



PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers

Blk 779 Yishun Avenue 2

#01-1545 Singapore 760779

Tel: 6293 4822 Fax: 6296 3283

E-mail: admin@priorityservices.sg

Messrs. Sompoo Insurance Pte Ltd
50 Singapore Land Tower
#05-01/06 Raffles Place
Singapore 048623

Bill No : DN/02802/19

Date : 14/11/2019

Dr.

To

Survey Fee (S\$) : 100.00
Photographs (S\$) :
Transport (S\$) :
Resurvey (S\$) :
Miscellaneous (S\$) :

Services rendered including photographs and transport charges

(S\$) : 100.00

Our Reference : TP-0017/11/19
Insured : FBL 409 T
Date Of Accident : 30/10/2019
Policy / Cert. No. : Pre-Repair Survey
Your Claim No : CMTD1905127/GPL
Vehicle : Toyota Alphard (A) - SKN 3080 U

Dollars : One Hundred ONLY

For PRIORITY SERVICES

E & O.E.



PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers
Blk 779 #01-1545 Yishun Ave 2 Singapore 760779
Tel: 62934822 Fax: 62963283
E-mail: admin@priorityservices.sg

Your Ref. : CMTD1905127/GPL
Our Ref. : TP-0017/11/19

Date : 14 November 2019

M/s. Sompo Insurance Pte Ltd
50 Singapore Land Tower
#05-01/06
Singapore 048623

Attn. : Mr. Gnoh Pau Loong

Dear Sir,

Pre-Repair Survey

Vehicle No.: SKN 3080 U

Date Of Accident: 30-Oct-2019

Date and Time of Request : 04-Nov-2019 / 3.42pm

Date and Time of Inspection : 1) 05-Nov-2019 / 10.15am
2) 08-Nov-2019 / 1.01pm (For after repair)
@ M/s. D's Graffiti Concepts Pte Ltd

Particulars of Vehicle

Registration No.	: SKN 3080 U
Make / Model	: Toyota / Alphard 2.4A
Year	: 2007
Colour	: Met. Silver
Odometer	: 561306 km
Engine Capacity	: 2364 cc
Carrying Capacity	: 6 Pax
Engine No.	: -
Chassis / Body Frame	: ANH100184299
Radio / CD Player	: Yes
Air-Con Conditioner	: Yes
Other Apparent Accessories	: No
Spare Tyre	: Intact
Jack / Tools	: Intact

(37) Photographs of vehicle taken.

Documents Available At Time Of Inspection

- 1) Singapore Accident Statement (SAS)
- 2) Police Report

Visual Damages

At the LH rear portion.

Damages subject to consistency.

Remarks

Despite our request, the repairer would not provide: -

- 1) Repairer estimate

Pre-Accident market value: About \$56,000.00.

COE Rebate: \$39,794.00 (COE expiry on 30-Sep-2027).

Estimated repair cost: About \$2,200.00.

Estimated period of repairs: About 4 working days.

Yours Very Truly
PRIORITY SERVICES



JEFFREY ONG
Motor Appraiser

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 Report	31/10/2019 17:56
Date Of Accident	30/10/2019 17:45
Exact Location Of Accident	PIE TUAS 19.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN3080U
Insured/Policyholder	
Name Of Registered Owner	HASZREN HASSAN
NRIC No	S7115529C
Email Address	HASZREN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98318840
Alternative Phone No	OFFICE-98318840

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.4 A

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800113751-01
Cover Note Number	

Driver

Name of Driver	SITI NUR DIYANA BINTE SALEH
NRIC No	S8927973I
Date Of Birth	18/08/1989
Occupation	INDOOR
Date Of Driving Pass	19/12/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92327111
Fax Number	
Contact Number	
EEmail Address	SITINUR.DIYANA8@GMAIL.COM

Address	BLK 122 BISHAN STREET 12 #04-35
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
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
Remarks/ Reasons:	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL409T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOTORCYCLE RIDER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL409T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

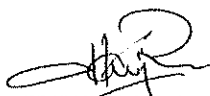
IMPORTANT NOTICE

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 lodging 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.

B. 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.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/10/14 5:20pm

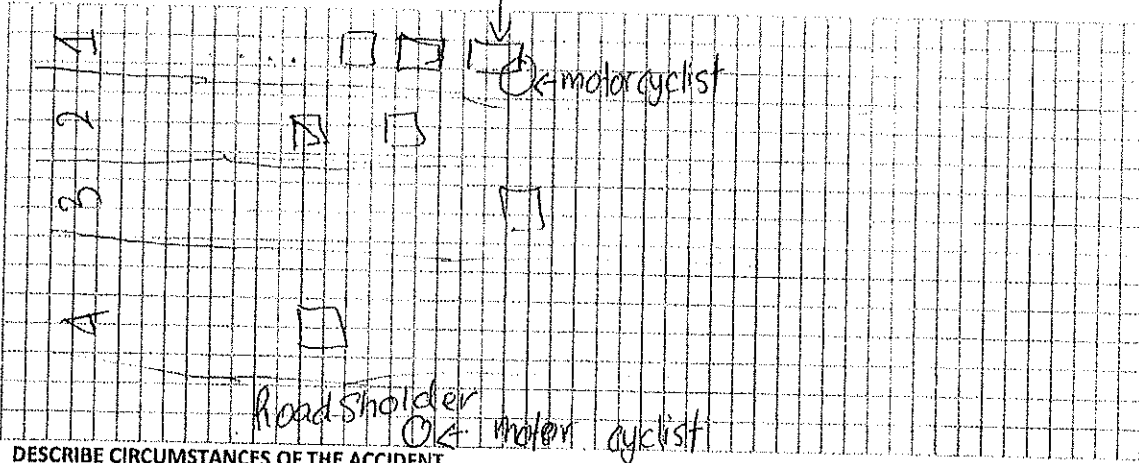


Reporting Centre Personnel's Signature
Name: Poleswarin Prasad
NIC/TIN No.:

Sketch Plan Pg. 2

Right

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a four lane road and I was driving along with my step-daughter. The traffic was heavy and I travelling along the second lane and changed lane to the first lane. I was following the traffic and suddenly the vehicle at the very front jammed braked, I did not know which vehicle that started the jammed braked. Thus all the vehicle jammed braked continuously, and I also jammed braked and suddenly a motorcycle on from back hit my vehicle's rear. I made a check and saw the left rear headlight was broken. At first I did not know who hit my vehicle's rear and I thought it was the taxi at the back. However, I saw the taxi has no damages.

PLEASE REFER TO POLICE REPORT.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: Paleswaran Arand
Nric/Fin No.

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20191030/2185

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20191030/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 21:07		Vide Report No.:		Station Diary No.: 125	
Informant's Particulars					
Name of Informant: SITI NUR DIYANA BINTE SALEH			Address: APT BLK 122 BISHAN STREET 12 #04-35 SINGAPORE 570122		
ID Type / ID No.: NRIC NO / S89279731			Contact No.: Home/Office: Mobile: 92327111		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 18/08/1989	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/10/2019 17:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (TUAS) 19.5 KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
FBL409T	Motorcycle				No Damage	0
SKN3080U	Car				Slightly Damaged	1

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20191030/2185

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20191030/2185

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBL409T (Motorcycle)		Contact No. NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SITI NUR DIYANA BINTE SALEH		ID No. S8927973I
Related Vehicle	SKN3080U (Car)		Contact No. 92327111
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/10/2019 at about 1745hrs at PIE(Tuas) 19.5 km, it was a four lane road and I was driving along with my step-daughter. The traffic was heavy and I was travelling along the second lane and changed lane to the first lane. I was following the traffic and suddenly the vehicle at the very front jammed braked, I did not know which vehicle that started the jammed braked. Thus all the vehicle jammed braked continuously, and I also jammed braked and suddenly a motorcycle on from back hit my vehicle's rear. I made a check and saw the left rear headlight was broken. At first I did not know who hit my vehicle's rear and I thought it was the taxi at the back. However, I saw the taxi but the taxi has no damages. Subsequently I saw the motorcycle rider was at the road shoulder and I checked with him and he informed that he was the one that hit my vehicle's rear and he also informed that felt a pain on his right arms and chest. I observed that his motorcycle has no any physical damages. Subsequently, the EMAS came and called the ambulance and Traffic Police. The ambulance came and accessed the rider and he was conveyed to Tan Tock Seng Hospital and the Traffic Police took my vehicle camera SD card and issued an acknowledgement slip to me. The ambulance did not access my step-daughter and I as we were not injure. I did not manage to exchange the particulars with the rider as the Traffic Police informed that this will be under investigation and did not need to exchange particulars with rider. The Traffic Police also informed me to go to any Neighbourhood Police Centre to lodge a Traffic report.



**SINGAPORE
POLICE FORCE**



T/20191030/2185

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20191030/2185

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/

SC LEE YAO FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2019 21:07

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

 Contact No. SINGAPORE POLICE FORCE Continuation Stamp NP168 SIGNATURE
--



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: A/2019 10301 0097

I, TISOIHI Fadhil
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 8gb Kingston black micro sd card.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from S8927973I Siti Sa Nur Diyana binte Saleh
(Name, NRIC or Passport No. / Rank and No.)
of B122 Bishan S12 #04-35 S 570122 02327111
(Address / Police Station / NPC / NPP)
on 30/10/19 at 1850 hrs
(Date) (Time)

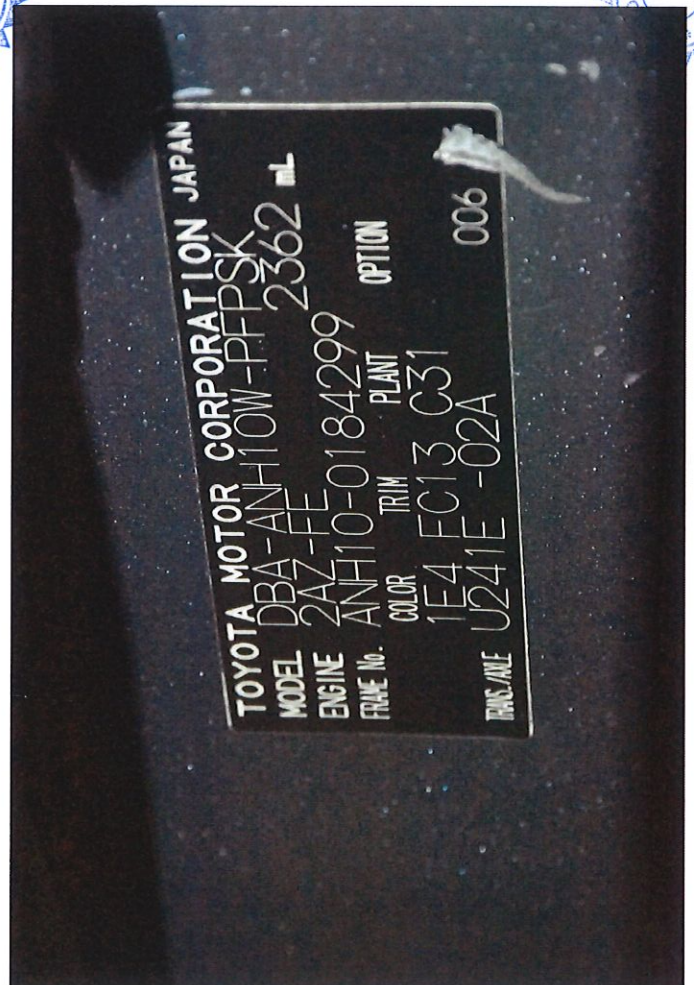
Witnessed by / * Handed over by:
(* Delete if applicable)

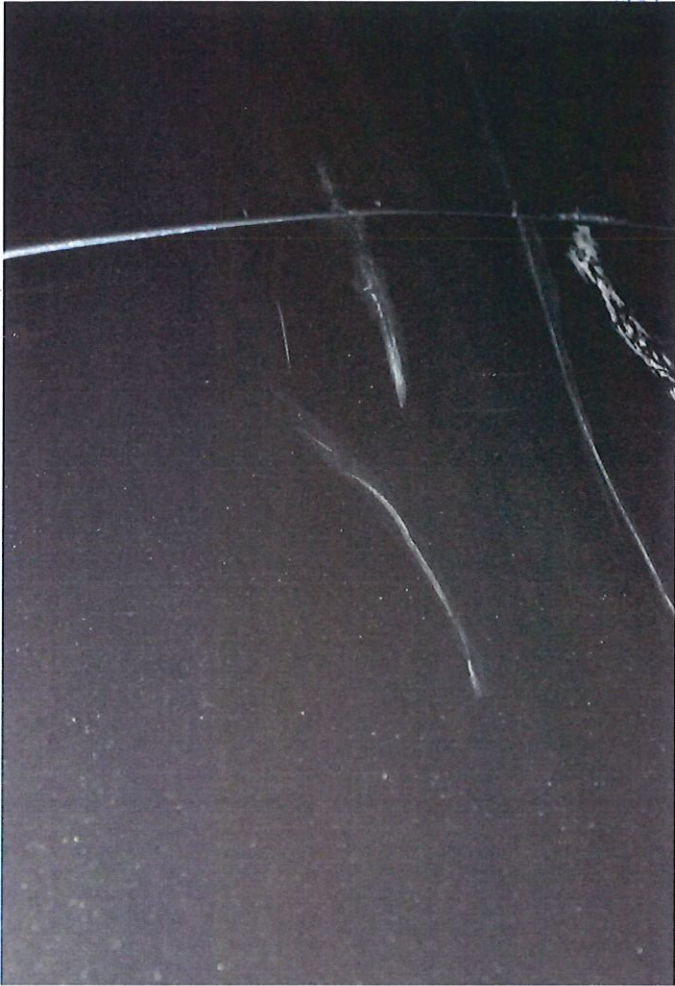
Received by:

[Signature]
(Signature)
S8927973I
(Name, NRIC or Passport No. / Rank and No.)

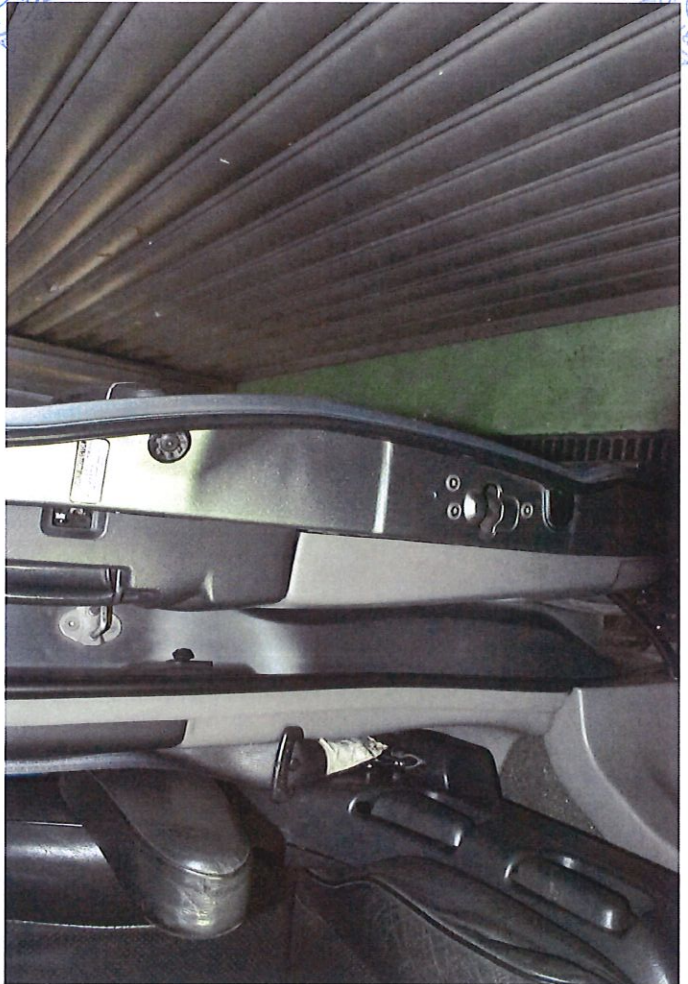
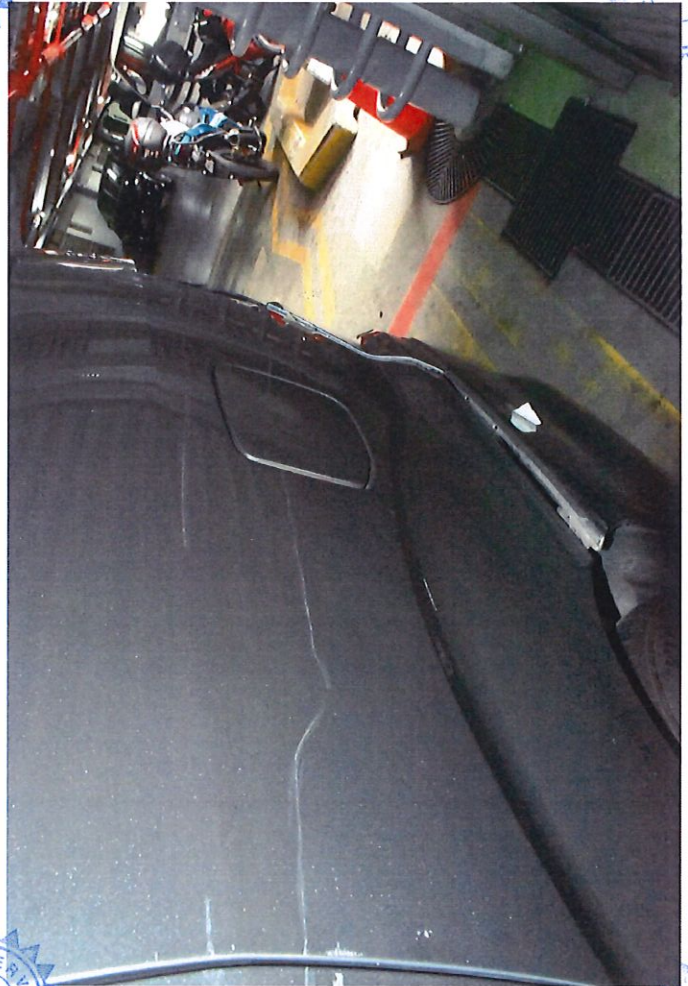
[Signature]
(Signature)
TISOIHI Fadhil
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Zickie 65476356

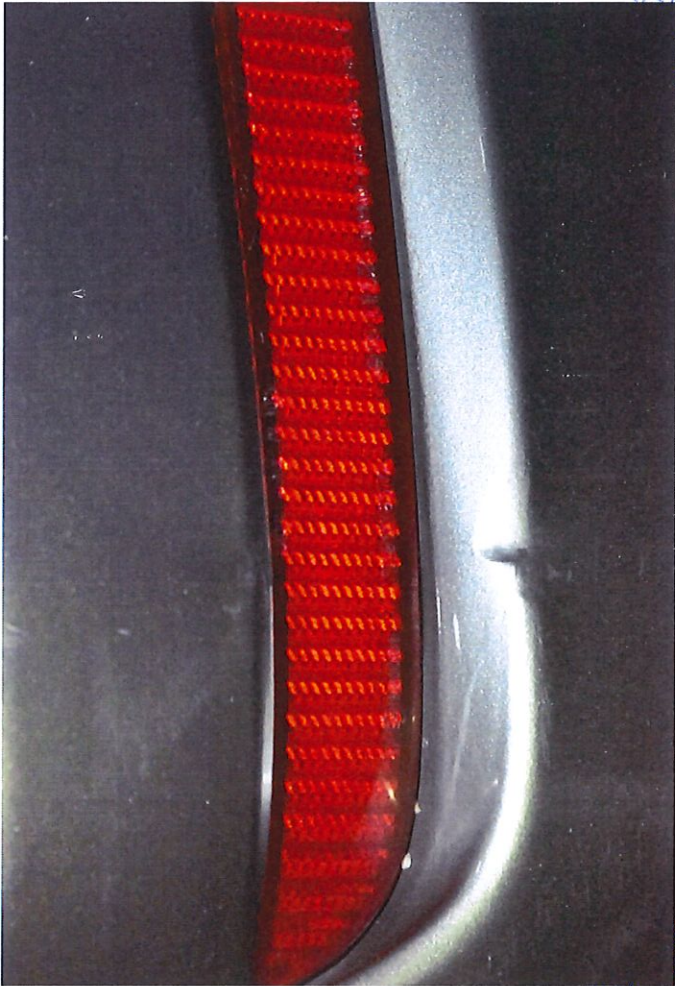












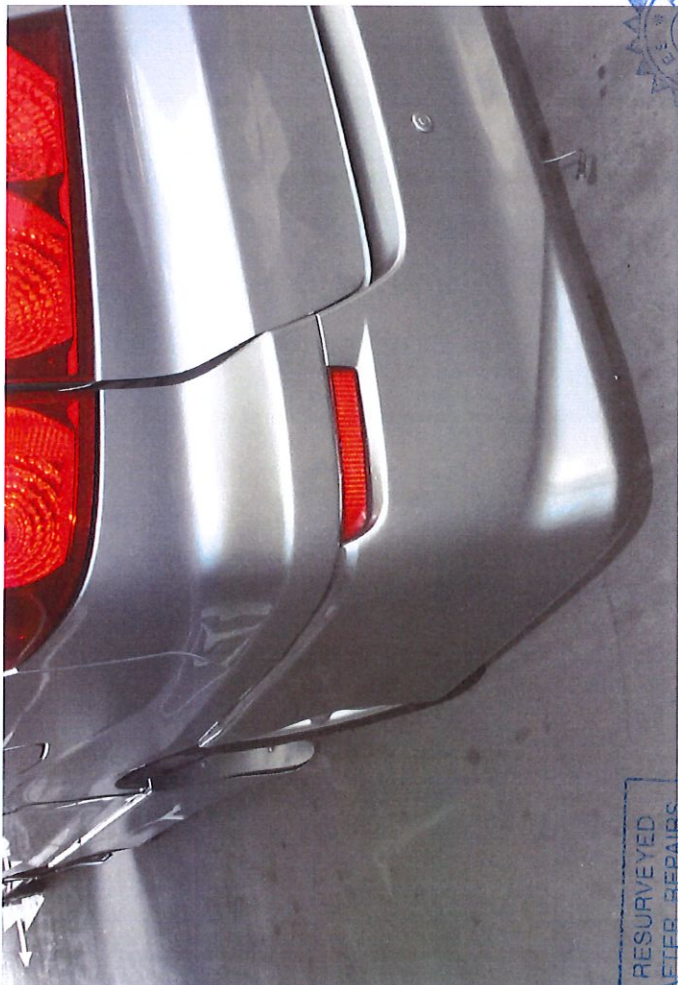




RESURVEYED
AFTER REPAIRS



RESURVEYED
AFTER REPAIRS



RESURVEYED
AFTER REPAIRS



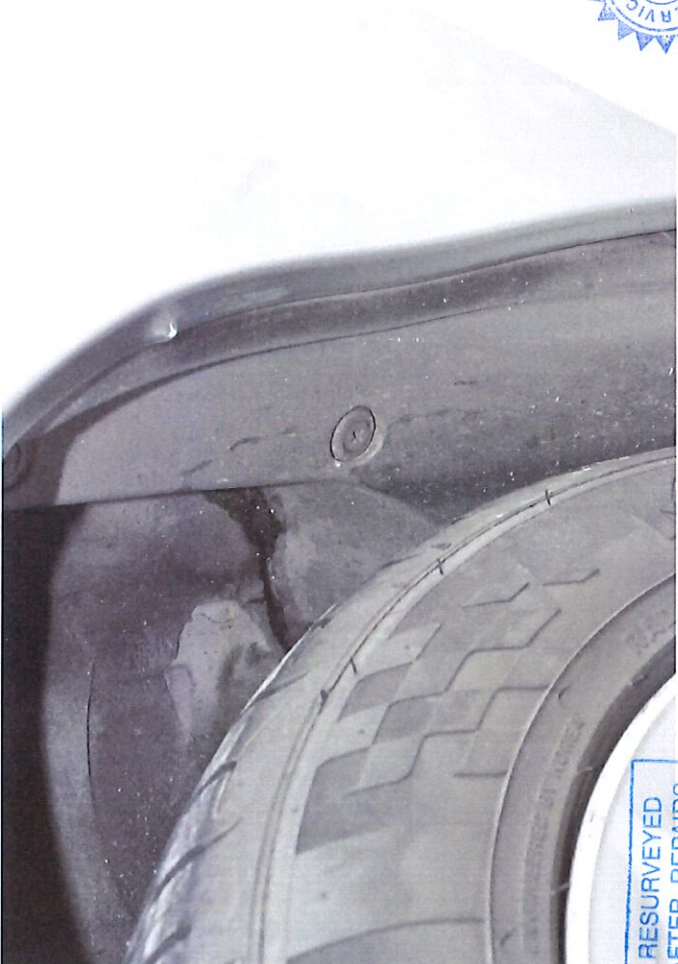
