

ASS. REC. BY:

REF:

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Veh No: PC7197PYr Regn: 2018 / August.

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

Truck / Trailer or

Mini Bus.Make: Toyota Hiace

C.C

2754Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 22268

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GDH232000631Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 195R15CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 12/05/22Survey held at M6 Solution

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP AIG.

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

Report Format: _____

Form 100-100-100-100

VEHICLE NO:

PC 7197P

MAKE & MODEL :

7040th HIACE

(commuter GL

AUTO / MANUAL

DATE OF ACCIDENT	11 / 05 / 2008	2-8	C.C.
TIME OF ACCIDENT	0830	AM / PM	
LOCATION OF ACCIDENT	inside premises of blk 7 the waterside.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	ANSAVAHEE TRANSPORT	8754 4663	
EMAIL: ansavahee@gmail.com	Office: -	MOBILE: 9154 4547	
NRIC	53415586C		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY:	YES / <u>NO</u> ?		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	5121456821		
NAME OF DRIVER	AS ABOVE / IF NO: MOHAMED ANSARY		
NRIC	574248186		
DATE OF BIRTH	16 / 07 / 1974		
ANY PASSENGER	YES / NO :	5	3 (male) - unknown
NAME OF PASSENGER			2 (female) - (1) female unknown
GENDER OF PASSENGER	MALE / FEMALE		- (1) Vaheda Begum
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	02 / MAY / 2008		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Mobile: 8754 4663		Office: Home:
EMAIL:	ansavahee@gmail.com		
ADDRESS	BLK 2 JALAN BUKIT MERAH #03-5766-5 (150002)		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No:		INSURER:
RELATIONSHIP	<u>Employee</u> / If No:		
WEATHER CONDITION	Clear / Raining / Other: after Raining		
AD SURFACE	Dry / <u>Wet</u> / Other:		
ANY INJURIES	No / If yes: Who? Driver + Vaheda Begum		
CONTACT NO.	8754 4663		back & neck pain
POLICE REPORT	No / If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?		
VEHICLE B NO.	5779910R		Any Passenger:
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
**WORKSHOP:	MB Solution Pte Ltd		
Have you been approach by unknown person soliciting (s) /			
offering accident claims assistance?	YES / <u>NO</u>		

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 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 this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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.
- (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:

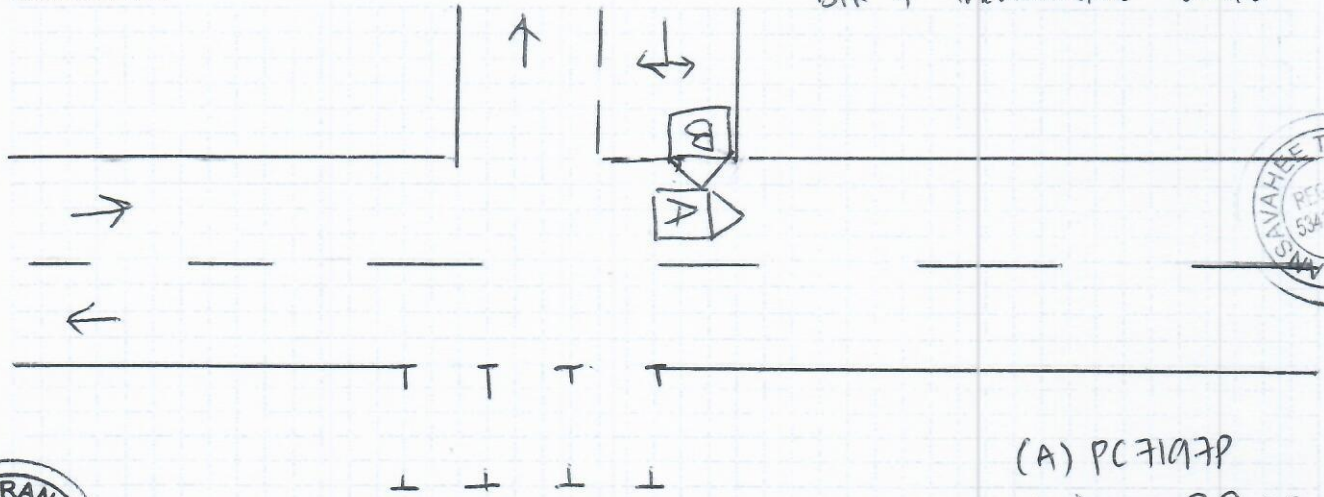
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____

mg3solution@gmail.com

SKETCH PLAN

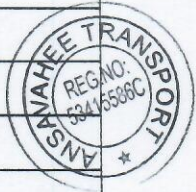
Blk 7 the Waterside Condo.



(A) PC7197P
(B) SJ7 9910R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

attached police report
7/2022 0511/7015

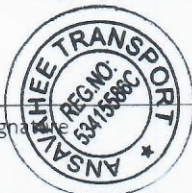


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2022 12:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED ANSARY		Address: 2 JALAN BUKIT MERAH #03-5166 SINGAPORE 150002			
ID Type / ID No.: NRIC NO / S7424818G		Contact No.: Home/Office: Mobile: 87544663			
Nationality: SINGAPORE CITIZEN		Email: ansavahee@gmail.com			
Sex: Male	Age: 47	Date of Birth: 16/07/1974	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: private bus hirer		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2022 08:30	Type of Location: Straight Road
Location: PREMISES OF NO. 7 WATERSIDE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
PC7197P	Van					5
SJT9910R	Car					0

Details of Person Involved

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



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

CONTINUATION OF REPORT

Passenger			
Name	VAHEEDA BEGUM	ID No.	S7781099D
Related Vehicle	PC7197P (Van)	Contact No.	NIL
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/05/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious
Driver			
Name	MOHAMED ANSARY	ID No.	S7424818G
Related Vehicle	PC7197P (Van)	Contact No.	87544663
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/05/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 11/05/2022 (Date) at about 0830 hours inside premises of Blk 7 the waterside. I was travelling straight at along the driveway and suddenly, a vehicle (B) came out from the carpark without checking the blindspot and without cautious and hit onto the front left portion of my vehicle (A) causing damages to my vehicle. I have 5 passengers inside the vehicle.

I am at my 3rd pick up point whereby the accident occur, therefore I have to book a grab 6 seater to send my passengers off to their school. As I have remaining 2 more trips after this accident location which I could not fulfill due to the road worthy of the vehicle. I was advised by the parents to book a taxi for the remaining student's journey and the fees had to borne by me which I will claim against the insurance due to the accident.

After the accident, both my wife and I went to consult a doctor and was awarded 7 days MC injury.

Vehicles involving in the situation:

- (A) PC 7197P
- (B) SJT9910R



**SINGAPORE
POLICE FORCE**



T/20220511/7015

3 of 3

Report No. T/20220511/7015

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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/05/2022 12:58

Classification Of Case: