

ASS. REC BY: Tuffin

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated cost: \_\_\_\_\_

OD / TP / IS / 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: \$72K

IDAC Accident Report: \_\_\_\_\_ 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: SLV7564K Yr Regn: 2018 / Jan

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

Truck / Trailer or

Make: Honda City C.C. 1497

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

Sp. Reading: 66912 T/Radio: Insured / Std / NI / NA

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

C/No: MR4GM660JF000297

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 22/8/22

Survey held at Pro Works

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s, u/c.

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction                          |
|-------------|---|
|             | <u>Repair Range: \$5000 - \$6000, 7 days.</u> |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

Date/Time, File Pass to?

☐ : Preli. Report

1) \_\_\_\_\_

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$1. \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / L.B.H. (\$ \_\_\_\_\_)

## 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 Actual 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              | 13/08/2022 08:42 (SGT)                              |
| Reported by                     | Both  |
| Date of Accident                | 12/08/2022 16:23 (SGT)                              |
| Exact Location of Accident      | Near Jln Eunus, Jalan Eunus Interim Park, Singapore |
| Additional Location Information | JALAN EUNOS TOWARDS STILL ROAD                      |
| Country/State of Loss           | Singapore   |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLV7564K |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                          |
|--------------------------|--------------------------|
| Is company?              | No                       |
| Name Of Registered Owner | GOH KOON HAO, JEREMY     |
| NRIC No                  | S8712912H                |
| Email Address            | goh_jeremy65@hotmail.com |
| Mobile Phone No          | (Phone) +65-97454931     |
| Alternative Phone No     | -                        |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | City                      |
| Variant  | -                         |
| 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   | 1500                      |

#### INSURANCE COMPANY

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company         | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | MU013388                             |

#### DRIVER

|                |                  |
|----------------|------------------|
| Name of Driver | ANG XIANG BERLYN |
| NRIC No        | S8926246A        |
| Date Of Birth  | 04/08/1989       |
| Occupation     | Indoor           |

|  |                        |
|--|------------------------|
| Date Of Driving Pass   | 20/11/2008             |
| Driving experience   | 13 YEARS AND 9 MONTHS  |
| Gender   | Female                 |
| Mobile Number  | (Phone) +65-94502454   |
| Alt. Phone Number  | -                      |
| Email Address  | berlyn_ang@hotmail.com |
| Address  | BLK 670 JALAN DAMAI    |
| Address complement   | #14-43                 |
| Postcode   | 410670                 |
| Is the driver the policyholder?                              | No                     |
| If No, Relationship of the Driver with the Insured           | Spouse                 |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED STATEMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBH4978L           |
| Vehicle Manufacturer        | Toyota             |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| Name of Driver              | KOK KIM FAH        |
| NRIC No                     | S2653513A          |


|   |                      |
|---|----------------------|
| Contact Number                          | (Phone) +65-96740783 |
| Address                                 | BLK 549B SEGAR RD    |
| Address complement                      | #17-644              |
| Postcode                                | 672549               |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |


Vehicle  
Number: SLV 7564 K

SKETCH PLAN

IMPORTANT NOTICE

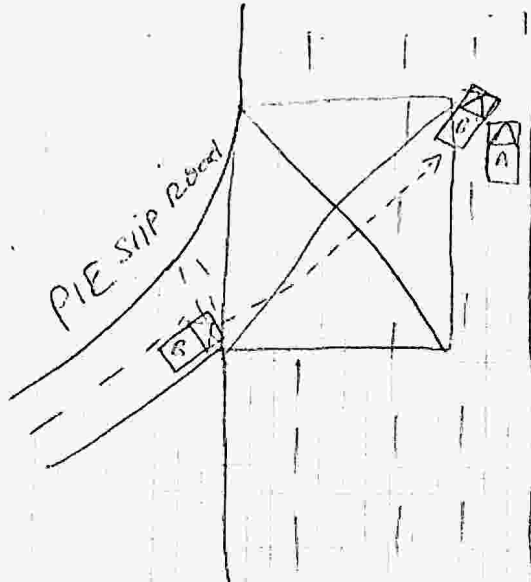
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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7. By the lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time: 13/8/22  
822am

  
Driver's Signature (If driver is not the policyholder)  
Date & Time: 13/8/22 822am

  
Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:

### SKETCH PLAN



A: SLV 7564 K  
B: GBH 4978 L.

Jellan Eynor towards still coast.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming straight down along Jalan Ennos towards Mill Rd.  
on the leftmost lane from Ennos Crk. There was a lorry coming out  
from Ennos PIE exit cutting across all lanes without signalling into my  
lane

### DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

13/8/24 822am

Driver's Signature (If driver is not the policyholder)

Date & Time: 13/08/22 22:24

Reporting Centre Personnel's Signature \_\_\_\_\_

Name: \_\_\_\_\_

NRIC/FIN No:

# Stamford Tyres International Pte Ltd

23 Kaki Bukit Road 4

#01-12/13 Synergy@KB

Singapore 417801

Phone Number: 6702 3355

Fax Number: 6341 6993

|             |          |             |                    |
|-------------|----------|-------------|--------------------|
| Customer:   |          | Date:       | 8/22/2022 12:20 PM |
| Company:    |          | VIN         |                    |
| License NO: | SLV7564K | Technician: |                    |
| Odometer:   | 66910KM  | Order NO:   |                    |

## VEHICLE ALIGNMENT REPORT

HONDA, CITY GM2, 10-10 (Customized)

| Primary Angles    |                  |        | Initial | Specifications |        | Final  |
|-------------------|------------------|--------|---------|----------------|--------|--------|
|                   |                  |        |         | Min.           | Max.   |        |
| Front             | Caster           | Left   | ----    | 2°20'          | 4°20'  | ----   |
|                   |                  | Right  | ----    | 2°20'          | 4°20'  | ----   |
|                   | Camber           | Left   | 0°12'   | -1°00'         | 1°00'  | 0°12'  |
|                   |                  | Right  | -0°18'  | -1°00'         | 1°00'  | -0°18' |
|                   | Toe              | Left   | -1°06'  | -0°14'         | 0°14'  | -1°06' |
|                   |                  | Right  | -0°15'  | -0°14'         | 0°14'  | -0°15' |
| Total             |                  | -1°21' | -0°29'  | 0°29'          | -1°21' |        |
| Rear              | Camber           | Left   | -1°24'  | -2°00'         | 0°00'  | -1°24' |
|                   |                  | Right  | -1°54'  | -2°00'         | 0°00'  | -1°54' |
|                   | Toe              | Left   | 0°03'   | 0°00'          | 0°24'  | 0°03'  |
|                   |                  | Right  | 0°03'   | 0°00'          | 0°24'  | 0°03'  |
|                   |                  | Total  | 0°06'   | 0°00'          | 0°48'  | 0°06'  |
|                   | Max Thrust Angle |        | 0°00'   | ----           |        | 0°00'  |
| Secondary Angles  |                  |        | Initial | Specifications |        | Final  |
|                   |                  |        |         | Min.           | Max.   |        |
| SAI               |                  | Left   | ----    | ----           | ----   | ----   |
|                   |                  | Right  | ----    | ----           | ----   | ----   |
| Included Angle    |                  | Left   | ----    | ----           | ----   | ----   |
|                   |                  | Right  | ----    | ----           | ----   | ----   |
| Toe Out On Turns  |                  | Left   | ----    | ----           | ----   | ----   |
|                   |                  | Right  | ----    | ----           | ----   | ----   |
| Max Turn Inside   |                  | Left   | ----    | ----           | ----   | ----   |
|                   |                  | Right  | ----    | ----           | ----   | ----   |
| Toe Curve Change  |                  | Left   | ----    | ----           | ----   | ----   |
|                   |                  | Right  | ----    | ----           | ----   | ----   |
| Setback           |                  | Front  | -4mm    | ----           | ----   | -4mm   |
|                   |                  | Rear   | -12mm   | ----           | ----   | -12mm  |
| Track Width Diff. |                  |        | 30mm    |                |        | 30mm   |
| Wheel Base Diff.  |                  |        | 8mm     |                |        | 8mm    |
| Front Ride Height |                  | Left   | ----    | ----           | ----   | ----   |
|                   |                  | Right  | ----    | ----           | ----   | ----   |
| Rear Ride Height  |                  | Left   | ----    | ----           | ----   | ----   |
|                   |                  | Right  | ----    | ----           | ----   | ----   |
| Frame Angle       |                  |        |         |                |        | ----   |