

Ass. Fee 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: \_\_\_\_\_ 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: SLR9836J Yr Regn: 2010 / Nov

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

Truck / Trailer or

Make: Honda Stream c.c. 1799

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

Sp. Reading: 197035 T/Radio: Insured / Std / NI / NA

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

C/No: JHMRN6860AC200003

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: 215/55R16

R: 215/55R16

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 26/07/22

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 INC

COE Expiry: 30/09/30.

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:

£ + RS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

Report Form:

## 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	25/07/2022 09:20 (SGT)
Reported by	Both
Date of Accident	22/07/2022 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SERANGOON RD TOWARDS LAVENDER ST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9836J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PEH WEIBIN
NRIC No	SXXXX237C
Email Address	peh.weibin@gmail.com
Mobile Phone No	(Phone) +65-96380041
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	Honda
Model	Stream
Variant	STREAM 1.8L AUTO SUNROOF
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1799

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	PEH WEIBIN
NRIC No	SXXXX237C
Date Of Birth	12/02/1981
Occupation	Indoor



Date Of Driving Pass	13/07/2000
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-96380041
Alt. Phone Number	-
Email Address	peh.weibin@gmail.com
Address	298B COMPASSVALE STREET #08-168 SPORE 542298
Address complement	-
Postcode	-
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ5379Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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	PEH WEIBIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR9836J
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, the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.


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 be 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 the 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 purposes 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 making 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 claims as well as on the external cover of enveloped 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/also 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 cited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature (Date & Time)

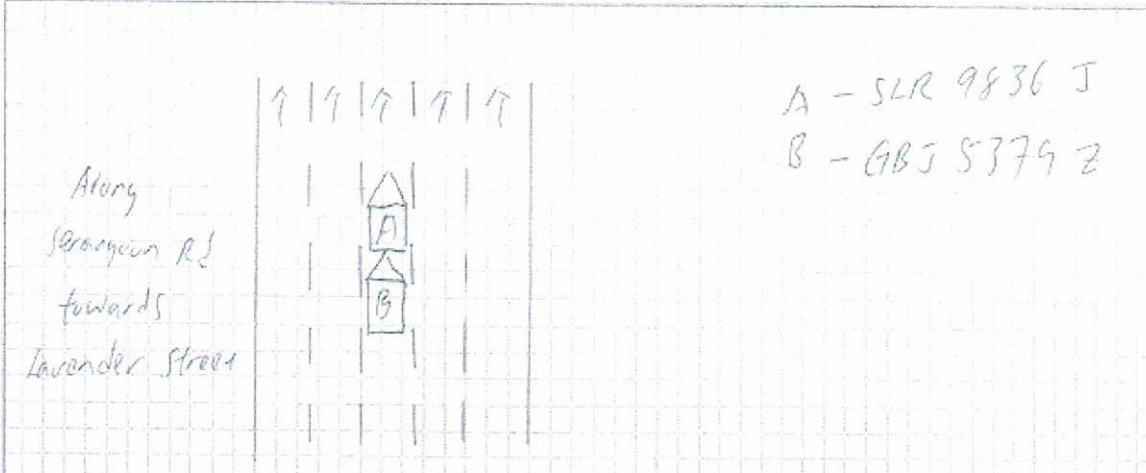
  
Driver's Signature (if driver is not the policyholder) (Date & Time)

  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID Card)

Sketch Plan

Along Serangoon Rd towards Lavender Street

A - SLR 9836 J  
B - GBJ 5379 Z

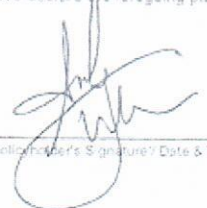



Describe Circumstance of the Accident

police refer to police report A / 26226723 / 7018

Declaration

I/We declare the foregoing particulars are true in every respect

  
 Police Officer'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)





**SINGAPORE  
POLICE FORCE**



A/20220723/7018

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20220723/7018

Police Station Of Origin  
Central Division HQ  
391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 23/07/2022 11:25	Vide Report No.	Station Diary No.
Name Of Informant PEH WEIBIN	Address 298B COMPASSVALE STREET #08-168 SINGAPORE 542298	
ID Type / ID No. NRIC NO / S8104237C	Contact No. Home/Office:	Mobile: 96380041
Nationality SINGAPORE CITIZEN	Email Address PEH.WEIBIN@GMAIL.COM	
Occupation Police officer	Sex Male	Age 41
Institution/School Name	Date of Birth 12/02/1981	Race Chinese
Date/Time Of Incident 22/07/2022 17:20 - 22/07/2022 17:25	Language English	
	Location Of Incident SERANGOON ROAD	

**Brief details.**

On 22 Jul 2022 at about 5:24 p.m., I was travelling on the middle lane along Serangoon Road towards Lavender Street. Due to the red traffic lights ahead, the front vehicle slowed down and stopped, I followed suit and came to a halt. Suddenly, I felt an impact from the rear of my vehicle. When I alighted to check I realized that a van bearing registration number GBJ5379Z had failed to stop and causing the collision and damaging the rear of my vehicle, bearing registration number SLR9836J. After the accident, I felt pain on the back / shoulder and had sought medical treatment. I was given 3 days of medical leave.

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: 23/07/2022 11:25
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



A/20220723/7018

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220723/7018

Subjects Involved			
<b>Suspect</b>			
Person Name	Chinna Karuppan Durairaj		
ID Type	FIN NO	ID No	F8410401U
Gender	Male	Age	48-49
Race	Indian	Language	English
Occupation	Worker not reporting any occupation	Address	2021 Bukit Batok Street 23 #01-212 SINGAPORE 659526
Home/Office No	65645715	Mobile No	98871951
Relation To	Nil		
Informant			
<b>Victim</b>			
Person Name	PEH WEIBIN		
ID Type	NRIC NO	ID No	S8104237C
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Police officer	Address	298B COMPASSVALE STREET #08-168 SINGAPORE 542298
Mobile No	96380041	Is Informant A Victim?	Yes
Person Name	PEH WEIBIN (Informant)		

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: 23/07/2022 11:25
Officer-In-Charge Of Case:	Classification Of Case: