

AS-S. REC:BY: T. G. J. M.

REF: C93/AIS226/2491/Tay3

ASSIGNMENT

OPC

2029 Apr 7.

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. _____

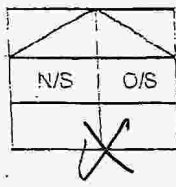
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: Q47K.

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 Wf' PR3.

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: 5JR45614 Yr Regn: 2009 June

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

Truck / Trailer or

Make: Mitsubishi Lanza C.C. 1584

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

Sp. Reading: 148082 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: July STCS3A9 4005638

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: 195/60K15

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

TOYO / YOKO or

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____ D.O.I. 14/12/2013 upn

Survey held at Precise 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>Q5000 - Q6000</u> <u>Q 07 days</u>

Date/Time, File Pass 40? ☐ : Preli. Report ☐ : Final Report

1) Date/Time, File Return to?
 2) _____

Report Form: _____
Lum. Sum. / B. C. P. _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____	
Transportation: _____	
S + RS \$ _____	
Photos _____	
Others _____	



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 willful 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	11/12/2022 17:57 (SGT)
Reported by	Driver
Date of Accident	11/12/2022 01:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS LINK BEFORE JUNCTION OF BEDOK RESERVOIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4561H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED KHALID BIN MASROM
NRIC No	S1309653H
Email Address	MKHALIDMASROM@GMAIL.COM
Mobile Phone No	(Phone) +65-93652141
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5044043839-12

DRIVER

Name of Driver	MUHAMMAD IMRAN BIN HOHAMED KHALID
NRIC No	S9047459F
Date Of Birth	17/12/1990



Occupation	Indoor
Date Of Driving Pass	17/06/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91513336
Alt. Phone Number	-
Email Address	IMRANIBNMK@GMAIL.COM
Address	BLK 10 #03-2725 EUNOS CRESCENT
Address complement	-
Postcode	400010
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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)	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	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

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	advised the driver to send to motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMM5809D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	MUHAMMAD RYAN TAY ZHENG KAI
Contact Number	T0021993I
Address	(Phone) +65-90880213
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD IMRAN BIN HOHAMED KHALID
Gender	Male
Phone No	(Phone) +65-91513336
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	32
Injuries Sustained	HEADACHE
Injured person in which vehicle?	SJR4561H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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

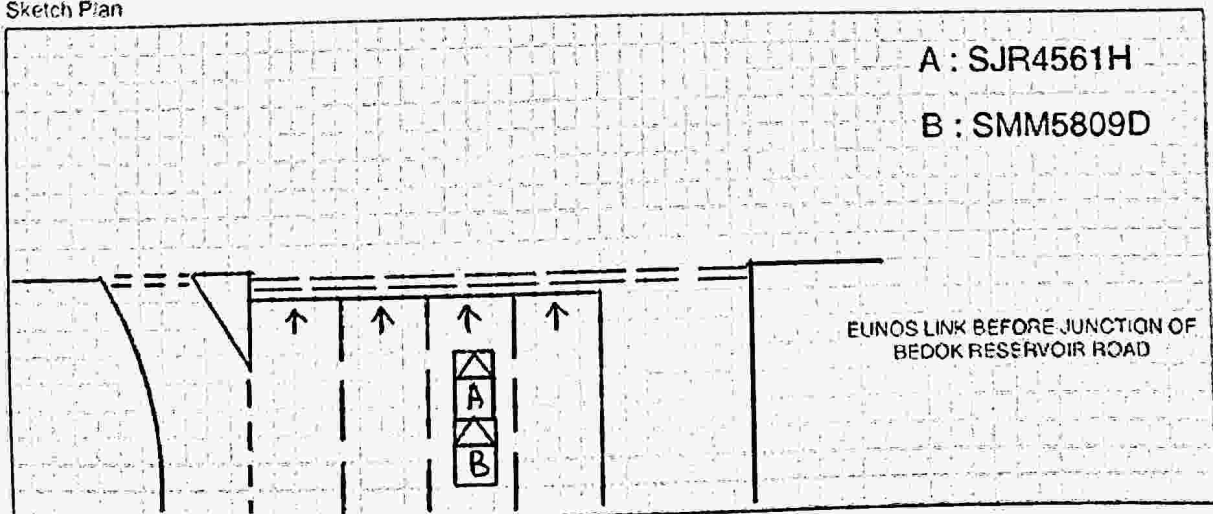
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (name as in NRIC/ID card)

11/12/2022
17:30

Lim Kai Chuan

Sketch Plan



Describe Circumstance of the Accident

Refer to POLICE REPORT

Declaration

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

Policyholder's Signature / Date & Time

11/12/2022
17:30

Driver's Signature (if driver is not the policyholder) / Date & Time

LIM KAI CHUAN

Witnessed By Reporting Centre Personnel
(Name as in NRIC/ID card)



POLICE FORCE

T-00722217002

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No: T-00722217

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2022 09:36	Video Report No:	Station Diary No:
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Informant's Particulars

Name of Informant: MUHAMMAD IMRAN BIN MOHAMED KHALID			Address: 10 EUNOS CRESCENT #03-2725 SINGAPORE 400010		
ID Type / ID No: NRIC NO / S9047459F			Contact No.: Home/Office: Mobile: 91513336		
Nationality: SINGAPORE CITIZEN			Email: imran.bnmk@gmail.com		
Sex: Male	Age: 31	Date of Birth: 17/12/1990	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2022 01:40	Type of Location: T-Junction
Location: UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJR4561H	Car					0
SMM5809D	Car			Black	No Damage	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/2022:211/7002

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

2 of 3

Report No. T/2022:211/7002

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IMRAN BIN MOHAMED KHALID		ID No. S9047459F
Related Vehicle	SJR4561H (Car)		Contact No. 91513336
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was waiting for the red light to change to green at the T junction on Eunos Link towards Jin Eunos. Once the light changed to green and ensuring that it is safe for me to proceed, I accelerated forward slowly.

Out of a sudden, I felt a strong force and heard a loud bang coming from the rear of my vehicle. That is when I realized, the car who was behind me at that moment (SMM5809D driven by Mr Muhammad Ryan Tay Zheng kai T0021993I) had collided on to the back of my vehicle.



SINGAPORE POLICE FORCE



T202212117002

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

3 of 3

Report No: T202212117002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
11/12/2022 09 36

Officer In Charge Of Case
TP / TPiB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168