RESURVEYED
AFTER REPAIRS



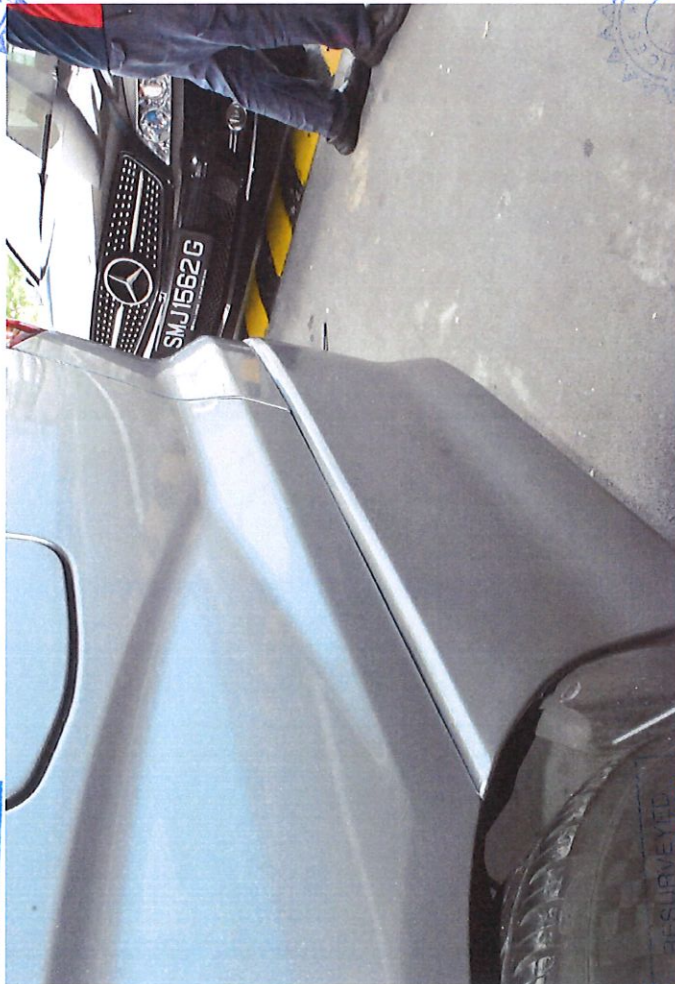
RESURVEYED
AFTER REPAIRS



RESURVEYED
AFTER REPAIRS



RESURVEYED
AFTER REPAIRS



RESURVEYED
AFTER REPAIRS



RESURVEYED
AFTER REPAIRS