

ASS. REC BY: Taujith

REF: 033/11122005648/TW3-1

ASSIGNMENT

2021 May
2009 / Sep.

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SH 109D
Policy No. _____
Claims No. MFL2022D0003119/01
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: 970K.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKJ5858B Yr Regn: 2009 / Sep.
Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Provia c.c. 2362
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: 191582 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: STEG054M80 AQ6241
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / SR / STD A/Rim or _____
Tyre Size: F: 215/55R17
R: 215/55R17

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

TOYO / YOKO or Kenda

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 11/6/2022

D.O.I. 14/6/22 @ 5pm

Survey held at SV Auto

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

o/s Rear

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

Date / Time	Action / Instruction
	<u>Repair Range: 45000 - 47000, Delays</u>
23/6/22	Submit PRS
2/12/22	Submit LS \$4450 (red 3950, 47%)

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 7

1) _____
Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) 23/6/22-typist
2/12/22-typist

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

Report Format: _____

Lump Sum / L.B. / L.C. _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

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 13/06/2022 15:28 (SGT)
Date of Accident 11/06/2022 11:35 (SGT)
Exact Location of Accident W'Lands Checkpt, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ5858B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMAD ADITA BIN SUKAIMI
NRIC No S8411497I
Email Address nohnurshu@gmail.com
Mobile Phone No (Phone) +65-96654094
Alternative Phone No +65-96654094

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA584316
Cover Note Number -

DRIVER

Name of Driver NURSHUHADA BINTE SUHAIMI
NRIC No S8835071E

Date Of Birth	22/09/1988
Occupation	Indoor
Date Of Driving Pass	14/09/2007
Driving experience	14 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83834072
Alt. Phone Number	-
Email Address	nohnurshu@gmail.com
Address	BLK 122 PASIR RIS STREET 11 #02-411
Address complement	-
Postcode	510122
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AZZAHRA KHAN BINTE MOHAMED
Gender	Female

PASSENGER 2

Name	ALIFF KHAN BIN MOHAMED GHAZRY
Gender	Male

PASSENGER 3

Name	JAMINAH BINTE SULTAN
Gender	Female

PASSENGER 4

Name	WIWIK WIJAJA YANTI
Gender	Female

PASSENGER 5

Name	NUR SHAHIDA BINTE SUHAIMI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220613/7017.

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 SH109D
 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 VEHICLE B
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NURSHUHADA BINTE SUHAIMI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person AZZAHRA KHAN BINTE MOHAMED
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKJ5858B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person ALIFF KHAN BIN MOHAMED GHАЗRY
 Gender Male
 Phone No -
 Address -
 Address Complement -

Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? SKJ5858B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person JAMINAH BINTE SULTAN
Gender Female
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? SKJ5858B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person WIWIK WIJAJA YANTI
Gender Female
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? SKJ5858B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 6

Name of injured person NUR SHAHIDA BINTE SUHAIMI
Gender Female
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? SKJ5858B
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 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.

B. 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 requirements for my companies by me;
 - (iv) administering my claims (including the mailing of documents, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being 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/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 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:

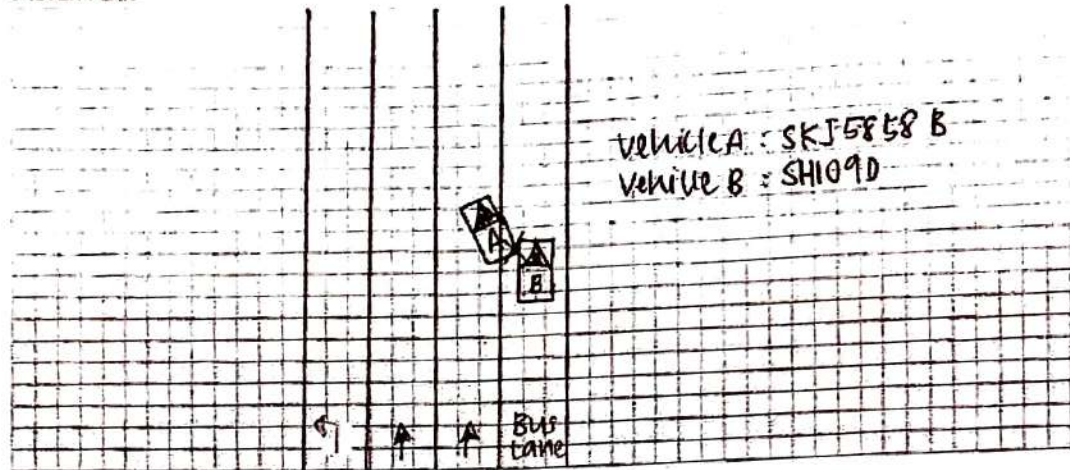


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GENERAL SKETCH PLAN FORM 1/15

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To police Report.

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

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



SINGAPORE POLICE FORCE



T/20220613/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220613/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2022 12:45		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: NUR SHUHADA BINTE SUHAIMI		Address: 122 PASIR RIS STREET 11 #02-441 SINGAPORE 510122	
ID Type / ID No.: NRIC NO / S8835071E		Contact No.: Home/Office: Mobile: 83834072	
Nationality: SINGAPORE CITIZEN		Email: CHICKANOZ_08@HOTMAIL.COM	
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver
Race: Boyanesese		Language: English	Institution / School Name:
Occupation: SENIOR TRAINING OFFICER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Fatal Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 11:35	Type of Location: Straight Road
Location: WOODLANDS CROSSING				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH109F	Bus/Coach/Mi nibus					0
SKJ5858B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220613/7017

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220613/7017

CONTINUATION OF REPORT

Driver			
Name	NUR SHUHADA BINTE SUHAIMI	ID No.	S8835071E
Related Vehicle	SKJ5858B (Car)	Contact No.	83834072
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	AZZAHRA KHAN BINTE MOHAMED	ID No.	T1722899J
Related Vehicle	SKJ5858B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ALIFF KHAN BIN MOHAMED GHАЗRY	ID No.	T1527421I
Related Vehicle	SKJ5858B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	JAMINAH BINTE SULTAN	ID No.	S1590220E
Related Vehicle	SKJ5858B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220613/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220613/7017

CONTINUATION OF REPORT

Passenger			
Name	WIWIK WIJAJA YANTI	ID No.	M3037055K
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Fatal
Passenger			
Name	NUR SHAHIDA BINTE SUHAIMI	ID No.	S8515526A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/06/2022	Date	12/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, VEHICLE A (SKJ 5858 B) WAS INTENDING TO MAKE A LANE SWITCH FROM FIRST LANE TO SECOND LANE. WHEN THE ROAD WAS CLEAR, I PROCEEDED TO MOVE OFF. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SH109D) WHO HAD COLLIDED ONTO MY VEHICLE WHILE I HAVEN'T COMPLETED MY LANE CHANGE.

AFTER THE ACCIDENT, ME AND MY FAMILY THEN WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY (TAMPINES) AS WE FELT PAIN IN OUR NECK AND BACK. WE WERE ALL GRANTED 3 DAYS MC EACH.



**SINGAPORE
POLICE FORCE**



T/20220613/7017

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Report No. T/20220613/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RAZIZ BIN TAHAR
Contact No.: 65476195

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
13/06/2022 12:45

Classification Of Case: