

Ass. Fld. BY: _____ REP: _____

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: _____

Veh No: SMQ200X. Yr Regn: 2008, June
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Estima. c.c. 2362
 Colour: White. A/C: Insured / Std / NI / NA
 Sp. Reading: 152410 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ACR5000 T2554
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modif: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Tyre Size: F: 215/55R17.
 R: 215/55R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 22/04/22.
 *Survey held at Success Success United.

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

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP AIG.</u>
	<u>COE Expiry: 31/05/28.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____

1) _____
 Date/Time, File Return to?

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Others	

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

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	05/04/2022 17:39 (SGT)
Date of Accident	04/04/2022 07:20 (SGT)
Exact Location of Accident	Near Block 54, Singapore 440054
Additional Location Information	Blk 55 Marine Terrace Rd Near Car Park Entry/Exit Opposite Marine Parade Fire Post
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ200X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Cai Qiaoyi
NRIC No	SXXXX142G
Email Address	wmyong@singnet.com.sg
Mobile Phone No	(Phone) +65-96698256
Alternative Phone No	+65-96698256

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	2.4G A
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	2362

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10992448
Cover Note Number	-

DRIVER

Name of Driver	Cai Qiaoyi
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NRIC No	SXXXX142G
Date Of Birth	01/09/1978
Occupation	Indoor
Date Of Driving Pass	07/01/2005
Driving experience	17 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96698256
Alt. Phone Number	+65-96698256
Email Address	wmyong@singnet.com.sg
Address	Blk 17 Joo Chiat Lane #04-07
Address complement	Singapore
Postcode	428096
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Yong
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan and Police Report no.T/20220404/2096.

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	SKG663U
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

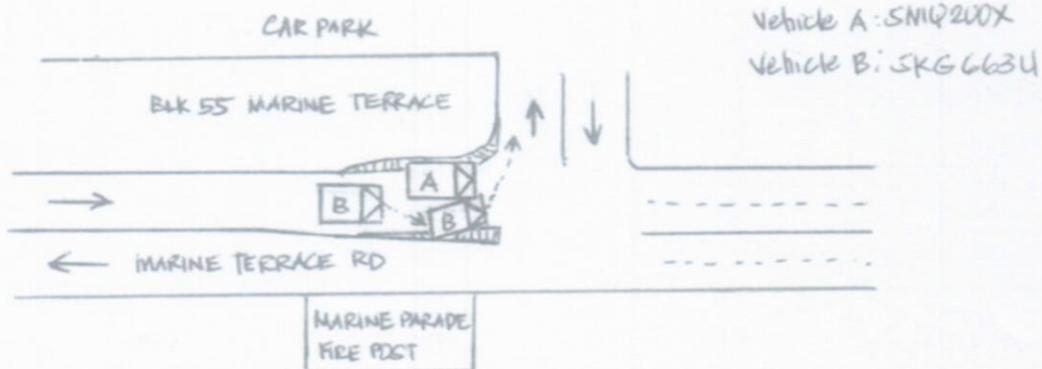
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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] 12:20 pm
5th Apr 2022
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220404/2096

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20220404/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2022 17:14	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: CAI QIAOYI		Address: BLK 17 JOO CHIAT LANE #04-07 SINGAPORE 428096	
ID Type / ID No.: NRIC NO / S7840142G		Contact No.: Home/Office: Mobile: 96698256	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 43	Date of Birth: 01/09/1978	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/04/2022 07:20	Type of Location: Straight Road
Location: MARINE TERRACE			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG663U	Car				Slightly Damaged	0
SMQ200X	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220404/2096

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20220404/2096

CONTINUATION OF REPORT

Brief Details.

On 04/04/22 at about 0720hrs, I was driving along Marine Terrace Rd to send my son to school. As the road was tight and there was a pedestrian crossing at the front, all the cars were queuing to move forward.

A car on my right (SKG663U) then tried to squeeze through traffic, cut in front my lane and turned into the carpark of Blk 59 Marine Terrace. At that time, I was slowly moving forward, following the traffic but this driver's movement was very sudden. When he made the left turn to the carpark, I could hear scratching sounds.

I then dropped my son off at his school and went back to the carpark to look for that driver's vehicle. I managed to find the car however the owner was not there anymore. The car also had several scratches however, I am not sure if it was from the accident earlier. As I had to rush to work, I did not manage to wait for the owner to come back and only snapped a few photos of the car. My car also had some scratches at the front right side.

I have a in car camera that recorded the whole incident.



**SINGAPORE
POLICE FORCE**



T/20220404/2096

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3
Report No. T/20220404/2096

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: G / SGT 2 GOH JUN NING ALYX 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2022 17:14
Officer In Charge Of Case: TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**


 SIGNATURE