

ASS. REC. BY:

Steve

REF:

CS3/ASM22003379/ety3

PRS

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
X	X

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC1022Y Yr Regn: 29/4/16

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

Truck / Trailer or

Make: Toyota A115 cc 1598

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

Sp. Reading: 70315 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO53REH104547186

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/55R15

R: 17

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. 11/4/22 D.O.I. 13/4/22

Survey held at Tian Sang Motor

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-55K Repair range 2K-3K
	5 days
	SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

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 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	12/04/2022 13:20 (SGT)
Date of Accident	11/04/2022 21:45 (SGT)
Exact Location of Accident	N Coast Ave, Singapore
Additional Location Information	NORTH COAST AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1022Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YE DAWEI
NRIC No	SXXXX554B
Email Address	davidye90@gmail.com
Mobile Phone No	(Phone) +65-97364550
Alternative Phone No	(Home) +65-97364550

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS 1.6
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	1600

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10360780R01
Cover Note Number	-

DRIVER

Name of Driver	YE DAWEI
NRIC No	SXXXX554B

Date Of Birth 18/02/1990
 Occupation Indoor
 Date Of Driving Pass 18/01/2010
 Driving experience 12 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97364550
 Alt. Phone Number (Home) +65-97364550
 Email Address davidye90@gmail.com
 Address BLK 809A CHOA CHU KANG AVENUE 1 #08-630
 Address complement -
 Postcode 681809
 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 - 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name HELPER
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Woodlands Division Headquarters
 Police Station Phone No (Phone) +65-18004660000
 Police Station Address 1 Woodlands St 12 Singapore 738622
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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 SKN6693G
 Vehicle Manufacturer -
 Vehicle Model -

Vehicle Variant
 Vehicle Colour
 Vehicle Category Private car
 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 YE DAWEI
 Gender Male
 Phone No (Phone) +65-97364550
 Address BLK 809A CHOA CHU KANG AVENUE 1 #08-630
 Address Complement
 Post Code 681809
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle?
 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.


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan


A	A SLG1022Y
B	B SKN 6693G

Describe Circumstances of the Accident


Refer to sketch
Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



L/20220412/7014

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POLICE REPORT (NP299)

Report No. L/20220412/7014

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 12/04/2022 12:14	Vide Report No.	Station Diary No.
Name Of Informant YE DAWEI	Address 809A CHOA CHU KANG AVENUE 1 #08-630 SINGAPORE 681809	
ID Type / ID No. NRIC NO / S9071554B	Contact No. Home/Office:	Mobile: 97364550
Nationality SINGAPORE CITIZEN	Email Address DAVIDYE90@GMAIL.COM	
Occupation Management executive	Sex Male	Age 32
Institution/School Name	Date of Birth 18/02/1990	Race Chinese
Date/Time Of Incident 11/04/2022 21:45 - 11/04/2022 22:00	Location Of Incident NORTH COAST AVENUE	

Brief details.

At about 945pm 11th april 2022, I was driving my vehicle SLC1022Y along north coast avenue, turning right towards woodlands ave 9. I stopped at before junction on red light.
My car was stationary when a red KIA EX (SKN6693G) hit my car from behind. On impact, my body, head and limbs was thrown forward but did not hit any part of my car.
I was wearing seat belt and was held back after jerking forward.
After the accident I was in a shock and sat in the car for a few minute before I can react.
Mr Samuel, the driver of SKN6693G came forward to check on my condition before I came out of the car

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: 12/04/2022 12:14
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

CONTINUATION OF REPORT



L/20220412/7014

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Report No. L/20220412/7014

to exchange particulars and take photo of the accident scene.
I did not call an ambulance as there was no major injury involved. After settling with the driver, we both drove off the scene.

Upon reaching home, I was experiencing headaches and went to sleep. Today I wake up, I was having headaches, neck and upper back pain.
I went to see a GP and was given 3 days MC for my symptoms.

Subjects Involved			
Suspect			
Person Name	DE CASTRO SAMUEL FLETCHER		
ID Type	FIN NO	ID No	G1985097N
Gender	Male	Age	50-50
Race	American	Language	English
Occupation	Commander US Military	Mobile No	96412044
Victim			
Person Name	YE DAWEI		
ID Type	NRIC NO	ID No	S9071554B
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Management executive	Address	809A CHOA CHU KANG AVENUE 1 #08-630 SINGAPORE 681809

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:
12/04/2022 12:14

Classification Of Case:



**SINGAPORE
POLICE FORCE**



LJ20220412/7014

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POLICE REPORT (NP200)

CONTINUATION OF REPORT

Report No. LJ20220412/7014

Mobile No	97364550	Is Informant A Victim?	Yes
Person Name	YE DAWEI (Informant)		

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: 12/04/2022 12:14
Officer In-Charge Of Case:	Classification Of Case: