

AC: S. REC: BY: T. J. M.

REF: 055 / LPC 27011587 / TUG 3-1

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / US / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: GBH 6783T
Policy No: _____
Claims No: 22/22/22/VC06/026565
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SKZ 7360Y Yr Regn: 2016 / Feb.
Type: Truck / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Wish C.C. 1748
Colour: Grey A/C: Insured / Std / Nil / NA
Sp. Reading: 205887 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/No: 3TD66 20W80 J003460
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: 185/60 R15
R: 175

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Rxmotion

Bal. or Market Value: _____
IDAC Accident Report: _____
GIA / PR Seen: _____
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ %
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Front
R/Bal. 6 mm
L/Bal. 6 mm
D.O.A. 22/10/2022
Survey held at At the Auto
Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
22/11/22	Submit PRS
16/3/23	Submit LS \$2500 (red 1150, 31%)

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report

Days Of Repair: 4
Resurvey No. of Trip: _____

Date/Time, File Return to?
2) 16/3/23-typist

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

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

Rep. Form: _____
Lum Sum: _____

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 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	24/10/2022 16:18 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 21:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG DESKER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7360Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHI JUN CAR RENTAL
Company Reg No	53397722C
Email Address	JILLCHIANGYOKELI@GMAIL.COM
Mobile Phone No	(Phone) +65-96328306
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118629132-02

DRIVER

Name of Driver	RADIN FADLI BIN RADIN AHMAD
NRIC No	S1693032F
Date Of Birth	31/05/1965
Occupation	Outdoor

Date Of Driving Pass	21/03/2000
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98391704
Alt. Phone Number	-
Email Address	JILLCHIANGYOKELI@GMAIL.COM
Address	BLK 89 #04-85
Address complement	BEDOK NORTH STREET 4
Postcode	460089
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 : T/20221023/7000 AND SKETCH PLAN

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	INFORM DRIVER TO EMAIL VIDEO TO INCOME

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBH6783T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Chi Jun Car Rental

Blk539,02-115

Woodlands Drive16

S730539

HP:96328306

24/10/2022

1600HRS

24/10/2022

1600HRS

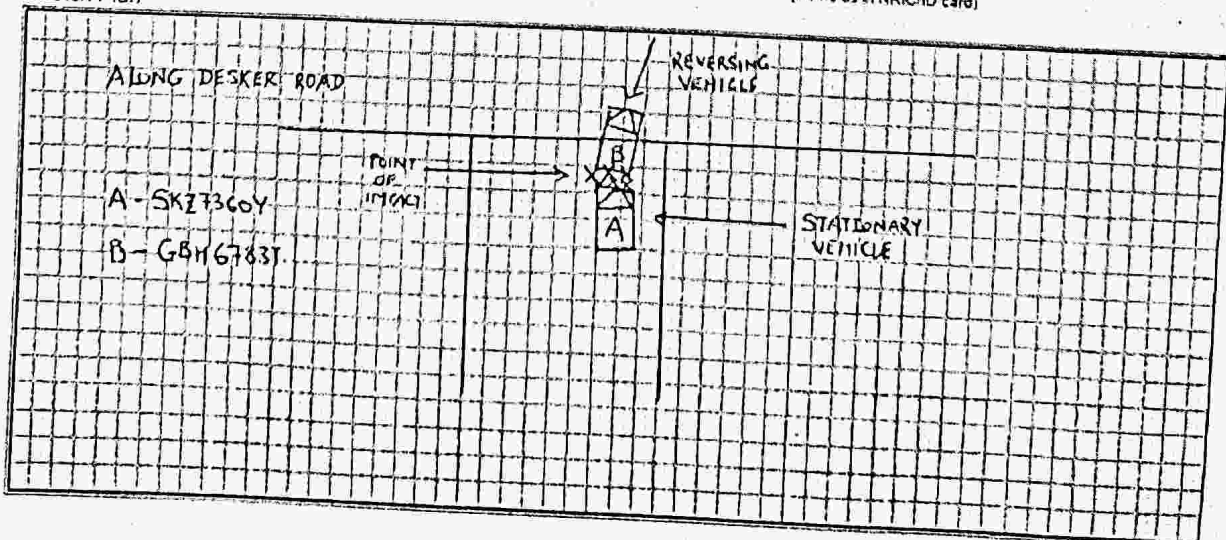
Vincent Soh

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



Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

Chi Jun Car Rental

Bik539.02-115

Woodlands Drive16 27/10/2022

S730539 1600HRS

HP 96328306
Policyholder's Signature / Date & Time

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

27/10/2022

1600HRS

Vincent Soh

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



**SINGAPORE
POLICE FORCE**



T/20221023/7000

1 of 3

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

Report No. T/20221023/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2022 00:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: RADIN FADLI BIN RADIN AHMAD			Address: 89 BEDOK NORTH STREET 4 #04-85 SINGAPORE 460089		
ID Type / ID No.: NRIC NO / S1693032F			Contact No.: Home/Office: Mobile: 98391704		
Nationality: SINGAPORE CITIZEN			Email: radinfadliradin@gmail.com		
Sex: Male	Age: 57	Date of Birth: 31/05/1965	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/10/2022 21:05	Type of Location: Straight Road
Location: DESKER ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBH6783T	Lorry			Yellow		0
SKZ7360Y	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221023/7000

2 of 3

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

Report No. T/20221023/7000

CONTINUATION OF REPORT

Driver			
Name	RADIN FADLI BIN RADIN AHMAD	ID No.	S1693032F
Related Vehicle	SKZ7360Y (Car)	Contact No.	98391704
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.

At the above mentioned date and time, I was driving my vehicle along Desker Road. I intent to turn right to Serangoon Road. There was a yellow in colour lorry infront of me. Suddenly, the lorry reversed onto my car. The lorry has passed the stop line.

I kept on honking to attract the attention of the lorry driver but the driver did not stop. I was able to capture that the vehicle was from Lincoln Machinery. I was in the midst of picking up a passenger to go to Changi Airport. Upon picking up the passenger, I was able alight and made a check on my car. The car sustained some scratches and slight dent on the front right side of the bonnet.

I was able to extract the footage from my in-car camera and notice that the lorry's registration number is GBH6783T. As of now, I am feeling well.



**SINGAPORE
POLICE FORCE**

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



T/20221023/7000

3 of 3

Report No T/20221023/7000

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: 23/10/2022 00:17
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

NP168