ASS. REC. BY: REF: CS/CTI22009410/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: SND 1806Z

Policy No. DMPCSNW00023622200

Claims No. SNM22D206776/C02/TANCHC

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKK7529? Yr Regn: 2011, Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: BMW 535i c.c 2979

Colour Black. A/C: Insured / Std / NI / NA

Sp.Reading 126203 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAFR72020G558316

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 255/35R20

R: 255/35R20

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.	19/9/2022	D.O.I.	26/09/22

Survey held at Jazz Perfosmedica.

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 Chinese COE Expiry : 30/09/31.
16/11/22	Adrian informed LS $4500 (Red 20,513.55, 82%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 16/11/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others

Report Format : Merimen

SN07229K000L / Income Insurance Limited
ENTRY DATE & TIME: 20/09/2022 15:35 (SGT)
SUBMITTED BY: Muhammad Haziq Shah Bin Abdul Aziz Shah
VERSION: 1 (20/09/2022 15:35 (SGT))

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 witholding 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	20/09/2022 15:35 (SGT)
Reported by	Driver
Date of Accident	19/09/2022 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF NEW MARKET ROAD AND HAVELOCK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7529P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR FARIHANA BINTI SAMRI
NRIC No	S8409348C
Email Address	TRAVIS.DS@GMAIL.COM
Mobile Phone No	(Phone) +65-91825769
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	535i
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	3000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127231917

DRIVER

Name of Driver	DE SOUZA TRAVIS JOSEPH KEEJIN
NRIC No	S8215821I
Date Of Birth	09/06/1982
Occupation	Indoor

Date Of Driving Pass	22/04/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85333969
Alt. Phone Number	-
Email Address	TRAVIS.DS@GMAIL.COM
Address	BLK 661B EDGEDALE PLAINS #06-630
Address complement	-
Postcode	822661
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 - Cross Junction
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)	2
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	NUR FARIHANA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SENT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND1806Z
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TAN SWEE NGE
NRIC No	F0285248U
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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 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/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims,

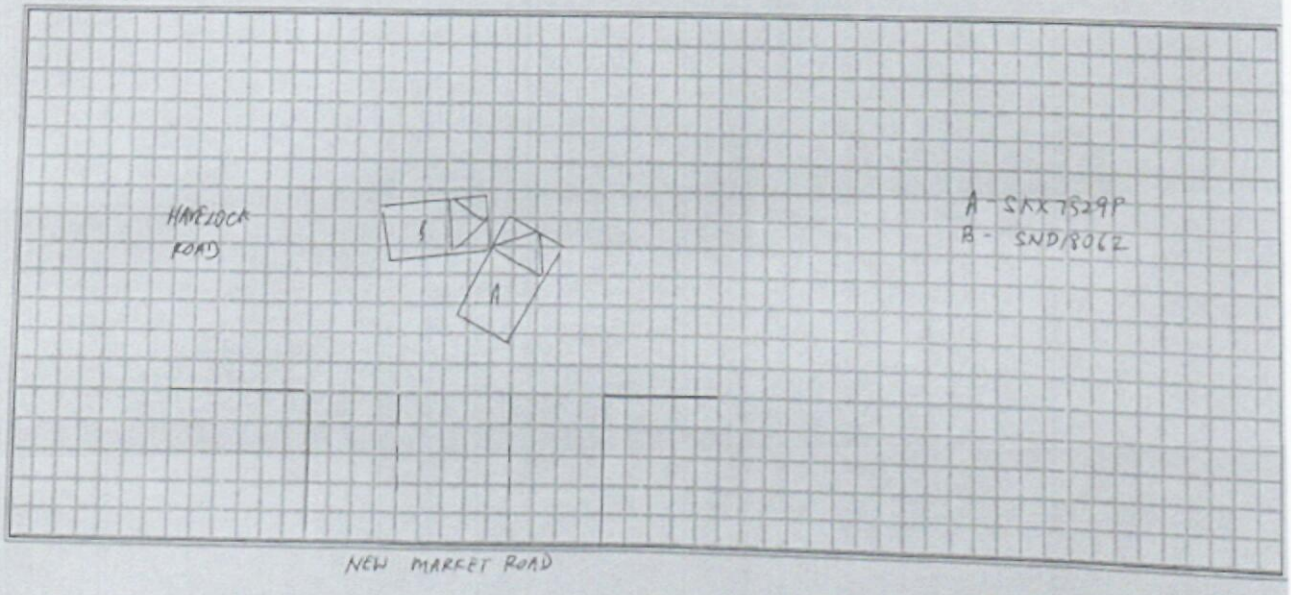
(collectively the "**Purposes**")

(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.

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)
	20/9/22 1520	Mohammad Hafiz Sirhi BAAS

Sketch Plan



1

SKETCH PLAN #2

Describe Circumstance of the Accident

REFER TO REPORT NUM T/20220920/2047

Declaration

I/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 NRIC/ID card)
	20/9/22 15:10	MUHAMMAD HAFIZ SIAH BAKI

2

SINGAPORE POLICE FORCE

T/20220920/2047

Report No. T/20220920/2047

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
20/09/2022 13:00	A/20220919/0178	62

Informant's Particulars

Name of Informant: DE SOUZA TRAVIS JOSEPH KEEJIN			Address: APT BLK 661B EDGEDALE PLAINS #06-630 SINGAPORE 822661	
ID Type / ID No.: NRIC NO / S8215821I			Contact No.: Home/Office: Mobile: 85333969	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 09/06/1982	Type of Informant: Driver	
Race: Eurasian			Language:	Institution / School Name:
Occupation: ROV SUPERVISOR			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: 19/09/2022 22:00	Type of Location: X-Junction
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX7529P	Car	BMW	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD	Black	Slightly Damaged	1
SND1806Z	Car	MERCEDES BENZ	C200 A/T ABS D/AIRBAG 2WD	Black	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20220920/2047

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20220920/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DE SOUZA TRAVIS JOSEPH KEEJIN	ID No.	S8215821I
Related Vehicle	SKX7529P (Car)	Contact No.	85333969
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

Brief Details.

On 19/09/2022 at 2228hrs, I was driving my car (SKX7529P, black BMW car) with my wife along New Market Road towards the cross junction of Havelock Road and New Market Road on the 2nd lane. I had made a stop before the junction as the traffic light had turned red.

When the traffic light turned green, I was making a right turn into Havelock Road towards Eu Tong Sen Street when a car (SND1806Z, black Mercedes Benz car) that was travelling along Havelock Road collided into the passenger side of my car, causing my passenger side front tire rim to bent.

I alighted from my car after checking on my wife and I approached the driver, pointing out that he had drove along the road despite the red traffic light. The driver told me that his actions were not wrong and that he was driving on a straight line. I called for police assistance shortly after as he refused to exchange particulars with me.

Traffic police arrived and I was issued a case card. I handed over my vehicle camera's sd card and I was given an acknowledgement form. I had downloaded the video recording of the accident from my vehicle camera before I handed over the sd card. The video recording showed that the other driver lane's traffic light was red at the time of the accident.

I tried to move my car to the side of the road after talking to the traffic police, but my vehicle's steering wheel felt awkward and there were weird noises coming from my car engine, so I called a tow truck to send my vehicle to a workshop I frequented. On 20/09/2022 at about 1000hrs, my wife told me that she had back aches after the accident and she would be visiting a doctor.

SINGAPORE POLICE FORCE

T/20220920/2047

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20220920/2047

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 Kelvin Tan Yong Chuan	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2022 13:00
Officer In Charge Of Case: TP / GIT / SR STAFF SGT AHMAD SYAFIQ BIN HARRIS Contact No.: 65476201	Classification Of Case:

NP168

Mount Elizabeth™
ORCHARD

NUR FARIHANA BINTI SAMRI

NUR FARIHANA BINTI SAMRI
BLK/HSE 661B #06-630
EDGEDALE PLAINS
WATERWAY SUNDEW
SINGAPORE 822661

Accident and Emergency

TAX INVOICE

GST Reg No	20-0409811-Z
Business Reg No	53029035M
Print Date/Time	20.09.2022/19:55:19
Bill Date	20.09.2022
Customer No	5275357
Case No	2022079397
Bill Document No	8208240099
Visit Type	A&E WALK-IN
Visit Date	20.09.2022
Attending Doctor	DR BOK LU SWEE MICHCO

Date	Code	Service Description	Qty	Amount(S$)
20.09.2022	5601000001	A&E ECG 12 LEAD	1	94.47
20.09.2022	7108000002	CONSULTATION - AFTER HOUR	1	128.04
20.09.2022	7108000173	A&E INFECTION CONTROL	1	13.00
20.09.2022	MYON1	MYONAL 50 MG TABLETS	15	27.30

Subtotal	262.81
Hospital Charges	262.81
GST @ 7%	18.40
Hospital Charges Subtotal	281.21

Note: (^)-non discountable items (*)-A&E charges

View Your Medisave and/or Medishield Life Claim Details Online
Login to mycpf online services with your Singpass at http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Medisave and/or MediShield Life Integrated Shield Plan Claims for the past 15 months. For more information, please visit http://ask-us.cpf.gov.sg>> Meeting Your Healthcare Needs.

Reimbursement Information for Employers and Insurers
Reimbursement should be made to cash outlay first, followed by Medisave then MediShield Life OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers>> E-Services>> Medisave/MediShield Life Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.

Customer No./Name: 5275357 NUR FARIHANA BINTI SAMRI

Case Number: 2022079397 Balance Due(S$): 0.00

Cheque Amount: Cheque Number: Bank:

Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".

Please detach and return this section with your payment

Mount Elizabeth™
ORCHARD

NUR FARIHANA BINTI SAMRI

NUR FARIHANA BINTI SAMRI
BLK/HSE 661B #06-630
EDGEDALE PLAINS
WATERWAY SUNDEW
SINGAPORE 822661

Accident and Emergency
TAX INVOICE

GST Reg No	20-0409811-Z
Business Reg No	53029035M
Print Date/Time	20.09.2022/19:55:19
Bill Date	20.09.2022
Customer No	5275357
Case No	2022079397
Bill Document No	8208240099
Visit Type	A&E WALK-IN
Visit Date	20.09.2022
Attending Doctor	DR BOK LU SWEE MICHCO

Date	Code	Service Description	Qty	Amount(S$)
Total Bill				281.21
Total Hospital Charges				281.21
Payment				
20.09.2022	Visa/Master Cd (MEH)	**********5660		281.21-
Balance				
NUR FARIHANA BINTI SAMRI : Balance				0.00

Mount Elizabeth™
ORCHARD

24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY
3 Mount Elizabeth #01-00 Singapore 228510
Tel: 67312218 Fax: 67374040 Co Reg No: 19-9509118-D

MEDICAL CERTIFICATE

MC No: MEH2022079397001

This is to certify that:
Name: NUR FARIHANA BINTI SAMRI
NRIC: S8409348C

Medical leave for 3 day/s from 21.09.2022 to 23.09.2022 inclusive

DR BOK LU SWEE MICHCO

Date: 20.09.2022

THIS CERTIFICATE IS NOT VALID FOR ABSENCE FROM COURT OR OTHER JUDICIAL PROCEEDINGS UNLESS SPECIFICALLY STATED OTHERWISE

TECHNEAT PTE LTD
8 Kaki Bukit Avenue 4
(Enter by Gate 2)
#03-38/39/40
Premier@Kaki Bukit
Singapore 415875

Tel : (65) 6384 1996
Fax : (65) 6384 1996
Hotline : (65) 9691 0887
Email: techneatcarcare@yahoo.com.sg
Business Hour : 9am to 7pm(Mon to Sat)

Service - Repair - Rim - Tyres - Battery - Balancing & Alignment

Work Order: SKX 7529 P
Date 21\9.22 17:27

BMW : 5 Series - F10 (2010 - 2016) : Rear Wheel Drive Models : without AFS (Active Front Steering) : Series : 20" Wheel

Front : Left				Front : Right		
Actual	Before	Specified Range		Actual	Before	Specified Range
-1°06'	-1°06'	-0°42' 0°18'	Camber	-0°41'	-0°42'	-0°42' 0°18'
6°49'	6°49'		Caster	6°26'	6°26'	
0°08'	0°08'	-0°01' 0°11'	Toe	-0°08'	-0°08'	-0°01' 0°11'
13°45'	13°45'		SAI	15°09'	15°10'	
12°39'	12°39'		Included Angle	14°28'	14°28'	
		-2°21' -1°21'	Turning Angle Diff.			-2°21' -1°21'

Front

	Actual	Before	Specified Range
Cross Camber	-0°25'	-0°24'	-0°30' 0°30'
Cross Caster	0°23'	0°23'	-0°30' 0°30'
Cross SAI	-1°24'	-1°25'	
Total Toe	0°00'	0°00'	-0°02' 0°22'
Cross Turn Diff.			-0°30' 0°30'

Rear : Left				Rear : Right		
Actual	Before	Specified Range		Actual	Before	Specified Range
-1°51'	-1°51'	-2°15' -1°25'	Camber	-1°56'	-1°56'	-2°15' -1°25'
-0°43'	-0°44'	0°03' 0°15'	Toe	0°54'	0°53'	0°03' 0°15'

Rear

	Actual	Before	Specified Range
Cross Camber	0°04'	0°05'	-0°30' 0°30'
Total Toe	0°11'	0°10'	0°06' 0°30'
Thrust Angle	-0°48'	-0°48'	-0°12' 0°12'