ASS. REC. BY: Steve REF: CS3/CTI22002976/ETy3

ASSIGNMENT

From: PRS 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: SMG 3212Y Yr Regn: 14/12/18

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

Make: Honda Shuttle c.c 1496

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

Sp.Reading 330553 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP72000716

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: 185/60R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	29/3/22	D.O.I.	31/3/22

Survey held at V-TEC

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
	MV-83K
	repair range 4k - 5k. 7 days
	SUBMIT PRS REPORT

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	

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 witholding 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	30/03/2022 17:37 (SGT)
Date of Accident	29/03/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NAMLY AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3212U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AH HUA
NRIC No	S7267583E
Email Address	ALEXGOH6398@GMAIL.COM
Mobile Phone No	(Phone) +65-91391908
Alternative Phone No	+65-91391908

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119594781
Cover Note Number	-

DRIVER

Name of Driver	GOH AH HUA
NRIC No	S7267583E

Birth	04/11/1972
ation	Outdoor
Of Driving Pass	29/12/2011
ving experience	10 YEARS AND 3 MONTHS
ender	Male
Mobile Number	(Phone) +65-91391908
Alt. Phone Number	+65-91391908
Email Address	ALEXGOH6398@GMAIL.COM
Address	BLK 890A WOODLANDS DRIVE 50
Address complement	#08-287
Postcode	731890
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	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	MS. YAN
Gender	Female

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 SKETCH PLAN

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 INSURED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC7914L

Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TNG HUI TING
-	S8904502I
Contact Number	(Phone) +65-90170524
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG3212U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

"[illegible]"

[illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible] companies.

5. [illegible] Policy for investigation.

6. The insurer will be [illegible] Singapore (MAS) for [illegible] and they may also [illegible] for [illegible] and [illegible] appropriate by insurance agents.

7. By the [illegible] respect to the insurance [illegible] of the [illegible] of General Insurance [illegible].

8. Consent under the Personal Data Protection Act (PDPA)

I hereby [illegible], acknowledge, agree and consent that:

(a) My insurer, my workshop and the [illegible] of the Insurance Association of Singapore ("IAS") may/are permitted to collect, use, disclose and/or process my personal data/personal information as set out in this form and any other personal information provided by me or possessed by my insurer (collect), (i) 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 assessment of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) [illegible] and/or [illegible] with my instructions or responding to enquiries by me;

(iv) administering my claims (including the making of correspondence, statements, invoices, expense or notices to me, which could involve disclosure of certain personal data/information to the [illegible] of the claim, or [illegible] the [illegible] of envelopes/mail packages); and/or

(v) complying with applicable laws in a timely manner, 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/will be disclosed by any of the Insurers to any other third party service providers or agents (including their lawyers/law firms), which may be located outside of Singapore, for one or more of the above Purposes.

(d) my Personal Information will/may be collected and used to compile data for statistical, [illegible] purposes of fraud detection, investigation and management in general and [illegible] either

(e) the information to be collected under (d) above may be shared / disclosed:

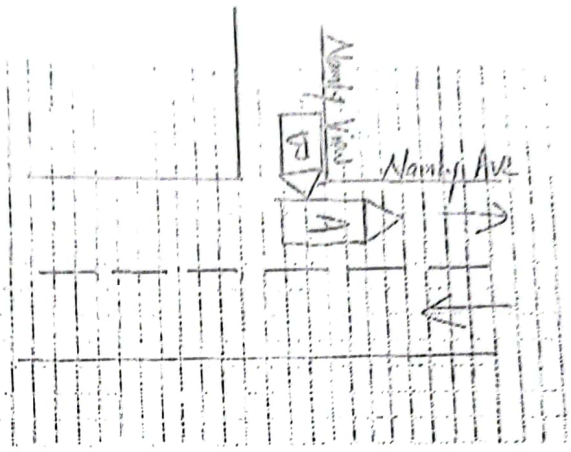
(i) to all Insurers and/or any other third parties [illegible] underwriting, investigation, [illegible] regulatory, law enforcement and government authorities as may be required for [illegible]; or

(ii) for complying with [illegible] laws, rules or [illegible].

30/3/22

A - SMG3212U

B - PC7914L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th March 2022 around 1600 hrs, I was driving SMG3212U along Namly Ave, suddenly a van PC7914L drive out from Namly View and hit on my rear LHS. My passenger and I go for doctor consultation after the accident.

Police report No. T/20220330/7014

IMPORTANT You have been advised by the workshop that in this case that you will be making a claim against your own policy (OD Claim). You have to COMPLETE (2A) Entire CLAIM INTIMATION SLIP & HAND it over the original Hire Form to the day of the incident.	✓	Reporting Only Claim OD Claim TP Claim OD, TP at other workshop

DECLARATION

We declare the foregoing particulars are true in every respect.

V - Tech Auto Service

Policyholder's signature

Date of Hire 30/3/22

Driver's Signature

Supervisor's Signature

SINGAPORE POLICE FORCE

T/20220330/7014

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

Report No. T/20220330/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/03/2022 14:18		

Informant's Particulars

Name of Informant: GOH AH HUA			Address: 890A WOODLANDS DRIVE 50 #08-287 SINGAPORE 731890	
ID Type / ID No.: NRIC NO / S7267583E			Contact No.: Home/Office:	Mobile: 91391908
Nationality: SINGAPORE CITIZEN			Email: ALEXGOH6398@GMAIL.COM	
Sex: Male	Age: 49	Date of Birth: 04/11/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2022 16:00	Type of Location: T-Junction

Location:

NAMLY AVENUE

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC7914L	Bus/Coach/Minibus	TOYOTA	HIACE	White	Slightly Damaged	1
SMG3212U	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Grey		0

SINGAPORE POLICE FORCE

T/20220330/7014

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3212U	NTUC Income Insurance Co-Operative Limited	5119594781-01	14/12/2021	13/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TNG HUI TING	ID No.	S8904502I
Related Vehicle	PC7914L (Bus/Coach/Minibus)	Contact No.	90170524
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GOH AH HUA	ID No.	S7267583E
Related Vehicle	SMG3212U (Car)	Contact No.	91391908
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 29th March 2022 around 1600 hrs, i was driving SMG3212U along Namly Ave, suddenly a van PC7914L drive out from Namly View and hit on my rear LHS. My passenger and i go for doctor consultation after the accident.

SINGAPORE POLICE FORCE

T/20220330/7014

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 30/03/2022 14:18
Officer In Charge Of Case: TP / TPIB / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

NP168