

ASS. REC. BY: Tang Jia

REF: C33/ASM21012645/Tivy3-1

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: SHD 7237Y
Policy No. VFX/P2419138
Claims No. S1M03026
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: \$132,000
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 - PRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PD898R Yr Regn: 2019, Dec
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mercedes Benz V220 c.c. 2143
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 79333 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDF44781523665628
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 245/50R19
R: 245/50R19
ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front
R/Bal. 7 mm R/Bal. 7 mm
L/Bal. 7 mm L/Bal. 7 mm
D.O.A. 9/12/21 D.O.I. 14/12/21
Survey held at Best Amb
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>Repair Range: \$6000 - \$7000, 8 days</u>
15/12/21	Submit PRS, repair range \$6,000-\$7,000
4/10/2022	Submit LS \$9950 (Red 4450, 30%)

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) 4/10/22-typist
Report Format: TP
Lump Sum / L.S. (\$) \$9950

Days Of Repair: 10
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____) ☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____) ☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS: _____
Photos _____
Others _____
TOTAL _____

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	13/12/2021 14:39 (SGT)
Date of Accident	09/12/2021 22:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD898R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FRANS EXPRESS TRANSPORT
Company Reg No	53100748X
Email Address	FRANSLIMO@GMAIL.COM
Mobile Phone No	(Phone) +65-91002028
Alternative Phone No	+65-91002028

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	V-CLASS
Variant	-
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	Commercial vehicle
Transmission	Auto
CC	2200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114972561-01
Cover Note Number	-

DRIVER

Name of Driver	TAY PENG BOON
NRIC No	S7031937C

Date Of Birth	18/09/1970
Occupation	Outdoor
Date Of Driving Pass	18/11/1997
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91002028
Alt. Phone Number	-
Email Address	FRANSLIMO@GMAIL.COM
Address	BLK 57B JALAN LOYANG BESAR
Address complement	-
Postcode	509377
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF PH
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	CHRISTOPHER
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT FOR STATEMENT	
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	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7237Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY PENG BOON
Gender	Male
Phone No	(Phone) +65-91002028
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	51
Injuries Sustained	MEDICAL LEAVE 10/12/2021 TO 12/12/2021
Injured person in which vehicle?	PD898R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	CHRISTOPHER
Phone	(Phone) +65-90621960
Email	-

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 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: 13/12/2021
1415H25

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/12/2021
1415H25

Reporting Centre Personnel's Signature

Name: SUMAN Suman
NIC/FIN No.: S990968

SKETCH PLAN



A: PD898R

B: SHD 7237Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare foregoing particulars are true in every respect



Policyholder's Signature _____

Date & Time: 13/12/2021
14151425

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/12/2021
1415hrs

Reporting Centre Personnel's Signature

Name: SURAN Sukumar

NRIC/FIN No. 5990965



SINGAPORE POLICE FORCE



T/20211210/2057

1 of 3

Report No. T/20211210/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2021 15:03	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: TAY PENG BOON			Address: BLK 57B JALAN LOYANG BESAR SINGAPORE 509377	
ID Type / ID No.: NRIC NO / S7031937C			Contact No.: Home/Office:	Mobile: 91002028
Nationality: SINGAPORE CITIZEN			Email: franslimo@gmail.com	
Sex: Male	Age: 51	Date of Birth: 18/09/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 09/12/2021 22:50	Type of Location: Straight Road
Location: RANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PD898R	Bus/Coach/Mi nibus				Slightly Damaged	1
SHD7237Y	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20211210/2057

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Report No. T/20211210/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	TAY PENG BOON	ID No.	S7031937C
Related Vehicle	PD898R (Bus/Coach/Minibus)	Contact No.	91002028
Hospital/Clinic	S K TAY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2021	Date Discharge	10/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/12/2021 at about 10.50pm, I was driving my company vehicle bearing the registration number PD898R to perform a Grab ride, along Rangoon Road wanting to turn right into Kent Road. It was a two-way road where each road goes in an opposite direction. After I have made my intention by signaling to turn right, I proceeded to turn right. However, I suddenly felt a collision from my right. I then realized that a taxi driver bearing the registration number SHD7237Y had collided into my vehicle. I was in a state of shock as the driver had driven in an opposite direction. After the collision, I came out of my vehicle and the driver of the taxi alleged me for hitting his taxi. During the accident, there was one passenger onboard my vehicle and he told me that he was fine. I did not observe any visible injuries on the taxi driver too. I did not notice if there was any passenger in the taxi. I did not exchange particulars with the taxi driver and only managed to know that he is called Mr Lim. He told me to claim from insurance and I left while he stayed to wait for his towing crew. No traffic police or ambulance was at scene.

I wish to inform that after returning home that night, I felt some discomfort and visited a doctor on 10/12/2021. I was given a 3 days MC from 10/12/2021 to 12/12/2021. I wish to inform that I have an in-car camera installed in the front and at the rear of my vehicle, and both were recording at the point in time. In addition, my passenger namely Mr Christopher (HP: 90621960) informed that he is willing to be my witness for this accident. I wish to inform that the damages on my vehicle are mainly on the right side of the vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20211210/2057

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Report No. T/20211210/2057

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
G /
Sgt 3 REGINA LUI YU TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/12/2021 15:03

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case: