021
 Policyholder's Signature
 Date & Time:


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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/we declare the foregoing particulars are true in every respect

 21/12/2021
Policyholder's Signature
Date & Time


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

Reporting Centre Person(s) Signature
Name
WOL/TIC No

LETTER OF UNDERTAKING

M/s. Ivan Tan Chee Kiang the owner of vehicle no SKU6963R

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, We shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Tick Hai Motor & welding services

Signed and Acknowledge by:



.....
Name no. and signature of policyholder

.....
Company Stamp

.....
Date



SINGAPORE
POLICE FORCE



T/20211221/7013

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

2 of 3

Report No. T/20211221/7013

CONTINUATION OF REPORT

Rider			
Name	ZAMIR	ID No.	S8804895D
Related Vehicle	FBS4281E (Motorcycle)	Contact No.	91093965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SERENA TAN YUNRU	ID No.	S8722486J
Related Vehicle	SKU6963R (Car)	Contact No.	96683088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Pie towards Tuas, just before Jalan Eunus exit. First lane.

There's a chain collision in front and I managed to jam break to prevent hitting onto the car in front of me. I was in a stationary position engaged in brake but the LTA bike number plate: FBS4281E behind me was unable to brake and hit onto the back of my car. The traffic Marshall on duty is Zamir s8804895D. I'm in shocked but I came down to check if he's ok and took picture. The Lta traffic Marshall Zamir who hit onto me asked me to wait while he direct the traffic away. The cars in front of me didn't hit each other neither did I hit them so they move away. I felt dizzy and headache. My friend came to find me and send me to the hospital to consult a doctor.



**SINGAPORE
POLICE FORCE**

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



T/20211221/7013

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Report No. T/20211221/7013

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 / MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 21/12/2021 14:09
Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211221/7024

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

1 of 3

Report No. T/20211221/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2021 16:44	Vide Report No.: T/20211221/7013	Station Diary No.:
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Informant's Particulars

Name of Informant: SERENA TAN YUNRU			Address: 664 JALAN DAMAI #13-149 SINGAPORE 410664		
ID Type / ID No.: NRIC NO / S8722488J			Contact No.: Home/Office: Mobile: 96683088		
Nationality: SINGAPORE CITIZEN			Email: SERENATYR@HOTMAIL.COM		
Sex: Female	Age: 34	Date of Birth: 14/07/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 21/12/2021 09:25	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS4281E	Motorcycle					0
SKU6963R	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20211221/7024

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

2 of 3

Report No. T/20211221/7024

CONTINUATION OF REPORT

Driver			
Name	SERENA TAN YUNRU	ID No.	S8722488J
Related Vehicle	SKU6963R (Car)	Contact No.	96683088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/12/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Rider			
Name	ZAMIR	ID No.	S8804895D
Related Vehicle	NIL	Contact No.	91093965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

please refer to the previous report t/20211221/7013.

However i would like to indicate this is a injury report which i overlooked earlier during my mobile reporting online.

I was given mc 21dec-25dec 2021.

Pls notify me for the pictures and other medical documents if required as i cant upload into the system



SINGAPORE
POLICE FORCE

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



T/20211221/7024

3 of 3

Report No. T/20211221/7024

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 / LEE MING CAI Contact No.: 65476350

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 21/12/2021 16:44
Classification Of Case: