

CS/EG122005403/Aqy3

ASS. REC. 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: _____

(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: 8 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: SMQ9915H Yr Regn: 2019 / Dec.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Noah Hybrid c.c. 1797
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 115210 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZWR800415199
 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: 215/50R17
 R: 215/50R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>06/06/22</u>

Survey held at Kang

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
	<u>TP Ego</u>
	Final fig \$12204.27, 8 days. (Red \$7998.55, 40%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

8 + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Report Format: MER-TP

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	01/06/2022 16:20 (SGT)
Date of Accident	01/06/2022 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9915H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ALI BIN ABIDIN
NRIC No	SXXXX260D
Email Address	SALANDALI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98378165
Alternative Phone No	+65-98378165

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	HYBRID
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114850579-02
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	MOHAMED ALI BIN ABIDIN
NRIC No	SXXXX260D

Date Of Birth	04/02/1967
Occupation	Outdoor
Date Of Driving Pass	03/03/1997
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98378165
Alt. Phone Number	+65-98378165
Email Address	SALANDALI@YAHOO.COM.SG
Address	BLK 547 PASIR RIS ST 51 #10-39
Address complement	-
Postcode	510547
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MANOHARAN MAHENDRAN
Gender	Male

PASSENGER 2

Name	MAHENDRAN ELAVARASI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20220601/2035

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH T.POLICE
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB363A
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAYNA ONG YEE MUN
NRIC No	SXXXX409Z
Contact Number	(Phone) +65-91718728
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MANOHARAN MAHENDRAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ9915H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MAHENDRAN ELAVARASI
Gender	Female
Phone No	(Phone) +65-83601002
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ9915H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Gty ← CTE

A: SMQ 9A15H
B: SLB 363A.

Describe Circumstances of the Accident

See attached Police Report No: T/20220601/2035

Declaration

(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/20220601/2035

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20220601/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2022 12:00	Vide Report No.: F/20220601/0064	Station Diary No.: 68
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Informant's Particulars

Name of Informant: MOHAMED ALI BIN ABIDIN			Address: APT BLK 547 PASIR RIS STREET 51 #10-39 SINGAPORE 510547		
ID Type / ID No.: NRIC NO / S1796260D			Contact No.: Home/Office: Mobile: 98378165		
Nationality: SINGAPORE CITIZEN			Email: Salandali@yahoo.com.sg		
Sex: Male	Age: 55	Date of Birth: 04/02/1967	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B, 2A, 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2022 09:25	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB363A	Car	BMW	X1	White	Slightly Damaged	0
SMQ9915H	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20220601/2035

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Report No. T/20220601/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ9915H	NTUC Income Insurance Co-Operative Limited	5114850579-02	13/12/2021	12/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DAYNA ONG YEE MUN		ID No.	S9415409Z
Related Vehicle	SLB363A (Car)		Contact No.	91718728
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	MANOHARAN MAHENDRAN		ID No.	S2756730D
Related Vehicle	SMQ9915H (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	MOHAMED ALI BIN ABIDIN		ID No.	S1796260D
Related Vehicle	SMQ9915H (Car)		Contact No.	98378165
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20220601/2035

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Report No. T/20220601/2035

CONTINUATION OF REPORT

Passenger			
Name	MAHENDRAN ELAVARASI		ID No. G1003205P
Related Vehicle	SMQ9915H (Car)		Contact No. 83601002
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight

Brief Details.

On 01/06/2022 at about 0926hrs, I was traveling in my vehicle SMQ9915H, along CTE towards City direction on lane 1. Upon reaching the ERP gantry before Braddell exit, the traffics ahead starts to slow down and eventually came to a stop. After my vehicle came to a full stop, I felt an impact on the rear.

After the collision, I alighted from my vehicle and discovered that vehicle SLB363A had collided onto my vehicle. Both myself and the other driver are not injured and we exchanged particulars. The other driver informed that she had a sneezed during her drive, when she gain back vision on the road, the front vehicle had already come to a stop and she could not stop in time and collided onto my vehicle.

During the impact, both my passenger informed that they had hit their head onto the back of the from seat and felt giddy. Shortly, ambulance arrived and conveyed both of them to the hospital. Traffic Police interviewed us and I handed over my in car SD card to him and instructed both drivers to lodge a Traffic accident report.



SINGAPORE
POLICE FORCE



T/20220601/2035

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20220601/2035

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:

F /

Other YIP WAI LEONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/06/2022 12:00

Officer In Charge Of Case:

TP / GIT /

Other MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

NP168



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: F/2022/400/1000

I, SGT T 1703 19 1000

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of T 1703 19 1000

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 CU M-5000 / 110 / 1000 1665

2

3

4

5

6

7

8

9

10

from S17462607

(Name, NRIC or Passport No. / Rank and No.)

of B/507 P.S. R.S.S. 51 #10-37 S.S. 11.507

(Address / Police Station / NPC / NPP)

on 1/6/22

(Date)

at 10:30

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

[Signature]

(Signature)

S17462607
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]

(Signature)

T 1703 19 1000
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IO: Af

Ext: 63076171