

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 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: SDR6969Z Yr Regn: 2002 / Feb.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C180 c.c. 1597Colour: White A/C: Insured / Std / NI / NASp. Reading: 151310 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2040452A661076Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40R18R: 225/40R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 22/03/22Survey held at ModernDes. 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>TPAIG.</u>
	<u>COE Expiry: 31/12/2031</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Inve (\$ _____)

) S + RS. \$ _____

) Photos

) Others

Report Format: _____

LMD 2000 / EP / IS

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	21/03/2022 12:16 (SGT)
Date of Accident	19/03/2022 13:45 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR6969Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE BOON PIN
NRIC No	SXXXX017E
Email Address	DESWEE88@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96164186
Alternative Phone No	+65-92343799

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125103778
Cover Note Number	-

DRIVER

Name of Driver	DARREN WEE YAN CHANG
NRIC No	SXXXX831F

Date Of Birth	02/10/1997
Occupation	Indoor
Date Of Driving Pass	15/05/2017
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92343799
Alt. Phone Number	-
Email Address	DAREWEE9@GMAIL.COM
Address	BLK 173D PUNGGOL FIELD #02-635
Address complement	-
Postcode	824173
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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	CHAN NGO LAAM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. F/20220320/7003

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	SKW6383D
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Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98289508
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	DARREN WEE YAN CHANG
Gender	Male
Phone No	(Phone) +65-92343799
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDR6969Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHAN NGO LAAM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDR6969Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

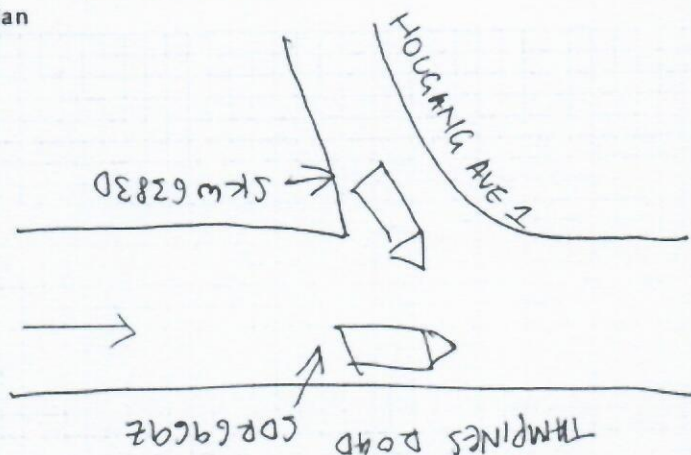
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

[Signature]
20/03/22
Policyholder's Signature / Date &
Time 1230 pm

[Signature]
20/03/22
Driver's Signature (If driver is not the policyholder) / Date
& Time 1230 pm

[Signature]
Witnessed by Reporting Centre
Personnel

Sketch Plan

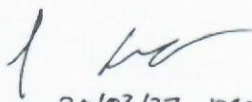


Describe Circumstances of the Accident

ON 19 MAR, at approximately 1245 hrs, I was driving straight on the rightmost lane along Tampines Road in my vehicle, SDR 6969Z. A dark coloured Nissan Sylphy bearing the plates SKW 6383D made a turn from Hougang Avenue 1, to enter Tampines Road. He then made a reckless maneuver to switch from the leftmost lane, straight to the rightmost lane, which I was traveling on. The vehicle SKW 6383D then hit the leftmost side of my vehicle. We took some photos, exchanged contact details and left the scene. Afterwards, my passenger and myself felt pain in our back and neck area and went to visit a doctor at Mount Alvernia Hospital.

Declaration

We declare the foregoing particulars are true in every respect.



20/03/22 1230 PM

Policyholder's Signature / Date & Time



20/03/22 1230 PM

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



F/20220320/7003

1 of 2

POLICE REPORT (NP299)

Report No. F/20220320/7003

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 20/03/2022 01:55	Vide Report No.	Station Diary No.
Name Of Informant DARREN WEE YAN CHANG	Address 173D PUNGGOL FIELD #02-635 SINGAPORE 824173	
ID Type / ID No. NRIC NO / S9734831F	Contact No. Home/Office:	Mobile: 92343799
Nationality SINGAPORE CITIZEN	Email Address darewee9@gmail.com	
Occupation Health services manager	Sex Male	Age 24
Institution/School Name	Date of Birth 02/10/1997	Race Chinese
Date/Time Of Incident 19/03/2022 13:45 - 19/03/2022 14:00	Location Of Incident TAMPINES ROAD	

Brief details.

At approximately 1345hrs, I was driving straight in the rightmost lane along Tampines road. Out of a sudden, a dark colored Nissan bearing the plates SKW6383D made a right turn from Hougang Avenue 3, to enter Tampines Road. He then made a reckless maneuver to switch from the leftmost lane, straight to the rightmost lane, which I was traveling on. The vehicle SKW6383D then hit the left side of my vehicle, SDR6969Z. We took some photos, exchanged contact details and left the scene.

Subjects Involved

Victim

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2022 01:55
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220320/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220320/7003

Person Name	DARREN WEE YAN CHANG		
ID Type	NRIC NO	ID No	S9734831F
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Health services manager	Address	173D PUNGGOL FIELD #02-635 SINGAPORE 824173
Mobile No	92343799	Is Informant A Victim?	Yes
Person Name	Chan Ngo Laam		
ID Type	NRIC NO	ID No	S9572819G
Gender	Female	Age	26
Race	Chinese	Language	English
Occupation	Call centre manager	Address	334A Yishun Street 31 #12-89 334A SINGAPORE 761334
Home/Office No	81372268	Mobile No	81372268
Relation To Informant	Partner		
Person Name	DARREN WEE YAN CHANG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
20/03/2022 01:55

Classification Of Case:



to Muhammad_Noor_RAHMAN ▾

Good afternoon,

I would like to make some amendments to my report F/20220320/7003. In my report, I stated "a dark colored Nissan bearing the plates SKW6383D made a right turn from Hougang Avenue 3, to enter Tampines Road." Upon reviewing the video footage, along with the map of the accident site, I realized this statement is erroneous, and would like to replace it with the following: "a dark colored Nissan Sylphy bearing the plates SKW6383D made a left turn from Hougang Avenue 1, to enter Tampines Road."

I would also like to add on that my passenger and I experienced pain and aches in our back and neck areas, and have visited the A&E department of Mount Alvernia Hospital on the same day of the accident.

I have video footage of the accident, as well as the images of the damage caused. Feel