

ASS. REC. BY: ToughREF: CSS/LPC 22006904 / IVY3 -1**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

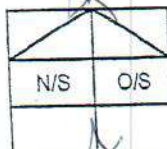
Insured: GBD 8221LPolicy No. Z22VC05011980Claims No. 22/22/22/VC05/026049

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: \$106K

IDAC Accident Report: _____ 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 PRS UP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMQ548T Yr Regn: 2019, Oct

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

Truck / Trailer or

Make: Honda Vezel C.C. 1496Colour: Green A/C: Insured / Std / NI / NASp. Reading: 84343 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R411321393

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: 215/55R17R: 215/55R17

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 19/7/2022Survey held at SU AutoDes. 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
	<u>Repair Range: \$15000 - \$17000, 14 days</u>
26/7/22	Submit PRS
16/5/23	Submit LS \$18,400 (red 10,350, 36%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 16/5/23-typist

Rep. Format: _____

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

Days Of Repair: 18

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos

Others

TOTAL

BLK 55 CHAI CHEE DRIVE #02-168

460055

Was driver an employee of the Insured's Company

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILEST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (including Driver)

2

Passenger 1

NAME: -

-

GENDER: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

PASIR RIS N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190318/2018

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

-

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC2595B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD



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	20/07/2022 14:16 (SGT)
Reported by	Owner
Date of Accident	19/07/2022 15:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BEACH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ548T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CINDY CHUA YENG CHOO
NRIC No	S7301678I
Email Address	CINDI_YC@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93626526
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	S121V13149/VPE/R00

DRIVER

Name of Driver	CHUA KENG LAI
NRIC No	S0508659J
Date Of Birth	25/09/1944
Occupation	Indoor



Date Of Driving Pass	18/09/2000
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92258011
Alt. Phone Number	-
Email Address	CINDI_YC@YAHOO.COM.SG
Address	BLK 221B SUMANG LANE #08-23 S822221
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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 POLICE REPORT ATTACHED

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	GBD8121L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW3191K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA KENG LAI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SMQ548T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

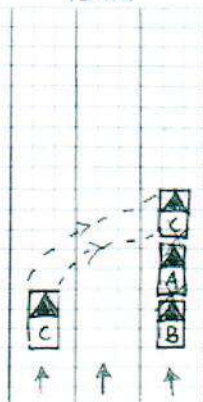
IMPORTANT NOTICE

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 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.

Policyholder's Signature / Date & Time
 20/7/2022
 1353
 Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time
 20/7/2022
 1355

Witnessed by Reporting Centre Personnel



Vehicle A : SMQ 548 T
 Vehicle B : GBD8121 L
 Vehicle C : SKW3191 K

Describe Circumstances of the Accident

Refer To price Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 20/7/2022

20/7/2022
1355

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Driver's Signature (If driver is not the policyholder) / Date

