

ASS. REC. BY:

Steve

REF:

CS3/CTI 22002976/ETy3

Dnp3-1

ASSIGNMENT

From: PRS 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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM G 32124 Yr Regn: 14/12/18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Shuttle c.c. 1496
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 33053 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GP72000716
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: "
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 29/3/22 D.O.I. 31/3/22
 Survey held at V-TEC
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 n/s body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MK-83K</u>
	21/03/23 submit lump sum: \$4900 and 6 days (red, \$2500, 34%)
	<u>repair range 4k 5k. 7 days</u>
	<u>SUBMIT PRS REPORT</u>

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 7 6

1) 21/03/23

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS. \$

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / I.B.I. (\$) _____

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	30/03/2022 17:37 (SGT)
Date of Accident	29/03/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NAMLY AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG3212U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AH HUA
NRIC No	S7267583E
Email Address	ALEXGOH6398@GMAIL.COM
Mobile Phone No	(Phone) +65-91391908
Alternative Phone No	+65-91391908

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119594781
Cover Note Number	-

DRIVER

Name of Driver	GOH AH HUA
NRIC No	S7267583E

Birth
ation
Of Driving Pass
ing experience
ender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

04/11/1972
Outdoor
29/12/2011
10 YEARS AND 3 MONTHS
Male
(Phone) +65-91391908
+65-91391908
ALEXGOH6398@GMAIL.COM
BLK 890A WOODLANDS DRIVE 50
#08-287
731890
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
Yes
No
Yes
2
No

PASSENGER 1

Name
Gender

MS. YAN
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Traffic Police
(Phone) +65-65470000
(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes
Yes
WITH INSURED
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC7914L

Manufacturer	-
Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TNG HUI TING
	S89045021
Contact Number	(Phone) +65-90170524
Address	-
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG3212U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

1008-0167

S. W. C. O. 1944. 1946. 1947.

6. The following statements are either true or false. Write *true* or *false* in the space provided.
- a. The function $f(x) = \ln(x^2 + 1)$ is concave up for all x .
- b. The function $f(x) = \ln(x^2 + 1)$ is concave down for all x .
- c. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- d. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- e. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- f. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- g. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- h. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- i. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- j. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- k. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- l. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- m. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- n. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- o. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- p. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- q. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- r. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- s. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- t. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- u. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- v. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- w. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- x. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.
- y. The function $f(x) = \ln(x^2 + 1)$ is concave up for $x > 0$ and concave down for $x < 0$.
- z. The function $f(x) = \ln(x^2 + 1)$ is concave down for $x > 0$ and concave up for $x < 0$.

I have learned, acknowledge, accept and forgive their

- (a) My insurer, my employer and the relevant business Association ("AB") may/are permitted to collect, use, disclose and/or process my personal data/ personal information received in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and/or use such Personal Information to all insured(s) who have insured vehicle(s) involved in this accident (all Insured(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) processing and/or dealing with my loss/ claims or responding to any enquiries for case;
 - (iv) administering my claims (including the making of correspondence, statements, demands, requests or notices to me, which could involve disclosure or collection of data/ personal data/ information relating to the claim(s) of this case, as well as the related cover of my policy/ policies/ policy/ policies); and/or
 - (v) complying with applicable law in a data/ privacy, processing, handling and/or dealing with my claims/ personally the "Insurers").
- (b) All Insurer(s) who have insured vehicle(s) involved in this accident and one Insurers' lawyers/ law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for use or acts of the above Purpose(s) and
- (c) my Personal Information may/ can be disclosed by any of the Insurers' lawyer/ law firms to third party/ parties (including their lawyers/ law firms), which may be third party/ parties of Singapore, for any or none of the above Purpose(s).
- (d) My Personal Information will also be collected and used to compile data/ information for the purpose of fraud detection, investigation and management in pre-claim and all claims, either
- (e) the information so collected under (d) above may be shared / or shared:
- (i) to all Insurers and/or any other third parties for the purpose of collecting, investigating, administering or settling claims, requests, demands and government remedies to claims and for related purposes, including:
 - (ii) for complying with applicable law and a legal requirement, law or government.

[illegible]

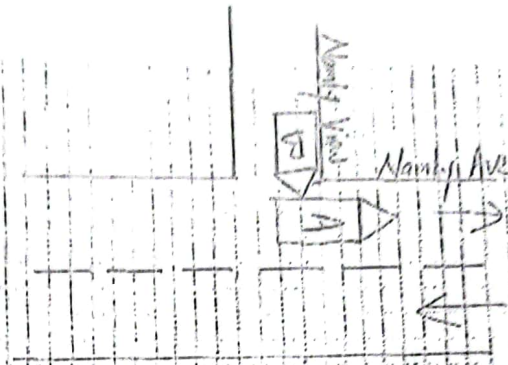
30/3/22

$$\begin{aligned} & \mathbb{E}[f(\mathbf{z}_t) | \mathcal{F}_t] = \mathbb{E}[f(\mathbf{z}_t) | \mathbf{z}_t] = f(\mathbf{z}_t) \\ & \mathbb{E}[f(\mathbf{z}_t) | \mathcal{F}_t] = \mathbb{E}[f(\mathbf{z}_t) | \mathbf{z}_t] = f(\mathbf{z}_t) \\ & \mathbb{E}[f(\mathbf{z}_t) | \mathcal{F}_t] = \mathbb{E}[f(\mathbf{z}_t) | \mathbf{z}_t] = f(\mathbf{z}_t) \end{aligned}$$

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

A - SM63212U

B - PC7914L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th March 2022 Around 1600 hrs, I was driving SM63212U along Namby Ave, suddenly a Van PC7914L drive out from Namby View and hit on my rear LHS. My passenger and I go for doctor consultation after the accident.

Police report NO. T/20220330/7014

DECLARATION

You have been advised by the workshop that in this event that you wish to claim against your own policy (not covered). Therefore COUP/COPI (2A) must be used to settle the claim. The claim will be settled within the stipulated time frame from the day of the occurrence.

✓

- Reporting Only
- Claim CO
- Claim CP
- Claim COB (if at other workshop)

V-TECH Auto Service

DECLARATION

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

[Signature]

Customer's Signature

Date: 30/3/22

Customer's Signature

Officer in Charge (Signature)

Date: 30/3/22

[Signature]

Superintendent's Signature

Date:

Officer's Name



SINGAPORE POLICE FORCE



T/20220330/7014

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

1 of 3

Report No. T/20220330/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2022 14:18	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH AH HUA			Address: 890A WOODLANDS DRIVE 50 #08-287 SINGAPORE 731890	
ID Type / ID No.: NRIC NO / S7267583E			Contact No.: Home/Office:	Mobile: 91391908
Nationality: SINGAPORE CITIZEN			Email: ALEXGOH6398@GMAIL.COM	
Sex: Male	Age: 49	Date of Birth: 04/11/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2022 16:00	Type of Location: T-Junction
Location: NAMLY AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC7914L	Bus/Coach/Mi nibus	TOYOTA	HIACE	White	Slightly Damaged	1
SMG3212U	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Grey		0



**SINGAPORE
POLICE FORCE**



T/20220330/7014

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

2 of 3

Report No. T/20220330/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3212U	NTUC Income Insurance Co-Operative Limited	5119594781-01	14/12/2021	13/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TNG HUI TING		ID No.	S89045021
Related Vehicle	PC7914L (Bus/Coach/Minibus)		Contact No.	90170524
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	GOH AH HUA		ID No.	S7267583E
Related Vehicle	SMG3212U (Car)		Contact No.	91391908
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On 29th March 2022 around 1600 hrs, i was driving SMG3212U along Namly Ave, suddenly a van PC7914L drive out from Namly View and hit on my rear LHS. My passenger and i go for doctor consultation after the accident.

**SINGAPORE
POLICE FORCE**

T/20220330/7014

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

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Report No. T/20220330/7014

CONTINUATION OF REPORTSketch 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 / TPB /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

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

Date/Time:
30/03/2022 14:18

Classification Of Case: