

AE-S. REC-BY: Toupin

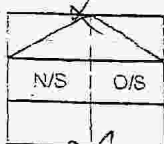
REF: 053/LIP22017377/Tgys

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / VS / 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 Vht: _____

(Policy Condition)

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



Bal. or Market Value: \$155K
 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 WP - PRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: 6B5 9867E Yr Regn: 2019, Oct
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Pick-up
 Make: Ford Ranger 2.0 DC c.c. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 73344 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: AEAPXXM52PK529579
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 265/65R17

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front		Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm	

D.O.A. _____ D.O.I. 12/12/2020 12pm
 Survey held at SU Auto

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
	Repair Range: <u>\$18,000 - \$20,000</u> , <u>18 days</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. invs (\$)
☐ : Weigh and

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI. _____

Photos _____

Others _____

Repair Form: _____

Lum. Sum / L.B. or P. _____

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	06/12/2022 10:07 (SGT)
Reported by	Both
Date of Accident	05/12/2022 15:40 (SGT)
Exact Location of Accident	Near 300A Woodlands Ave 1, Singapore 739071
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9867E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHIAN TECK REALTY PTE LTD
Company Reg No	2XXXXX590Z
Email Address	XUPING@CHIANTECK.COM
Mobile Phone No	(Phone) +65-82228167
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Ranger
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	Commercial vehicle
Transmission	Auto
CC	1996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00121822202

DRIVER

Name of Driver	XU XUPING
NRIC No	SXXXX117B
Date Of Birth	05/06/1985
Occupation	Indoor

Date Of Driving Pass	04/11/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82228167
Alt. Phone Number	-
Email Address	XUPING@CHIANTECK.COM
Address	24 WOODLANDS DRIVE 16, #13-09
Address complement	-
Postcode	737881
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BOSS OF COMPANY
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	Raining
Road Surface	Wet

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)	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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT : L/20221205/7058

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number	GBK5633J
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Commercial vehicle
Name of Driver	PANNEER MURUGANANTHAM
Passport No/FIN	GXXXX528L
Contact Number	(Phone) +65-83164250
Address	30 TOH GUAN ROAD, #07-01
Address complement	UEN:198501934E, RENESCO INJECTION (WATERPROOFING) PTE LTD
Postcode	608840
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR101E
Vehicle Manufacturer	Mercedes
Vehicle Model	E300
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TONG YONG
NRIC No	SXXXX741Z
Contact Number	(Phone) +65-86666998
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	CHRIS TONG
Phone	(Phone) +65-86666998
Email	-

SKETCH PLANIMPORTANT 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.



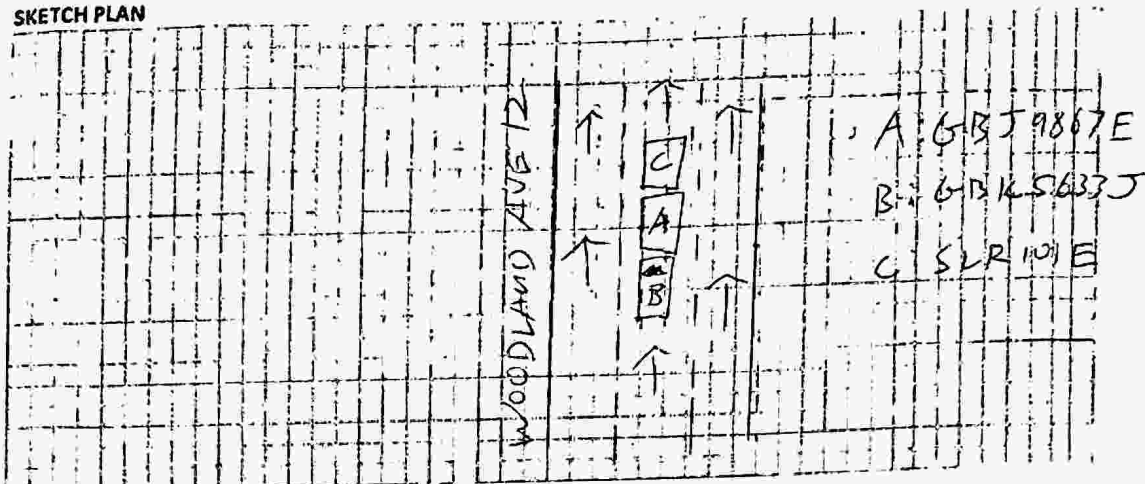
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE Refer to Police Report: L/20221205/2058

7058

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**



L/20221205/7058

1 of 2

POLICE REPORT (NP299)

Report No. L/20221205/7058

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 05/12/2022 18:10	Vide Report No.	Station Diary No.
Name Of Informant XU XUPING	Address 24 WOODLANDS DRIVE 16 #13-09 SINGAPORE 737881	
ID Type / ID No. NRIC NO / S8571117B	Contact No. Home/Office:	Mobile: 82228167
Nationality SINGAPORE CITIZEN	Email Address XUPING@CHIANTECK.COM	
Occupation Business Owner	Sex Male	Age 37
Institution/School Name	Date of Birth 05/06/1985	Race Chinese
Date/Time Of Incident 05/12/2022 15:40 - 05/12/2022 15:45	Location Of Incident 24 WOODLANDS DRIVE 16 #13-09 SINGAPORE 737881	

Brief details.

On 5 Dec 2022, 3.43pm

Mr Panneer Muruganantham, WP no. 0 34601399, (Renesco Injection Waterproofing Pte Ltd) driving GBK5633J along Woodlands Ave 12, towards Gambas Ave. Did not stop in time on red traffic light. Crashed onto stopped vehicle GBJ9867E (Driver : Xu Xuping S8571117B). Causing GBJ9867E to skidded forward and hit on SLR101E (Driver : Tong Yong, S8677741Z)

Mr Panneer Muruganantham admitted that he is at fault, and take full responsibilities of the damages.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2022 18:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20221205/7058

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221205/7058

Subjects Involved			
Victim			
Person Name	XU XUPING		
ID Type	NRIC NO	ID No	S8571117B
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Business Owner	Address	24 WOODLANDS DRIVE 16 #13-09 SINGAPORE 737881
Mobile No	82228167	Is Informant A Victim?	Yes
Person Name XU XUPING (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2022 18:10
Officer In-Charge Of Case:	Classification Of Case: