

ASS. REC. BY:

REP:

CS/SMD23002667/Awy3

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.

Bal. or Market Value: \$102,000.00

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SJW24532

Yr Regn:

2018, July.

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

Truck / Trailer or

Make:

Toyota Prius

C.C.

1798

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

210766

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDZS3E490J029974

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: 215/50R17

R: 215/50R17

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

15/03/23

Survey held at

Unimotor

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 Sampo. Estimate Not Ready yet
8/8. 15/03/23.

MV: 102K

PV: 37.4K

Nett: 64.6K

12/06/2023 Finalise L/S \$4,100.00 @ 05 days (Red \$5,009.88/55%)

Date/Time, File Pass to?

12/06/2023

1) Typist

Date/Time, File Return to?

3)



Prel. Report



Final Report

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation:

) 3 + RS. \$1

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Test Drive (\$

Report Formset:

TP

E-mail: Frank.L@P.L.P.

L/S \$4,100.00

VEHICLE NO: SJW24532 MAKE & MODEL: TOYOTA PRIUS

AUTO / MANUAL

DATE OF ACCIDENT	11 / 03 / 2023	CC 18CC
TIME OF ACCIDENT	11.55 AM / PM	
LOCATION OF ACCIDENT	SELETAK EXPRESSWAY	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	LEE CHIN HUI	
EMAIL	alan@scatechgondola.com	MOBILE: 81809161
NRIC	S71113682	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO.	ERGO	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMP622008981	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	S71113682	
DATE OF BIRTH	04 / 08 / 1971	
ANY PASSENGER	YES / <u>NO</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	27 / 08 / 1994	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 81809161 / Office:	Home:
EMAIL	alan@scatechgondola.com	
ADDRESS	Blk 237 COMPASSVALE WALK #14-53K 55K0237	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No: <u>OWNER</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / <u>If yes</u> Where? <u>TAMPINES</u>	<u>NPC</u>
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	FB44603A	Any Passenger: <u>NO</u>
NAME	XG	
CONTACT NO.	90022705	
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS	<u>NO</u>	
WITNESS CONTACT NO.	<u>NO</u>	
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?		
YES / <u>NO</u>		

alan@scatechgondola.com

Describe Circumstances of the Accident

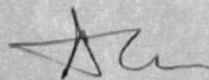
POLICE REPORT : T/20230312/2053 .

Declaration

I declare the foregoing particulars are true in every respect.

x 

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230312/2053

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Report No. T/20230312/2053

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2023 17:18		Vide Report No.:		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: LEE CHIN HUI		Address: APT BLK 237 COMPASSVALE WALK #14-534 SINGAPORE 540237			
ID Type / ID No.: NRIC NO / S7111368Z		Contact No.: Home/Office:		Mobile: 81809161	
Nationality: SINGAPORE CITIZEN		Email: alan@scatechgondola.com			
Sex: Male	Age: 51	Date of Birth: 04/04/1971	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Project Director		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2023 11:55	Type of Location: Expressway
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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	Condition	No of Passenger
FBU4603A	Motorcycle	YAMAHA	YZF155 CONNECTE D	Black	Slightly Damaged	0
SJW2453Z	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230312/2053

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230312/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJW2453Z	SHC INSURANCE PTE. LTD.	DMPG22008981	31/07/2022	30/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	XQ	ID No.	NIL
Related Vehicle	FBU4603A (Motorcycle)	Contact No.	90022705
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE CHIN HUI	ID No.	S7111368Z
Related Vehicle	SJW2453Z (Car)	Contact No.	81809161
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/03/2023 at about 11.55am, I was driving my car (SJW2453Z) on lane 1 along SLE towards CTE before Exit 3.

There were road works ahead on lane 1. The vehicles were moving at slow speed and started to filter out to lane 2.

I saw a motorcycle (FBU4603A) riding on lane 1. The rider signal left and used hands gesture to alert the oncoming car that she was filtering left.

I was certain the rider had filter left thus I moved forward. Suddenly, I heard a thud sound from the left portion of my car. I looked at the left side mirror and saw the rider side-swipe my car and collided on the center divider.

I stopped and alighted from my car. The rider was already seated on the motorcycle when I approached her and had asked her immediately on her condition. She was fine and did not require ambulance.



**SINGAPORE
POLICE FORCE**



T/20230312/2053

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Report No. T/20230312/2053

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Tel No: 1800-5871999

CONTINUATION OF REPORT

We moved to the road shoulder, she mentioned did not suffer any injury hence we agreed to settle privately. We exchanged contact details with each other.

At about 12.37pm, she texted me informed that due to the accident she suffered abrasions and bruises. She also said the motorcycle need to be repair and decided to settle through insurance claim.

I have front in-car camera installed and it captured the accident footage. I am lodging this report to submit to my motor insurance company.



**SINGAPORE
POLICE FORCE**



T/20230312/2053

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230312/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
SGT 3 MUHAMMAD ISA BIN MD
RASHID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/03/2023 17:18

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case: