

Ass. P.E.O. BY:

REF: CS/CTI22006241/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: **GBL 1528B**

Policy No. **DMCVSNW00031992201**

Claims No. **SNM22D204520/C02/LEWLC**

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **GBH969X** Yr Regn: **2018, May.**

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

Truck / Trailer or

Make: **Toyota Dyna.** c.c **2982**

Colour: **Silver.** A/C: Insured / Std / NI / NA

Sp.Reading: **171991** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTFAT35YSOK210570**

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

Tyre Size: F: **195 R15C Mic**

R: **155 R12C Dunlop**

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. **27/6/2022** D.O.I. **30/06/22**

Survey held at **Xin Hua**

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
	TP China
17/11/22	Adrian informed LS \$3800 (red 11,122.65, 74%)
	MV :
	PV :
	Nett :

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

1) : Final Report

Date/Time, File Return to?

2) **17/11/22-typist**

Report Format : **Merimen**

Days Of Repair: **4**

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____) : S + RS. \$ _____

: Interview (\$ _____) : Photos

: Tech. Inv (\$ _____) : Others

Survey Fee:

Transportation:

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	28/06/2022 18:08 (SGT)
Reported by	Driver
Date of Accident	27/06/2022 19:00 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH9669X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN TONG TABLEWARE SERVICE TRADING
Company Reg No	5XXXX435C
Email Address	BANTONGTABLEWARE@GMAIL.COM
Mobile Phone No	(Phone) +65-90052830
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5127415511

DRIVER

Name of Driver	LEOW ENG KEONG, TOMMY (LIAO YINGQIANG)
NRIC No	SXXXX161C
Date Of Birth	27/03/1979
Occupation	Outdoor

Date Of Driving Pass	16/06/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-90052830
Alt. Phone Number	-
Email Address	LIK44449@GMAIL.COM
Address	221B BEDOK CENTRAL
Address complement	08-76
Postcode	462221
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF THE COMPANY
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CANDY
Gender	Female

PASSENGER 2

Name	EI QI
Gender	Female

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

PLEASE REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL1528B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHU ZHI QUAN
Passport No/FIN	GXXXX405P
Contact Number	(Phone) +65-89318482
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	LEOW ENG KEONG, TOMMY (LIAO YINGQIANG)
Gender	Male
Phone No	-
Address	221B BEDOK CENTRAL
Address Complement	08-76
Post Code	462221
Approximate Age Years Old	43
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	GBH9669X
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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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/small 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 (Name as in NRIC/ID card)

Sketch Plan

Vehicle A = GBH 9669X
 Vehicle B = GBL 1528B

Sims Way Towards KPE

Describe Circumstance of the Accident

Refer to Police Report : 7/20220628/7015

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
(Name as in NRICAD card)




**SINGAPORE
POLICE FORCE**


T/20220628/7015

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

1 of 3
Report No. T/20220628/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2022 11:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEOW ENG KEONG, TOMMY			Address: 221B BEDOK CENTRAL #08-76 SINGAPORE 462221		
ID Type / ID No.: NRIC NO / S7910161C			Contact No.: Home/Office: Mobile: 90052830		
Nationality: SINGAPORE CITIZEN			Email: lik44449@gmail.com		
Sex: Male	Age: 43	Date of Birth: 27/03/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sale			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: 27/06/2022 19:00	Type of Location: Straight Road
Location: SIMS WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
GBH9669X	Van	TOYOTA	DYNA	Silver	Seriously Damaged	0
GBL1528B	Lorry	TOYOTA	DYNA	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220628/7015

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

2 of 3
Report No. T/20220628/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEOW ENG KEONG, TOMMY	ID No.	S7910161C
Related Vehicle	GBH9669X (Van)	Contact No.	90052830
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/06/2022	Date	28/06/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	ZHU ZHI QUAN	ID No.	G7959405P
Related Vehicle	GBL1528B (Lorry)	Contact No.	89318482
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

Brief Details.

On 27/6/2022 at about 1900 Hrs, i was driving my Van GBH9669X along Sims Way towards KPE(TPE) tunnel on the left Lane of 2 Lane Road. While i was traveling straight, the Lorry GBL1528B from my right Lane suddenly cut into my Lane without checking his blind spot and recklessly action. As a result, his left side portion collided onto my Van right front side portion and cause damage and dented to my Van front right section. After the accident the said Lorry driver ask for private settle but due to the repair cost is high so he can't afford to pay and go for insurance claim. My neck and back pain due to the sudden impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20220628/7015

3 of 3

Report No. T/20220628/7015

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
28/06/2022 11:47

Classification Of Case: