

ASS. REC. BY: Steve

(CS) SCD 22004508/446 Eqc

PRS

## ASSIGNMENT

Front: \_\_\_\_\_ 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 |
| XX  | XX  |

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 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: YP 87112Yr Regn: 14/5/18

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

Truck / Trailer or

Make: ISUZU NPR75c.c. 5193Colour White

A/C: Insured / Std / Nil / NA

Sp. Reading 143096

T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: JMANPR754137100505

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: \_\_\_\_\_

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 12

mm

R/Bal. 4

mm

L/Bal. 12

mm

L/Bal. 4

mm

D.O.A. 9/5/22D.O.A. 13/5/22

Survey held at

Astute AutoworksDes. 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              |
|-----------------|-----------------------------------|
|                 | <u>MY-80K</u>                     |
|                 | <u>repair range \$5000-\$6000</u> |
| <u>18/05/22</u> | <u>Submit PRS.</u>                |
|                 |                                   |
|                 |                                   |
|                 |                                   |
|                 |                                   |
|                 |                                   |

Date/Time, File Pass to?

☐

: Prel. Report

18/05 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

\$ + RS. \$ \_\_\_\_\_

☐

: Interview (\$ \_\_\_\_\_)

Photos

☐

: Tech. Invs (\$ \_\_\_\_\_)

Others

☐

: Weekend (\$ \_\_\_\_\_)

Report Format: PRS

Lump Sum / L.S. (\$ \_\_\_\_\_)

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              | 10/05/2022 11:57 (SGT)                   |
| Date of Accident                | 09/05/2022 14:30 (SGT)                   |
| Exact Location of Accident      | Near St. Andrew's Village, Singapore     |
| Additional Location Information | PIE TOWARDS CHANGI (LP #656F - 14-1/2KM) |
| Country/State of Loss           | Singapore                                |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YP8711Z |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                                |
|--------------------------|--------------------------------|
| Is company?              | Yes                            |
| Name Of Registered Owner | INTEGRATE ENGINEERS PTE LTD    |
| Company Reg No           | 201303704H                     |
| Email Address            | ZAHRAH@INTEGRATE-ENGINEERS.COM |
| Mobile Phone No          | (Phone) +65-63697915           |
| Alternative Phone No     | (Office) +65-63697915          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Isuzu                     |
| Model  | NPR75UH5AMT               |
| 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   | Manual                    |
| CC   | 5193                      |

#### INSURANCE COMPANY

|                           |                                     |
|---------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Type of Coverage          | Comprehensive                       |
| Fleet Policy              | No                                  |
| Policy Number             | D21MTHCVE001032                     |
| Cover Note Number         | -                                   |

#### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | BAI RAJESH |
| Work Permit No | G8550736U  |

|  |                         |
|--|-------------------------|
| Date Of Birth  | 20/06/1988              |
| Occupation   | Outdoor                 |
| Date Of Driving Pass   | 17/11/2018              |
| Driving experience   | 3 YEARS AND 6 MONTHS    |
| Gender   | Male                    |
| Mobile Number  | (Phone) +65-87105742    |
| Alt. Phone Number  | -                       |
| Email Address  | BAIRAJESH1990@GMAIL.COM |
| Address  | 3 GUL DRIVE             |
| Address complement   | -                       |
| Postcode   | 629455                  |
| 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   | 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?  | Yes |
| 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 SKETCH PLAN & SUMMARY

#### 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 | YN4077H            |
| 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                              | BAI RAJESH                    |
| Gender  | Male                          |
| Phone No  | (Phone) +65-87105742          |
| Address   | -                             |
| Address Complement                                  | -                             |
| Post Code   | -                             |
| Approximate Age Years Old                           | -                             |
| Injuries Sustained                                  | REFER TO ATTACH MEDICAL LEAVE |
| Injured person in which vehicle?                    | YP8711Z                       |
| Were seat belts worn?                               | Yes                           |
| Was this injured conveyed to hospital by ambulance? | Yes                           |

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorized 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 the 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 enquires 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 him about delivery of the same as well as on the external cover of envelopes and 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/are 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 based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature + Date & Time

Sketch Plan

Witness's Signature (if driver is not the policyholder) + Date & Time

Witnessed By Reporting Centre Personnel

Vehicle: BYN407H MIT ON THE RIGHT SIDE OF VEHICLE A

## Describe Circumstances of the Accident

### Declaration

2017年10月1日，本公司与北京中德汇智融资租赁有限公司签订了《融资租赁合同》，主要内容如下：



10/15/2012 (8.58 am)



**SINGAPORE  
POLICE FORCE**



T/20220509/2135

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

1 of 3

Report No. T/20220509/2135

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |   |                            |  |
|--|------------|--|---|----------------------------|--|
| Date/Time Report Made:<br>09/05/2022 21:59 |            | Video Report No.:<br>E/20220509/0099                     |   | Station Diary No.:<br>241  |  |
| <b>Informant's Particulars</b>             |            |  |   |                            |  |
| Name of Informant:<br>BAI RAJESH           |            |  | Address:                                      |                            |  |
| ID Type / ID No.:<br>FIN NO / G8550736U    |            |  | Contact No.:<br>Home/Office: Mobile: 87105742 |                            |  |
| Nationality:<br>INDIAN                     |            |  | Email:  |                            |  |
| Sex:<br>Male                               | Age:<br>33 | Date of Birth:<br>20/06/1988                             | Type of Informant:<br>Driver                  |                            |  |
| Race:<br>Indian                            |            | Language:  |   | Institution / School Name: |  |
| Occupation:<br>INTEGRATE ENGINEER          |            | Driving Licence Information:<br>Class: 3 Date of Expiry: |   |                            |  |

**General Information of the Accident**

|  |                                 |                                    |   |  |
|--|---------------------------------|------------------------------------|---|--|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>09/05/2022 14:30 | Type of Location:<br>Straight Road     |
| Location:<br><br>PAN-ISLAND EXPRESSWAY                       |                                 |                                    |   |  |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry               |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way                                     |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Condition           | No of Passenger |
|-------------|-------|------|-------|-------|---------------------|-----------------|
| YN4077H     | Lorry |      |       |       |                     | 0               |
| YP8711Z     | Lorry |      |       |       | Slightly<br>Damaged | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20220509/2135

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

2 of 3

Report No. T/20220509/2135

**CONTINUATION OF REPORT**

|                                   |                 |  |                                   |
|-----------------------------------|-----------------|--|-----------------------------------|
| <b>Driver</b>                     |                 |  |                                   |
| Name                              | BAI RAJESH      | ID No.                                 | G8550736U                         |
| Related Vehicle                   | YP8711Z (Lorry) | Contact No.                            | 87105742                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 02              | Degree of Injury                       | Slight                            |
| <b>WITNESS</b>                    |                 |  |                                   |
| Name                              | Unknown WITNESS | ID No.                                 | NIL                               |
| Related Vehicle                   | NIL             | Contact No.                            | 92285406                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL             | Degree of Injury                       | NIL                               |

**Brief Details.**

On the following mentioned, date time and place. I was involved in an accident with vehicle (YN4077H). I was driving along the said road whereby there was a sudden impact to the rear of my vehicle causing my vehicle to jerk forward. I then got down from my vehicle immediately to make a check and noticed that vehicle (YN4077H) had collided into the rear. I then noticed that there were 03 people that were stuck in the vehicle as they were not able to open the door. Shortly after SCDF, Traffic police and ambulance was at scene. Traffic police then sieze 01 SD card from my vehicle's front camera.

I then visited the doctor and was issued an MC of 02 days from 09 May 2022 to 10 May 2022.





**SINGAPORE  
POLICE FORCE**



T/20220509/2135

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

3 of 3

Report No. T/20220509/2135

**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 /

SGT 2 TEO LING DUAN, BRYAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2022 21:59

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT ABDUL RAHIM BIN SALIM

Contact No.: 65476433

Classification Of Case:

NP168