

ASS. REC. BY:

REP:

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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMN3715Z Yr Regn: 2019 / AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Voxy C.C. 1797Colour: Bronze A/C: Insured / Std / NI / NASp. Reading: 112644 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR800368480Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/50R17R: 215/50R17BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 27/01/23

Survey held at

M6 solution

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

Front O/S

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

Date / Time

Action / Instruction

TP Chinn

mv:

pv:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

Report Format:

I hereby certify that the above information is true and correct.

VEHICLE NO: SMN 37152

MAKE & MODEL: TOYOTA VOXY HYBRID AUTO / MANUAL

| | | |
|--|---|------------------|
| DATE OF ACCIDENT | 27 / 01 / 2023 | CC 1800 |
| TIME OF ACCIDENT | 1030hrs | AM / PM |
| LOCATION OF ACCIDENT | before Junction of Sims way and geylang road towards | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE Nicoll Highway. | |
| NAME OF OWNER | BEH YONG SENG | |
| EMAIL JOHNBEH74@gmail.com | Office: | MOBILE 8821 1129 |
| NRIC | S7423342B | |
| CLAIM TYPE | OD / THIRD PARTY / REPORTING ONLY | |
| FLEET POLICY | YES / NO ? | |
| INSURANCE CO. | NTUC INCOME | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | 5132452928 | |
| NAME OF DRIVER | AS ABOVE / IF NO. | |
| NRIC | S7423342B | |
| DATE OF BIRTH | 28 / 07 / 1974 | |
| ANY PASSENGER | YES / NO : 1 | |
| NAME OF PASSENGER | Unknown | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 13 / 12 / 2007 | |
| GENDER | Male / Female | |
| CONTACT NO. | Mobile: 8821 1129 | Office: |
| EMAIL | JOHNBEH74@GMAIL.COM | |
| ADDRESS | Blk 76 LORONG LIMAU #09-25 S(320076) | |
| DOES DRIVER OWN OTHER VEHICLES? | NO / If yes, Reg No. | INSURER. |
| RELATIONSHIP | Employee / If No: OWNER | |
| WEATHER CONDITION | Clear / Raining / Other: | |
| ROAD SURFACE | Dry / Wet / Other: | |
| ANY INJURIES | No / If yes, Who? BEH YONG SENG | |
| CONVEYED BY AMBULANCE | No / If yes, Who? | |
| POLICE REPORT | No / If yes, Where? online | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? | |
| VEHICLE B NO. | SNC 80095 | Any Passenger: 0 |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | Any Passenger: | |
| VEHICLE D NO. | Any Passenger: | |
| VEHICLE E NO. | Any Passenger: | |
| VEHICLE F NO. | Any Passenger: | |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO | |
| Who is Reporting | Driver / Owner / Both | |
| Original Language Used | English / Mandarin / Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / 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.
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: _____

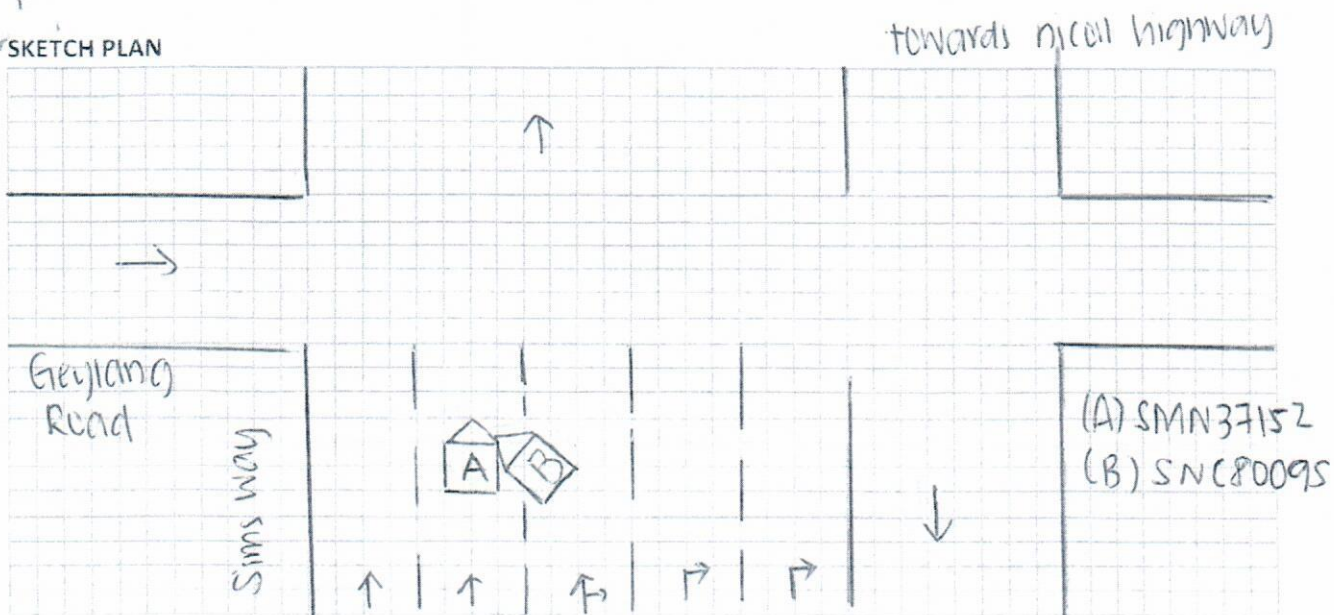


Driver's Signature
(If driver is not the policyholder)
Date & Time: _____

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

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report.

NO: T/20230127/7022

[Signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20230127/7022

1 of 3

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

Report No. T/20230127/7022

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 27/01/2023 12:51 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: BEH YONG SENG | | | Address: 76 LORONG LIMAU #09-25 SINGAPORE 320076 | | |
| ID Type / ID No.: NRIC NO / S7423342B | | | Contact No.: Home/Office: Mobile: 88211129 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: johnbeh74@gmail.com | | |
| Sex: Male | Age: 48 | Date of Birth: 28/07/1974 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: PRIVATE HIRER | | | Driving Licence Information: Class: 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: 27/01/2023 10:30 | Type of Location: X-Junction |
| Location: junction of Sims way and Geylang road towards Nicoll Highway | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| 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 |
|-------------|------|--------|----------------------------|-------|----------|-------|
| SMN3715Z | Car | TOYOTA | VOXY HYBRID 1.8V CVT | Brown | | 1 |
| SNC8009S | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20230127/7022

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

2 of 3

Report No. T/20230127/7022

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMN3715Z | NTUC Income Insurance Co-Operative Limited | 5132452928 | 22/12/2022 | 31/01/2024 |

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | BEH YONG SENG | | ID No. S7423342B |
| Related Vehicle | SMN3715Z (Car) | | Contact No. 88211129 |
| Hospital/Clinic | W Y TEH FAMILY CLINIC AND SURGERY | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | 27/01/2023 | | Date NIL |
| No. of Days granted Medical Leave | | 05 | Degree of Serious |

Brief Details.

On 27/01/2023 at about 1030 hours at along before junction of Sims way and Geylang road towards Nicoll Highway. I was travelling on the fourth lane at the above mentioned road and traffic was heavy. Suddenly, a vehicle (B) from my right veered into my lane without cautious and without checking his blind spot and hit onto the right portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to consult a doctor and was given 05 days MC for my injury. I have 1 passenger onboard my vehicle.

Vehicles involving in the situation:

(A)SMN3715Z

(B)SNC8009S



**SINGAPORE
POLICE FORCE**



T/20230127/7022

3 of 3

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

Report No. T/20230127/7022

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
27/01/2023 12:51

Classification Of Case: