ASS. REC. BY: | REF: CS/INC23001101/Any3

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: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 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: SCP8111R. Yr Regn: 2018, June.

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

Make: Toyota CHR. c.c 1797

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

Sp.Reading 144650 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZYX10211490I

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: 225/50R18.

R: 225/50R18

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.		D.O.I.	02/02/23.

Survey held at HD Perfect.

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 INC
	Adrian confirmed Lump Sum $ 8600 and 7 days (Red: $ 11567.83, 57%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) 21/3/23

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS ___ SI

Photos _____

Others _____

Report Format : TP

SN07231P000I / Income Insurance Limited
ENTRY DATE & TIME: 25/01/2023 12:13 (SGT)
SUBMITTED BY: Muammar Gaddafi Bin Marzuki
VERSION: 1 (25/01/2023 17:02 (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	25/01/2023 12:13 (SGT)
Reported by	Driver
Date of Accident	22/01/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FARRER ROAD & HOLLAND ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCP8111R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIANG TENG HOCK JOSEPH
NRIC No	S1418985H
Email Address	REJLIANG0602@GMAIL.COM
Mobile Phone No	(Phone) +65-96389767
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121459368-01

DRIVER

Name of Driver	LIANG ZHENWEI, JOEL
NRIC No	S9011276G
Date Of Birth	29/03/1990
Occupation	Indoor

Date Of Driving Pass	16/02/2011
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +49-17630942476
Alt. Phone Number	-
Email Address	JOEL.LIANG90@GMAIL.COM
Address	BLK 2D UPPER BOON KENG ROAD
Address complement	#24-658
Postcode	384002
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	DRIZZLING
Road Surface	Wet

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)	5
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	LIANG TENG HOCK JOSEPH
Gender	Male

PASSENGER 2

Name	ELINA SEAH
Gender	Female

PASSENGER 3

Name	JETHRO LIANG
Gender	Male

PASSENGER 4

Name	JEROME LIANG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING AT THE SAID LOCATION & WAS APPROACHING THE TRAFFIC LIGHT JUNCTION WHEN THE LIGHT TURN AMBER. I BRAKED AND CAME TO A STOP AT THE JUNCTION. A MOMENT LATER, A CAR HIT ME FROM THE REAR. ME AND 2 OUT 4 PASSENGERS FELT SOME BODY DISCOMFORT AND WENT TO SEE A DOCTOR WAS GIVEN 2 DAYS MC.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR6953L
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ANG WEE LEONG
NRIC No	S8922215Z
Contact Number	(Phone) +65-97779332
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	LIANG TENG HOCK JOSEPH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & SHOULDER STRAIN
Injured person in which vehicle?	SCP8111R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIANG ZHENWEI, JOEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK MUSCLE STRAIN
Injured person in which vehicle?	SCP8111R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ELINA SEAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	NECK & SHOULDER STRAIN
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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,

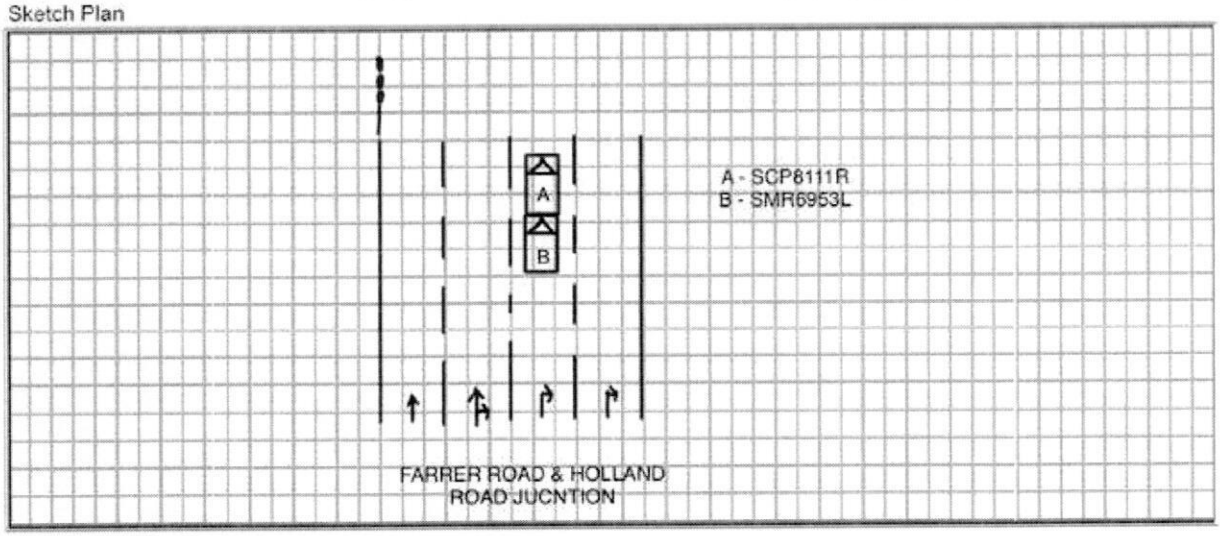
(collectively the "**Purposes**")

(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.

25/01/2023		MUAMMAR GADDAFI BIN MARZUKI
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)

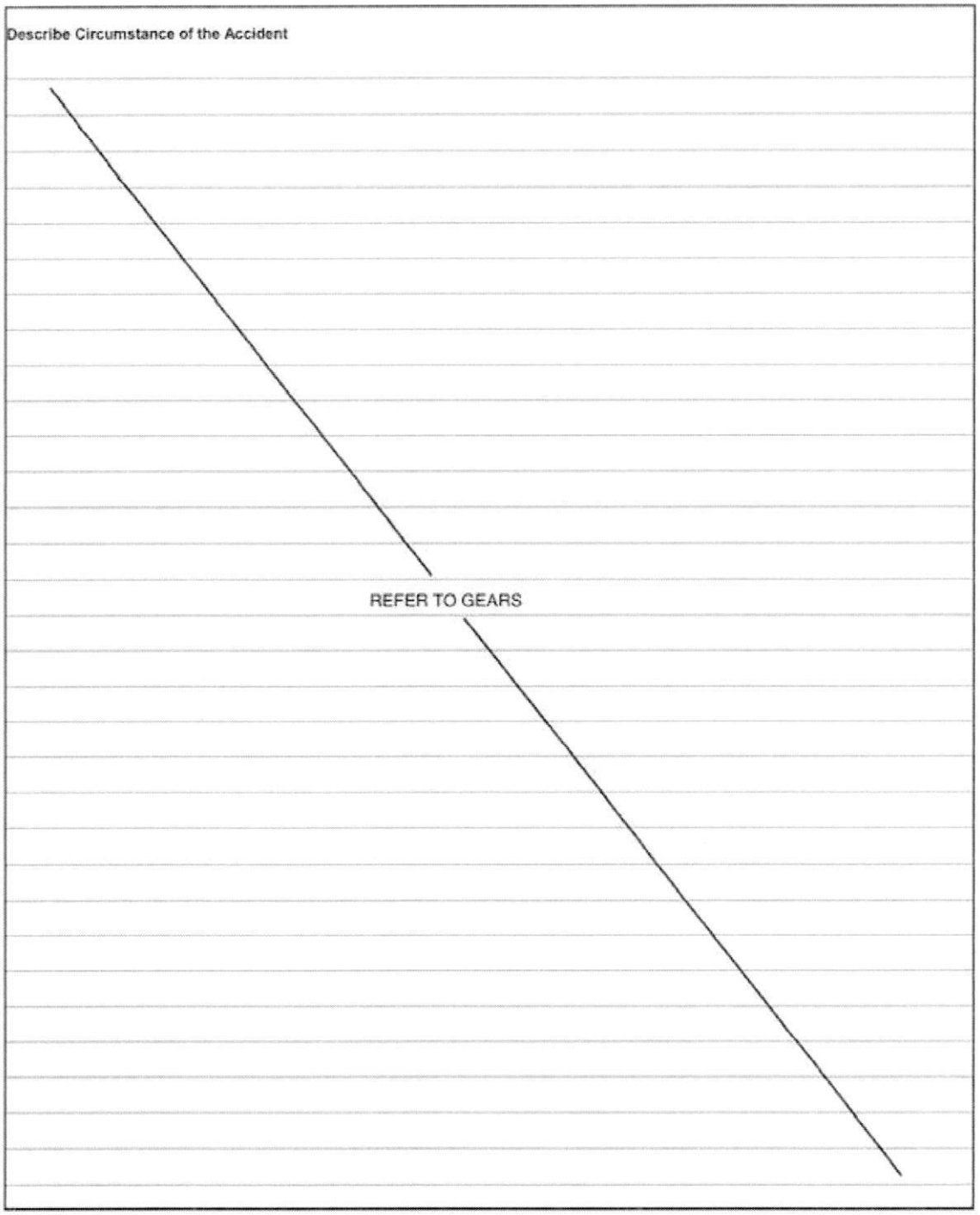
Sketch Plan



1

SKETCH PLAN #2

Describe Circumstance of the Accident



Declaration

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

25/01/2023		MUAMMAR GADDAFI BIN MARZUKI
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)

2

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: **Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.**

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN07231P000I **Vehicle Registration No:** SCP8111R

Name (as shown in NRIC): LIANG ZHENWEI JOEL **NRIC/FIN/Passport No:** S9011276G

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 2D Upp Boon Keng Road, #24-658 **Singapore (** 384002 **)**

Contact (Tel): 67421887 **Mobile No.:** +49 17630942476

Email Address: Joel.liang90@gmail.com

Date of Accident: 22.01.2023 **Time of Accident:** 15:50

Place of Accident: Farrer road & Holland road junction, Singapore

Insurance Company: Income insurance limited

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Section Injured Persons Details – Injured 1

Name of injured person should be changed to LIANG TENG HOCK JOSEPH

Section Circumstances of Accident

I was travelling at the said location & was approaching the traffic light junction when the light turned amber, I slowed down and brake and came to a stop at the junction. A moment later, a car hit me from the rear. Me and 2 out of 4 passengers felt some body discomfort and went to see a doctor and was given 2 days MC

Policyholder / Driver's Signature
Date: 25.01.2023

Reporting Centre Personnel's Signature
Name: GADDAFI
NRIC/FIN No.: S993841
Date: 25/01/2023