

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: **SMB 175P**
 Policy No. _____
 Claims No. **BUS/03/22/7011**
 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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **GBG 9278X** Yr Regn: **30/11/17**
 Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Nissan NV350** C.C. **2488**
 Colour: **Silver** A/C: Insured / Std / NI / NA
 Sp. Reading: **113005** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JNIMC7E2620009546**
 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: **195R15C**
 R: **11**
 BS / ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. **4** mm R/Bal. **4** mm
 L/Bal. **4** mm L/Bal. **4** mm
 D.O.A. **18/3/22** D.O.I. **23/3/22**
 Survey held at **Smy Ah Tee**
 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

MP-55K**Waiting estimate**

6/6/22 LS \$9750 confirmed by email (Red 14,220.99, 59%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) 6/6/22-typist

Report Form: **TP**Lump Sum / Fee: **\$9750**Days Of Repair: **14**Resurvey No. of Trip: **2**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + P.S. \$

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	727N

Vehicle Details

Vehicle No.:	GBG9278X
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Mar 2022
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5AT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	YD25001067B
Chassis No.:	JN1MC2E26Z0009546
Maximum Power Output:	-
Open Market Value:	\$25,238.00
Original Registration Date:	30 Nov 2017
First Registration Date:	30 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$1,262.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	29 Nov 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$43,002.00
COE Rebate Amount:	\$24,379.00
Total Rebate Amount:	\$24,379.00

The information contained herein is correct as at 21 Mar 2022

OK

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 15:03 (SGT)
Date of Accident	18/03/2022 09:25 (SGT)
Exact Location of Accident	Woodlands Ave 9, Singapore
Additional Location Information	SLIP ROAD TWDS WOODLANDS INDUSTRIAL PARK E4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9278X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKS ENGINEERING & TRADING PTE LTD
Company Reg No	1XXXXX727N
Email Address	danielng@skset.com
Mobile Phone No	(Phone) +65-97477072
Alternative Phone No	(Office) +65-68977060

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG21014205
Cover Note Number	-

DRIVER

Name of Driver	LAI JUNG SENG
Passport No/FIN	GXXXX817P

Date Of Birth	24/08/1990
Occupation	Outdoor
Date Of Driving Pass	31/07/2017
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92281932
Alt. Phone Number	-
Email Address	danielng@skset.com
Address	BLK 261 BOON LAY DRIVE #09-541
Address complement	-
Postcode	640261
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	3
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220321/2013 & INDIVIDUAL STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB175P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD4407D
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Commercial vehicle
 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 LAI JUN SENG
 Gender
 Phone No (Phone) +65-92281932
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle? GBG9278X
 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 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. 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.

5. 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.

I AM AWARED THAT MY INSURER MAY HAVE A 30 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



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.:

Guideline SketchPlanForm_V3

SKETCH PLAN

Refer to attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

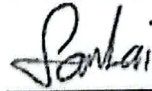
As per police report no. T/20220321/2013 & individual statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3


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

Date & Time:

- ☐ Claim own policy
- ☒ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No. DMC G21014205

Insurer Ergo (C) Veh.No. GGG 9298X



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Details

Vehicle: GBG9278X (Nissan Urvan), SMB175P (Mercedes Citaro, SMRT Bus) and XD4407D (Nissan Oil Tanker truck)
Day: 18th March 2022
Time: 9.27am
Traffic: Light
Condition: Dry

I was driving, Vehicle GBG9278X, on Woodlands Avenue 9, filtering into Woodlands Industrial Park E4.

At the junction, to Woodlands Industrial Park E4, Vehicle XD4407D in front of me stopped. I stopped my vehicle, GBG9278X too.

At this moment, Vehicle SMD175P, crushed on my rear and an enormous impact was felt immediately. The impact, then, caused a gravitational force on my body and I was momentarily displaced from driver's seat.

As a result, my vehicle, GBG 9278X, was again subjected to the force exerted by my rear end and was then forced forward to collide with XD4407D.

The next moment, I felt a sensational throbbing pain on my neck and a numbness on my chest, possibly caused by the seatbelt retraction.

Admission by SMRT's driver: (SMD175P)

At the scene, in the presence of driver's GBG9278X & XD4407D including some of her SMRT's colleagues, she felt apologetic and verbally admitted it was her fault to have caused the accident.

Recording Evidence:

All incidents are captured in the GBG 9278 X car's camcorder for explanation.



SINGAPORE POLICE FORCE



T/20220321/2013

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20220321/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2022 10:17	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: LAI JUN SENG			Address:	
ID Type / ID No.: FIN NO / G6762817P			Contact No.: Home/Office:	Mobile: 92281932
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 31	Date of Birth: 24/08/1990	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2022 09:25	Type of Location: X-Junction
Location: WOODLANDS AVENUE 9				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	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
GBG9278X	Van	NISSAN	NV350 PANEL VAN 2.5 5AT 5DR EURO V	Silver	Seriously Damaged	0
SMB175P	Bus/Coach/Mi nibus	MERCEDES BENZ	CITARO O530	Multi-Colored	Seriously Damaged	0
XD4407D	Oil Tanker	NISSAN	CGB45CLTH NB	White	Slightly Damaged	0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20220321/2013

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Report No. T/20220321/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAI JUN SENG	ID No.	G6762817P
Related Vehicle	GBG9278X (Van)	Contact No.	92281932
Hospital/Clinic	AMPM FAMILY CLINIC & SURGERY PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/03/2022	Date Discharge	20/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 18/03/2022 at about 0927hrs, I was driving V1 (GBG9278X) on the left most lane of the 3-lane road of Woodlands Avenue 9. When I approached the junction of Woodlands Avenue 9 and Woodlands Industrial Park E4, I slowed down as I intended to turn left to Woodlands Industrial Park E4. I entered the filter lane and brought my vehicle to a complete stop behind V2 (XD4407D) which also came to a complete stop.

At this moment, V3 (SMB175P) which was behind me collided into the rear of my vehicle and I felt an enormous impact. The impact was so great that I was momentarily displaced from the driver's seat.

As a result of the collision from the rear, my vehicle was forced forward and I collided into V2.

The next moment, I felt a throbbing pain sensation on my neck and a numbness on my chest, possibly caused by the seatbelt retraction.

I wish to state that there were no other passengers in my vehicle at that point of time. The entire incident was captured in my vehicle's in car camera and I am able to provide the footage if required. I also received a referral memo from the doctor to the hospital for further checks if necessary.

I also wish to state that at the scene, in the presence of the driver of V2 and some of her SMRT colleagues, the driver of V3 felt apologetic and verbally admitted that it was her fault to have caused the accident.



**SINGAPORE
POLICE FORCE**



T/20220321/2013

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220321/2013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
J / Other SIM ZI GUI, JONATHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/03/2022 10:17

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168