

ASS. REC. BY: TGum

REF:

CS3/LPC22004374/B943Shiau Chan

ASSIGNMENT

From: _____ Date: 11/5/2022

Estimated Cost: _____

OD ☒ TP/WS/TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: GBC 3825Cat Workshop m/s AT Performanceof 160 Sin Ming Dr #07-18

Insured: _____

Policy No. _____

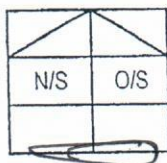
Claims No. 21/22/22/VP05/025773

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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 WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBC 3825C Yr Regn: 74/02/2012Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Hiace C.C. 2982

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

Sp. Reading 202077 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P7000 85270Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 195/15R: 195/15

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

TOYO / YOKO or APLUS

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 8/5/2022 D.O.I. 1/5/2022Survey held at AT PerformanceDes. 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

09/6/22 Range
Submit PPSSurvey photos taken on Wed 11/5/2022 @ 4:44:42 PMResurvey photos taken on Thurs 12/5/2022 @ 12:34:46 PMAfter paint photos taken on Tues 17/5/2022 @ 4:54:14 PM

MV

PV

NV

TGum 11/5/2022
Mu

Date/Time, File Pass to?

☐ : Preli. Report1) 09/6/22 Final Report☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Rep. Format: PPS

Lump Sum / L.B.I. (\$ _____)

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	09/05/2022 15:00 (SGT)
Date of Accident	08/05/2022 13:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE towards SLE b/F Ang Mo Kio Ave 3 Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3825C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	I-deal Auto Trading Private Limited
Company Reg No	201429874K
Email Address	andy@i-deal.sg
Mobile Phone No	(Phone) +65-91339311
Alternative Phone No	(Home) +65-91339311

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114507331-02-000066
Cover Note Number	-

DRIVER

Name of Driver	Hossain MD Milon
Work Permit No	G6662867T

Date Of Birth	06/08/1986
Occupation	Outdoor
Date Of Driving Pass	29/03/2019
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82027754
Alt. Phone Number	-
Email Address	andy@i-deal.sg
Address	61 mimosa Road
Address complement	-
Postcode	808015
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	unknown
Gender	Male

PASSENGER 2

Name	unknown
Gender	Male

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

Refer attached police report no. T/20220508/2058

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	SLH8837R
Vehicle Manufacturer	Honda
Vehicle Model	Hr-v
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)	5

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGP4421A
Vehicle Manufacturer	Volvo
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)	2

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 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 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/mailed 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

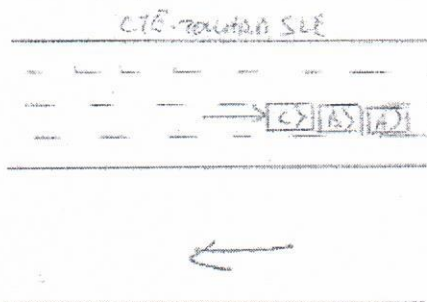
Sketch Plan

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



AMK 3UE3 EX17

- ① GBC3825C
- ② SLH8837R
- ③ SGPA421A

Describe Circumstances of the Accident

REFER TO POLICE REPORT 770220508/2058

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/20220508/2058

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

1 of 4

Report No. T/20220508/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2022 18:19	Vide Report No.: F/20220508/0143	Station Diary No.: 91
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Informant's Particulars

Name of Informant: HOSSAIN MD MILON			Address: 61 MIMOSA ROAD #08-65 MIMOSA PARK SINGAPORE 808015	
ID Type / ID No.: FIN NO / G6662867T			Contact No.: Home/Office: Mobile: 82027754	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 35	Date of Birth: 06/08/1986	Type of Informant: Driver	
Race: Bangladeshi			Language:	Institution / School Name:
Occupation: Electrician			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/05/2022 13:55	Type of Location: Flyover
Location: CENTRAL EXPRESSWAY				
Weather: Clear		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: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3825C	Van	TOYOTA	HIACE MANUAL	White	Seriously Damaged	2
SGP4421A	Car	VOLVO		Blue	Slightly Damaged	1
SLH8837R	Car	HONDA	HRV	Blue	Seriously Damaged	4



**SINGAPORE
POLICE FORCE**



T/20220508/2058

2 of 4

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/20220508/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ALIM ABDUL	ID No.	G8459514X
Related Vehicle	GBC3825C (Van)	Contact No.	84870968
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
Driver			
Name	HOSSAIN MD MILON	ID No.	G6662867T
Related Vehicle	GBC3825C (Van)	Contact No.	82027754
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TOH KIAN PENG	ID No.	S7041755C
Related Vehicle	SLH8837R (Car)	Contact No.	0
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

Brief Details.

On 08/05/2022 at about 1358hrs, I was driving my company rental van bearing plate number GBC3825C on the second lane along CTE towards SLE, before Ang Mo Kio Avenue 3 exit. There was a traffic jam and I was stationary in my lane. A few seconds after I had stopped, I felt an impact from the rear of my van. I alighted from my vehicle and discovered that a car bearing plate number SLH8837R had collided into the rear of my van. I also observed another car bearing plate number SGP4421A had collided into the rear of the second car (SLH8837R). As a result of the collision, my company rental van suffer dents, scratches on the rear door and it cannot be opened. My two passengers and I were not injured. The traffic police and ambulance were at scene but I believed no one was conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20220508/2058

3 of 4

Report No. T/20220508/2058

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

CONTINUATION OF REPORT

I wish to state that I only obtained the contact number (HP: 97515293) from the female driver of SGP4421A. There is no in-car camera in my company's rental van. No government property was damaged during the collision. I am lodging this report as instructed by the traffic police officer.



**SINGAPORE
POLICE FORCE**



T/20220508/2058

4 of 4

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/20220508/2058

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 /

SGT 2 CHERYLYN GOH ZHI HUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Other MUHAMMAD SYARIFUDDIN

MUHAMMAD AJMAIN

Contact No.: 65476367

Signature Of Informant:

Date/Time:

08/05/2022 18:19

Classification Of Case:

NP168