Ass. Rec. By: REF: CS/CTI22005152/Avy3

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: SGN 966G

Policy No. DMPCSNW00169702101

Claims No. SNM22D203799/C02/TANKW

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMQ6108R Yr Regn: 2019 / Nov

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Vios c.c 1496.

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

Sp.Reading 178563 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B23F39014992995

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15

R: 185/60R15

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.	28/5/2022	D.O.I.	01/06/22

Survey held at Xin Hua.

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
	TP Chan.
17/11/22	Adrian informed LS $8500 (Red 11,138.25, 56%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 17/11/22-typist

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : _____ ($ _____)

Survey Fee: ☐

Transportation: ☐ __$ + RS.__SI

Photos ☐

Others ☐

Report Format : Merimen

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 witholding 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	30/05/2022 16:13 (SGT)
Date of Accident	28/05/2022 11:15 (SGT)
Exact Location of Accident	935 Jurong West Street 91, Block 935, Singapore 640935
Additional Location Information	JURONG WEST ST 91 BLK 935 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6108R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HOCK TIEN
NRIC No	S1479848Z
Email Address	HOCKTIENTAN@GMAIL.COM
Mobile Phone No	(Phone) +65-94898836
Alternative Phone No	(Home) +65-94898836

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114165851-02
Cover Note Number	-

DRIVER

Name of Driver	TAN HOCK TIEN
NRIC No	S1479848Z

Date Of Birth	28/04/1961
Occupation	Outdoor
Date Of Driving Pass	15/07/1981
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94898836
Alt. Phone Number	(Home) +65-94898836
Email Address	HOCKTIENTAN@GMAIL.COM
Address	BLK 805D KEAT HONG CLOSE
Address complement	#03-96
Postcode	684805
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	SGN966G
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HOCK TIEN
Gender	Male
Phone No	(Phone) +65-94898836
Address	BLK 805D KEAT HONG CLOSE
Address Complement	#03-96
Post Code	684805
Approximate Age Years Old	61
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SMQ6108R
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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Mangement 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' law yers/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 w ith 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 being about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

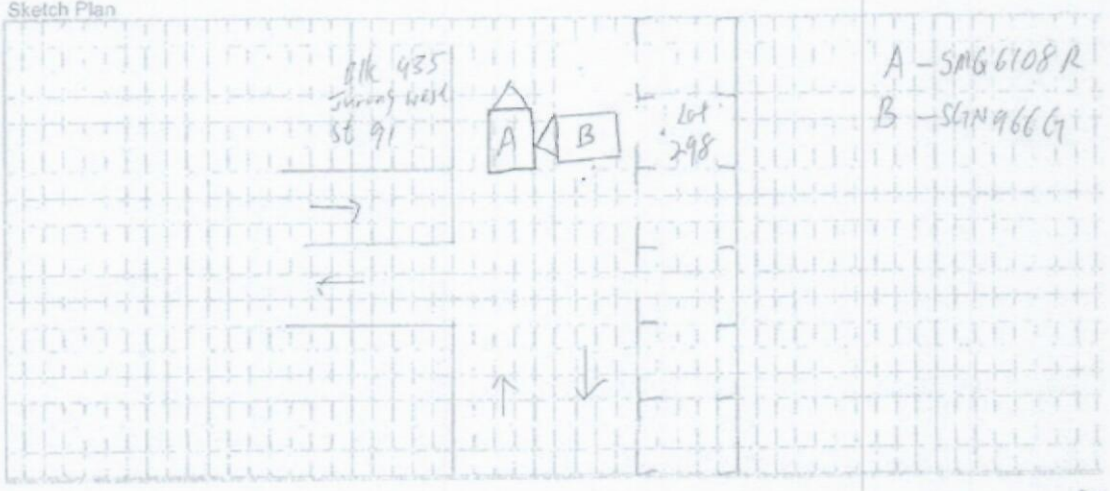
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

SKETCH PLAN #2

Please refer to police report T/20220528/7022

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

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20220528/7022

Report No. T/20220528/7022

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/05/2022 14:53		

Informant's Particulars

Name of Informant: TAN HOCK TIEN			Address: 805D KEAT HONG CLOSE #03-96 SINGAPORE 684805	
ID Type / ID No.: NRIC NO / S1479848Z			Contact No.: Home/Office: Mobile: 94898836	
Nationality: SINGAPORE CITIZEN			Email: HOCKTIENTAN@GMAIL.COM	
Sex: Male	Age: 61	Date of Birth: 28/04/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2022 11:15	Type of Location: Car Park

Location:

JURONG WEST STREET 91 BLK 935 CARPARK

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light
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
SGN966G	Car			White	Slightly Damaged	0
SMQ6108R	Car	TOYOTA	VIOS 1.5 E (AUTO)	Brown	Seriously Damaged	0

SINGAPORE POLICE FORCE

T/20220528/7022

Report No. T/20220528/7022

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ6108R	NTUC Income Insurance Co-Operative Limited	5114165851-02	26/11/2021	25/11/2022

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LADY DRIVER		ID No.	NIL	
Related Vehicle	SGN966G (Car)		Contact No.	94660112	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	
Driver					
Name	TAN HOCK TIEN		ID No.	S1479848Z	
Related Vehicle	SMQ6108R (Car)		Contact No.	94898836	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	28/05/2022		Date	28/05/2022	
No. of Days granted Medical Leave	05		Degree of	Slight	

Brief Details.
On 28/5/2022 at about 1115 Hrs,i was driving my vehicle SMQ6108R along Jurong West St 91 Blk935 Carpark towards the Exit.While i was traveling straight,out of sudden i felt a great impact from my right side portion and the impact surged my vehicle to the left.I alighted my vehicle and realize that a car SGN966G recklessly dash out from the Carpark lot (lot no 298)without checking for the on coming traffic.As the result,the said Vehicle front portion collided onto my vehicle right side portion(both doors)and cause damage and dented to my vehicle right side section.After the accident we exchange phone number and take some scene photo and leave the scene.My neck and back pain due to the impact of the accident so i consult doctor and was given 5 days MC.

SINGAPORE POLICE FORCE

T/20220528/7022

Report No. T/20220528/7022

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 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: 28/05/2022 14:53
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

Before

CITY TYREAUTO PTE LTD
219 KAKI BUKIT AVE 1
SHUN LI INDUSTRIAL PARK
SINGAPORE 416044
TEL: 67466686
H/P: 85153676

Work Order: R004782
License: SMQ6108R
Date 30.5.22 17:00

Toyota : Vios : XP150 : with 195/50R16 Tire

Front : Left

Actual	Before	Specified Range
-0°41'	-0°41'	-0°55' 0°35'
4°41'	4°41'	3°56' 5°26'
0°01'	0°01'	-0°01' 0°09'
1°11'	1°11'	
0°30'	0°30'	

Camber	
Caster	
Toe	
SAI	
Included Angle	
Turning Angle Diff.	

Front : Right

Actual	Before	Specified Range
-0°27'	-0°27'	-0°55' 0°35'
4°41'	4°41'	3°56' 5°26'
0°18'	0°18'	-0°01' 0°09'
0°57'	0°57'	
0°30'	0°30'	

Front

	Actual	Before	Specified Range
Cross Camber	-0°14'	-0°14'	-0°45' 0°45'
Cross Caster	0°00'	0°00'	-0°45' 0°45'
Cross SAI	0°14'	0°14'	
Total Toe	0°19'	0°19'	-0°02' 0°17'
Cross Turn Diff.			

Rear : Left

Actual	Before	Specified Range
-1°11'	-1°11'	-1°41' -0°11'
0°25'	0°25'	0°00' 0°15'

Camber	
Toe	

Rear : Right

Actual	Before	Specified Range
1°56'	1°56'	-1°41' -0°11'
1°05'	1°05'	0°00' 0°15'

Rear

	Actual	Before	Specified Range
Cross Camber	-3°07'	-3°07'	-0°45' 0°45'
Total Toe	1°29'	1°29'	0°01' 0°29'
Thrust Angle	-0°20'	-0°20'	