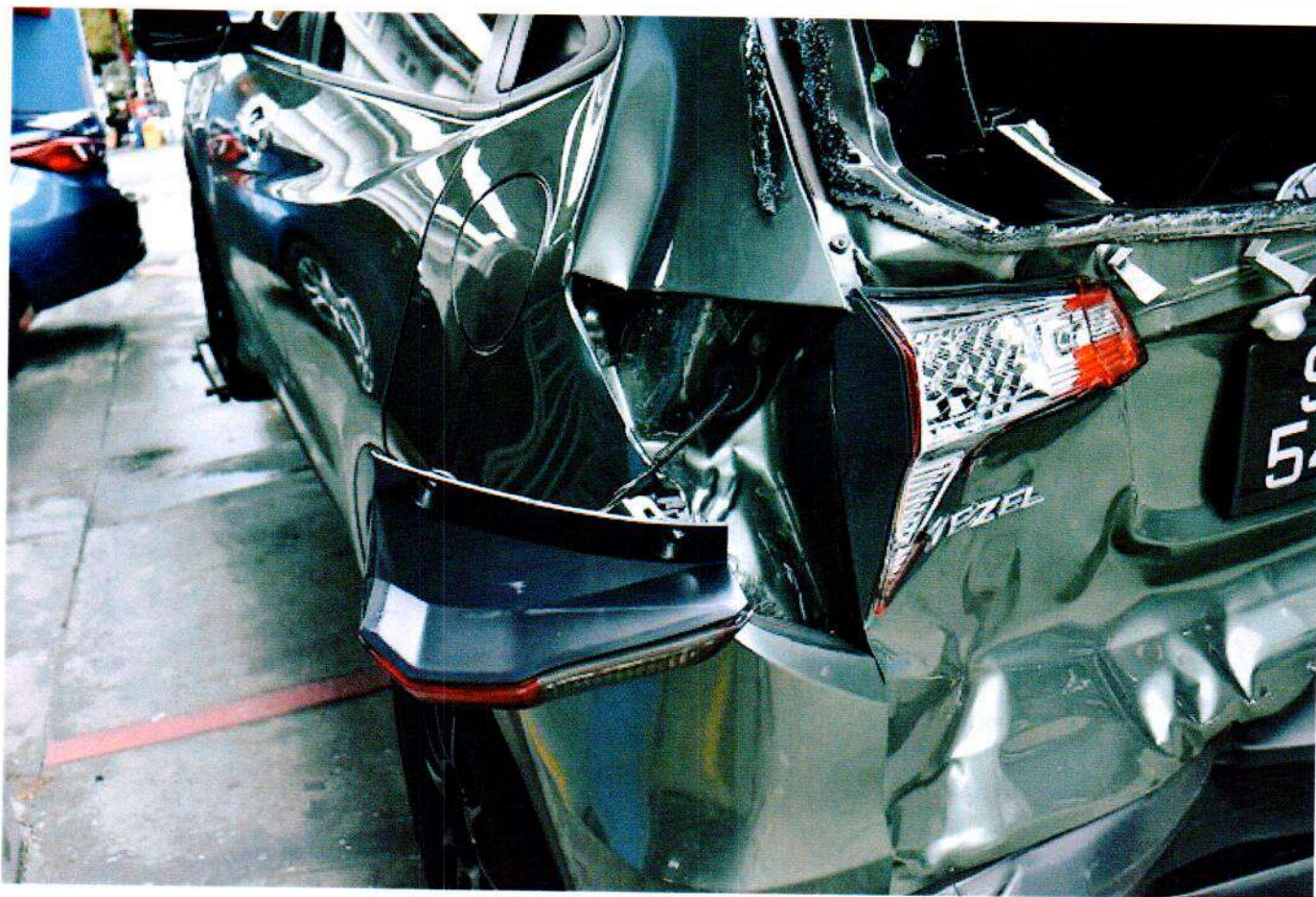
& Time 20/7/2022
1355 hrs

by Dana

Witnessed by Reporting Centre
Personnel





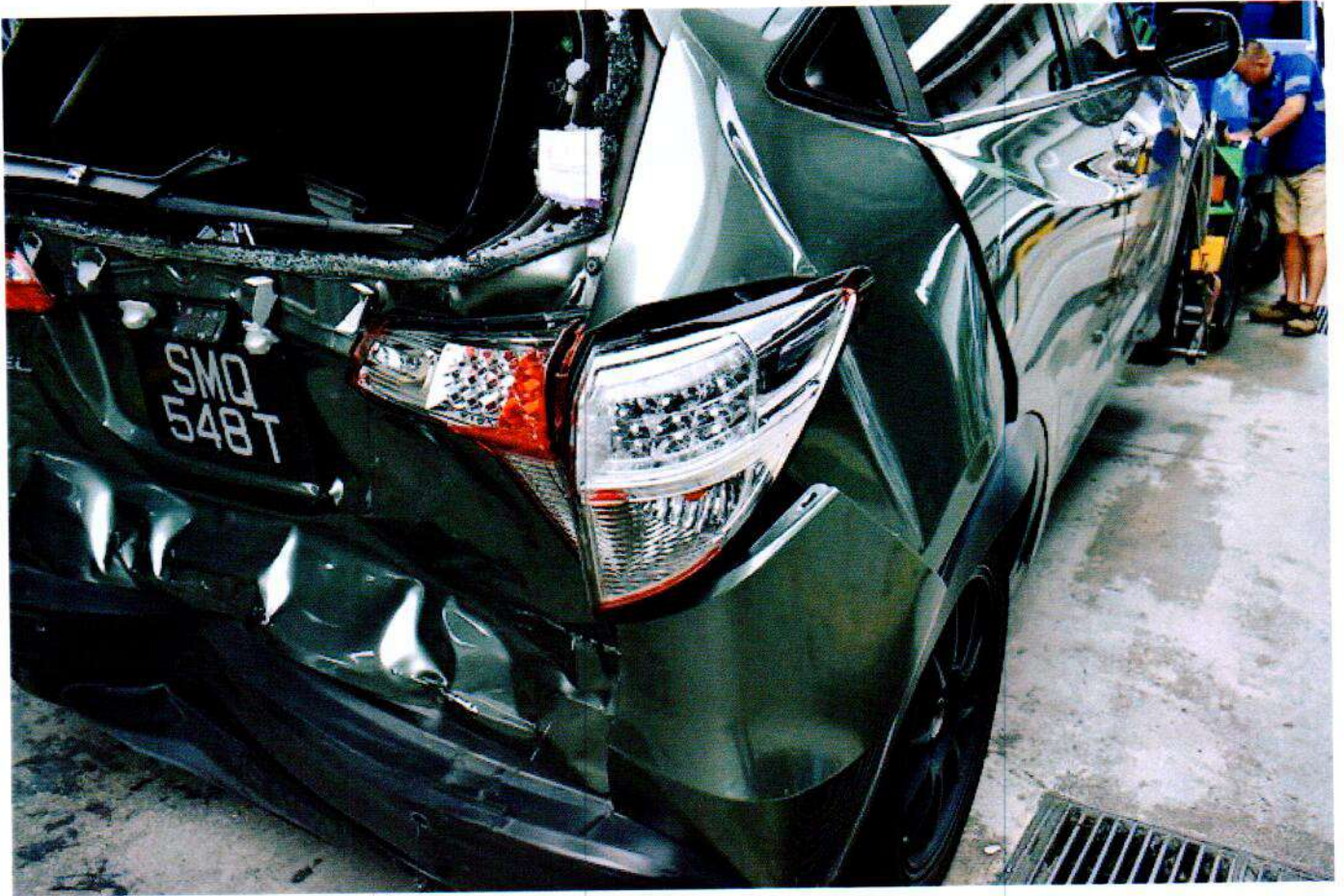


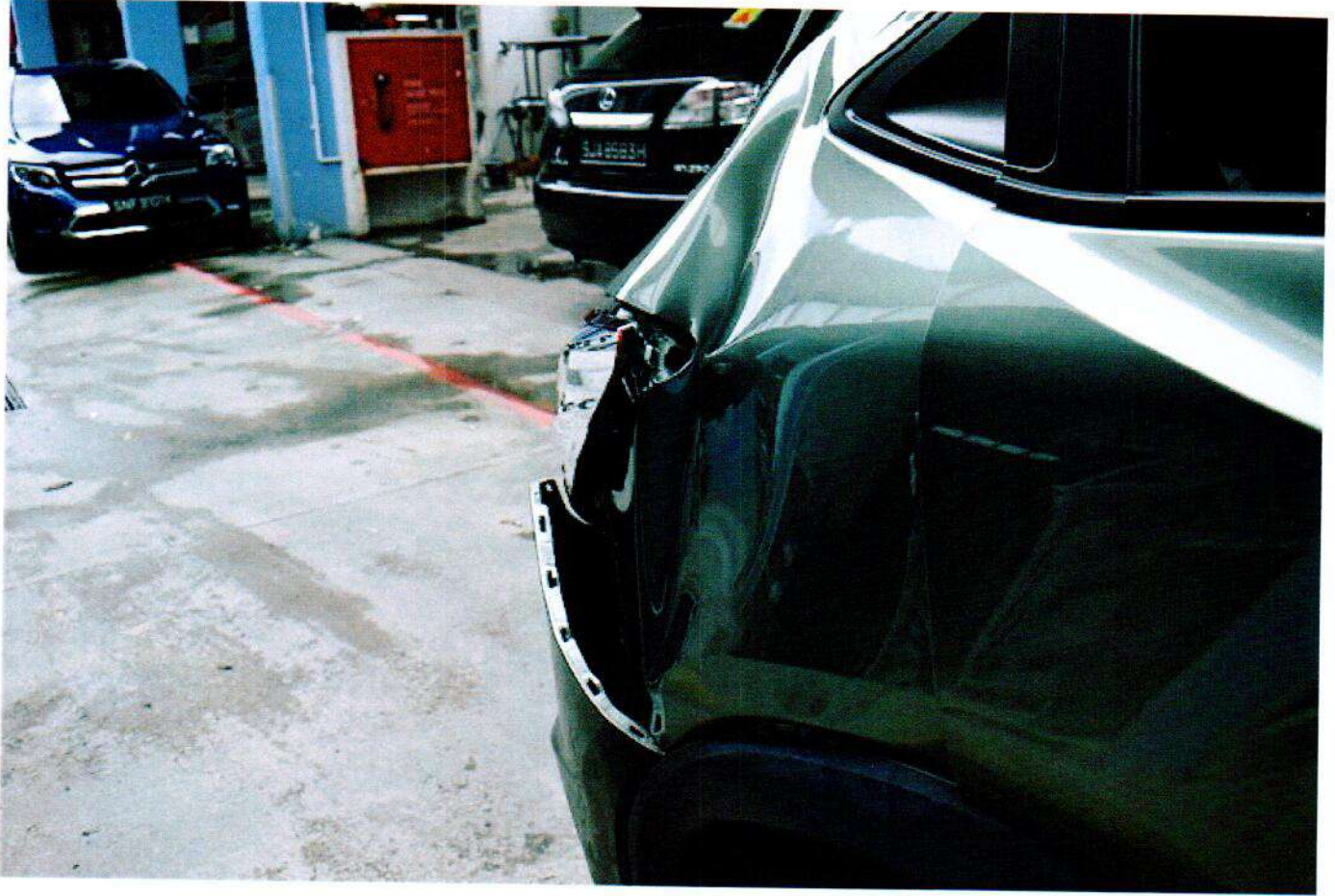


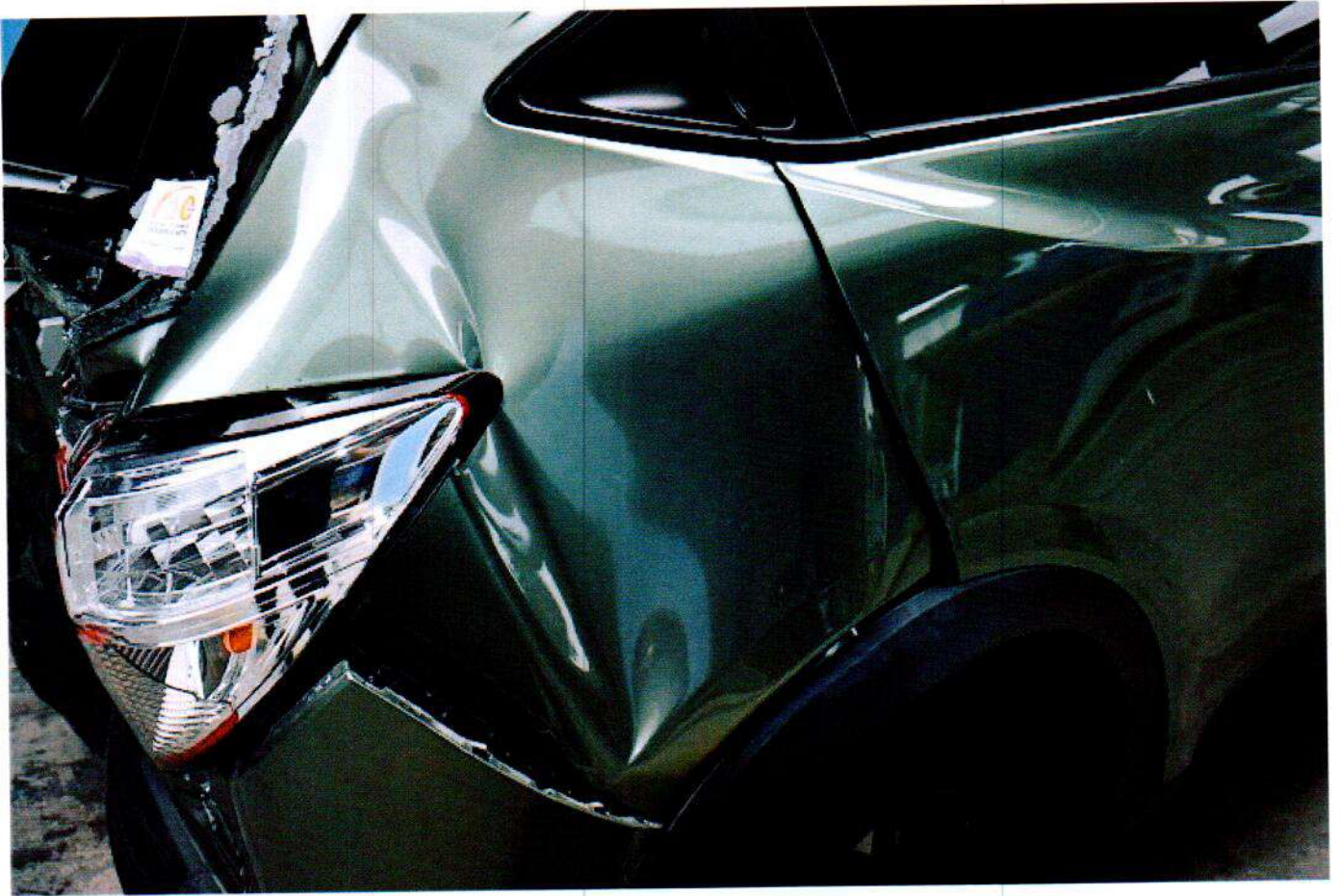


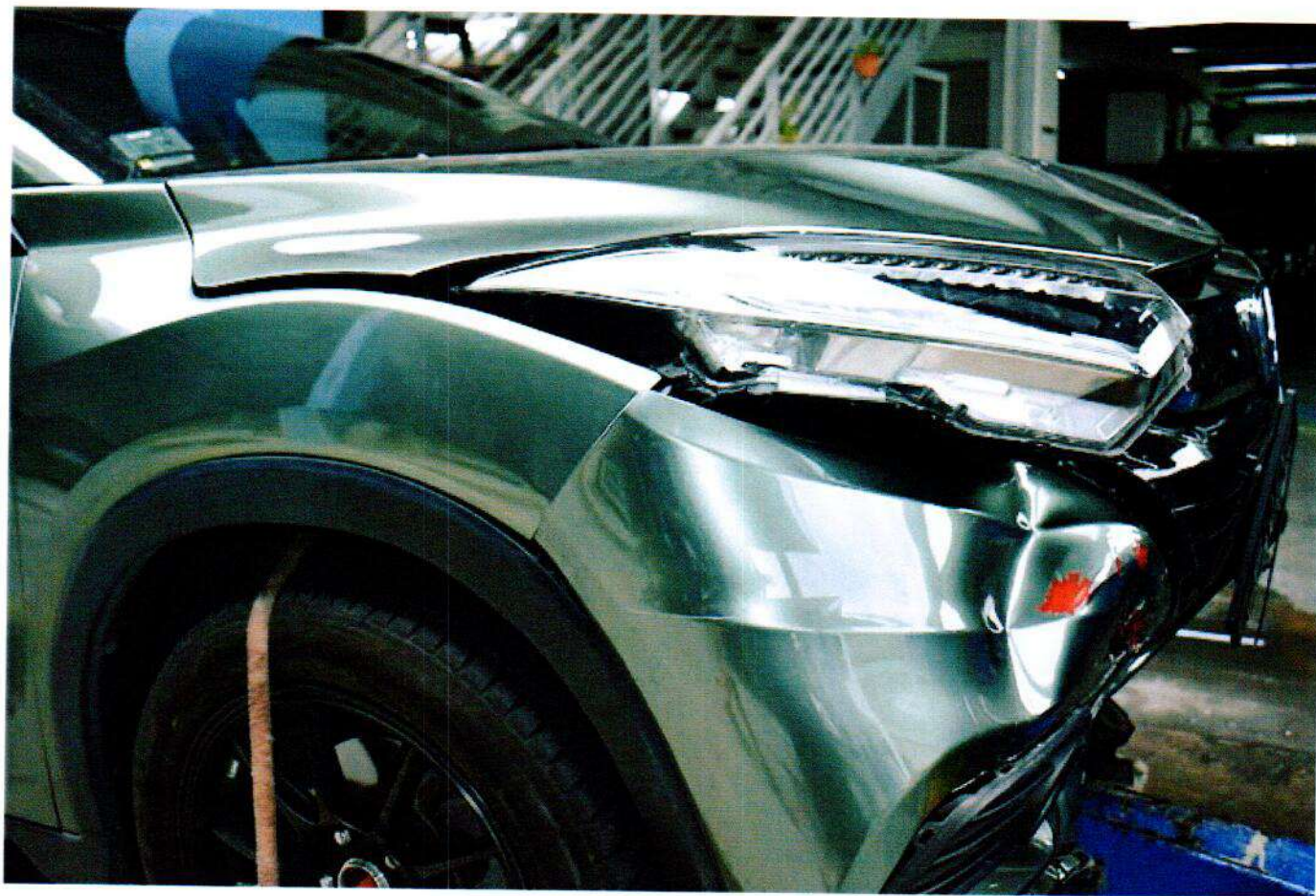


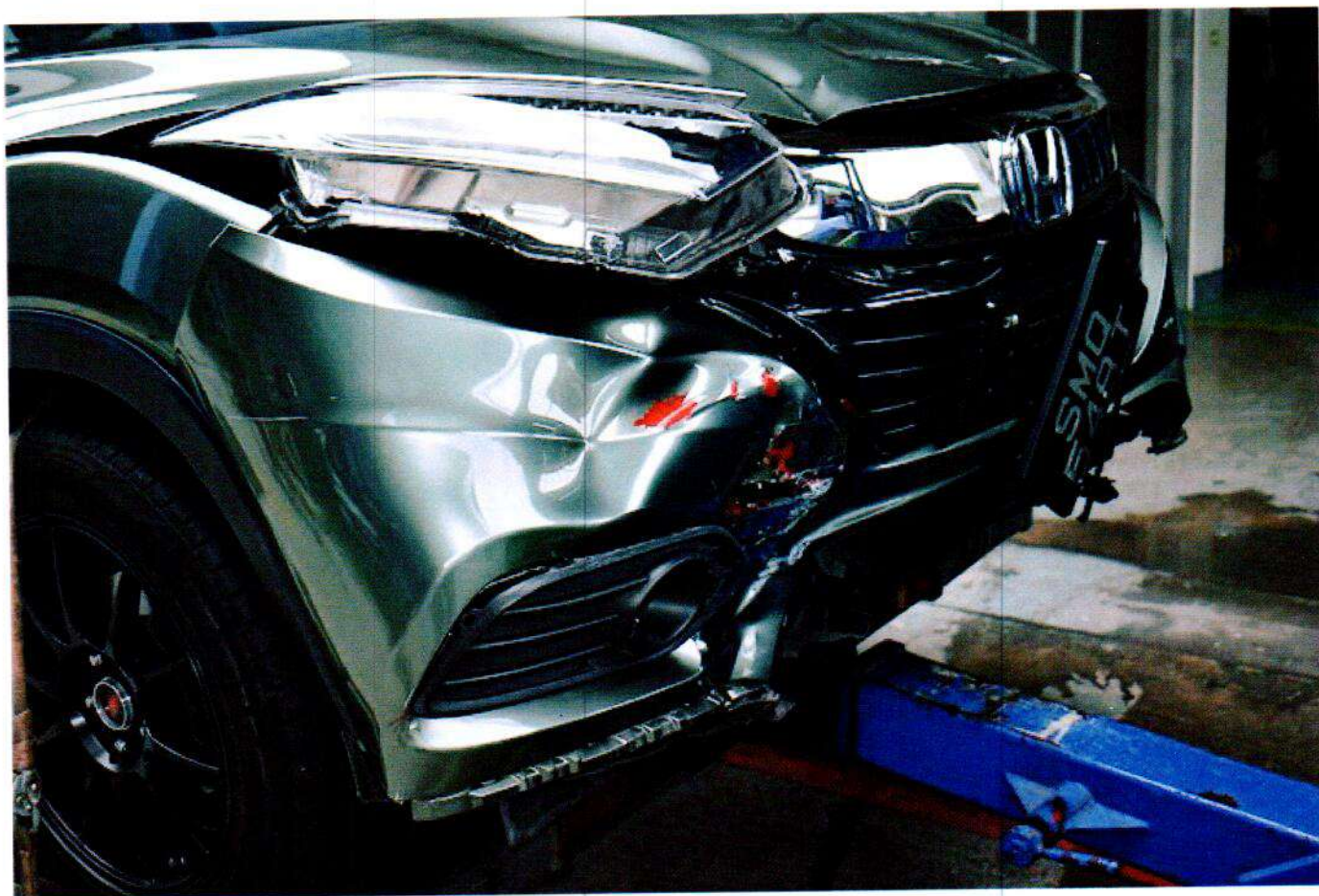






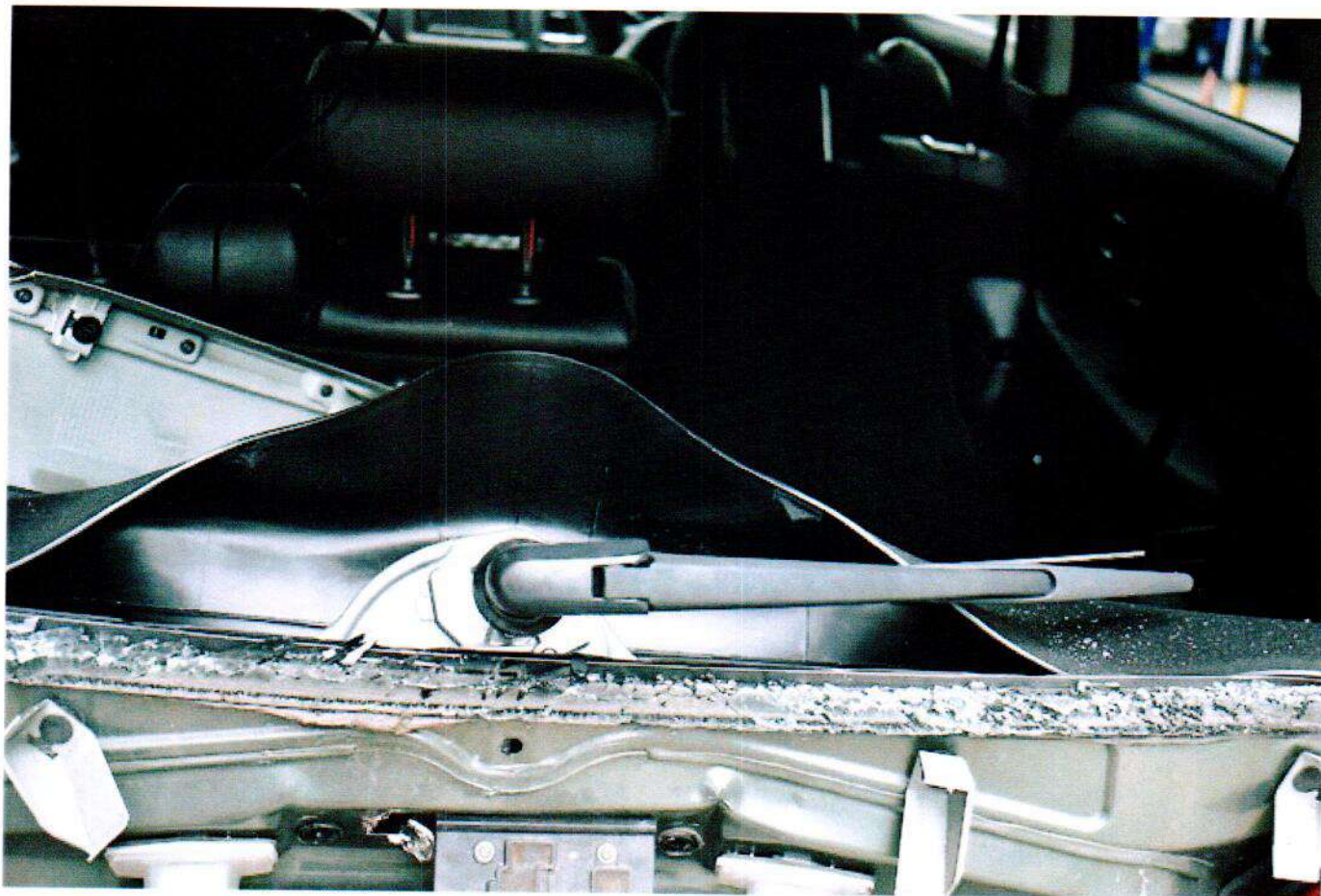




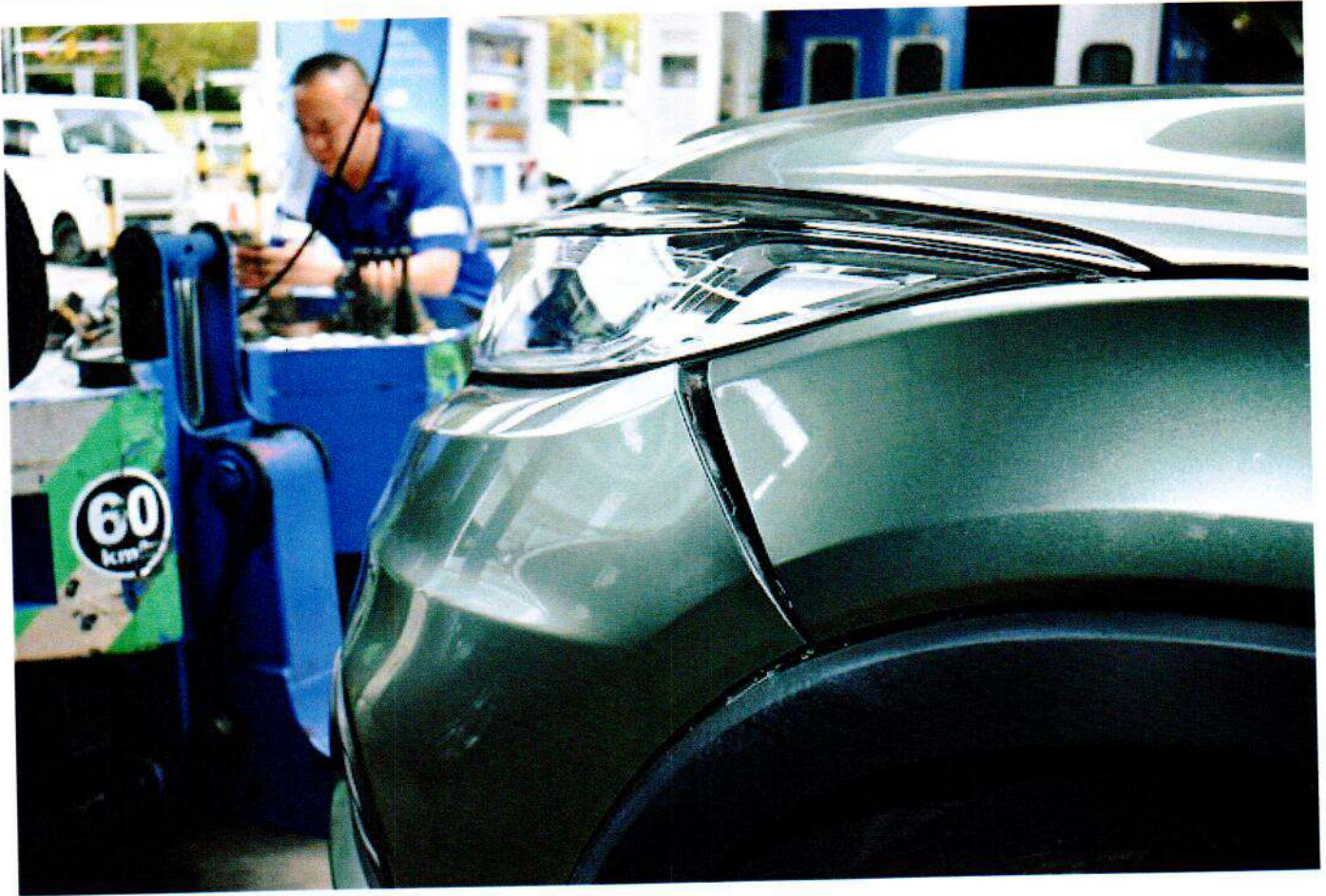


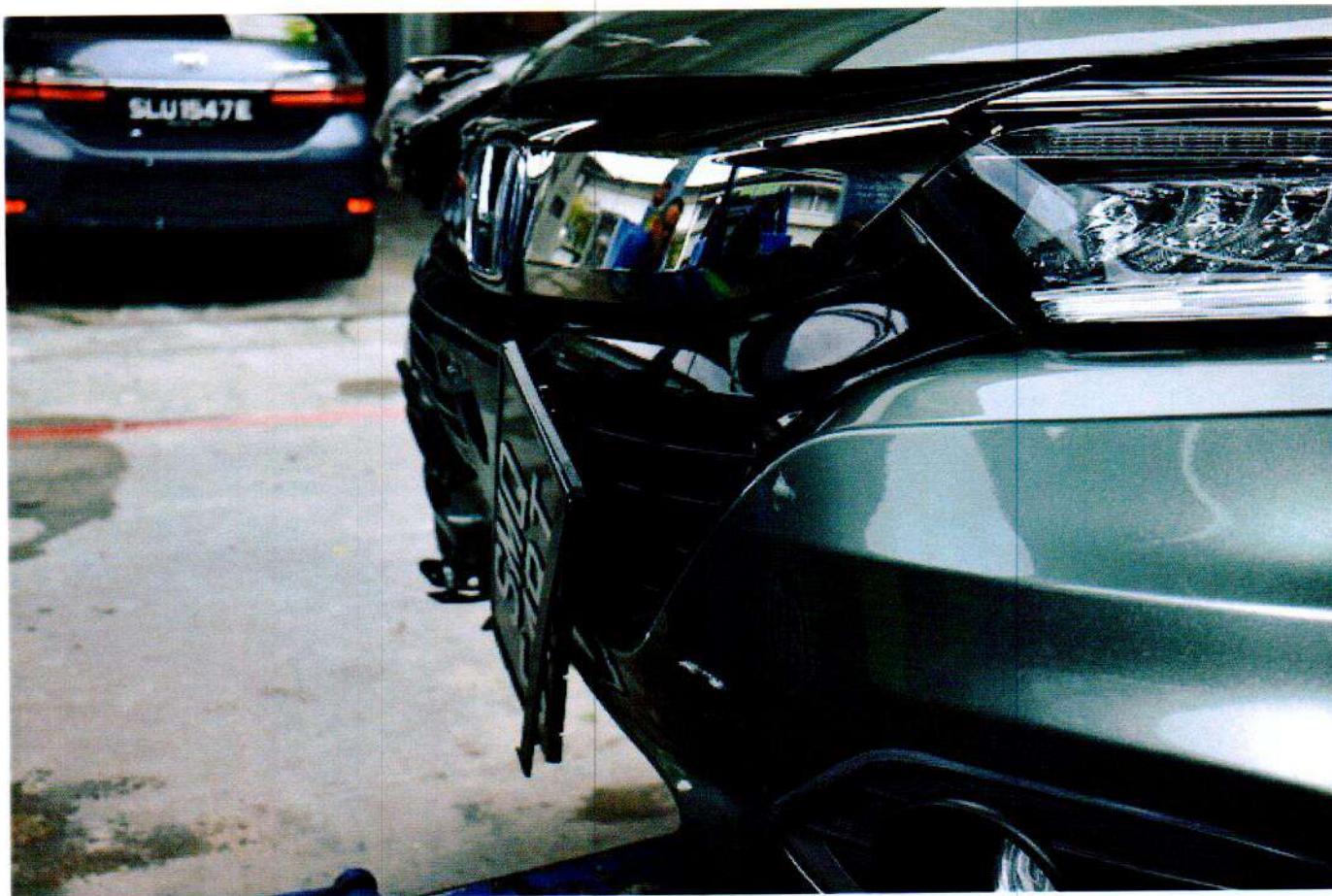


















**SINGAPORE
POLICE FORCE**



T/20220720/7023

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

1 of 3

Report No: T/20220720/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2022 13:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHUA KENG LAI			Address: 221B SUMANG LANE #08-23 SINGAPORE 822221		
ID Type / ID No.: NRIC NO / S0508659J			Contact No.: Home/Office: Mobile: 92258011		
Nationality: SINGAPORE CITIZEN			Email: cindi_yc@yahoo.com.sg		
Sex: Male	Age: 77	Date of Birth: 25/09/1944	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BOOK KEEPER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2022 15:05	Type of Location: Straight Road
Location: BEACH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBD8121L	Lorry		TOYOTA PICKUP			0
SKW3191K	Car		HYUNDAI			0
SMQ548T	Car		HONDA VEZEL			0



**SINGAPORE
POLICE FORCE**



T/20220720/7023

2 of 3

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

Report No. T/20220720/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA KENG LAI	ID No.	S0508659J
Related Vehicle	SMQ548T (Car)	Contact No.	92258011
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/07/2022	Date	19/07/2022
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMQ 548 T) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. WHEN VEHICLE C (SKW 3191 K) ABRUPTLY CUT ACROSS INTO MY LANE FROM LANE 3, I SLOWED DOWN AND STOPPED TO AVOID COLLIDING ONTO VEHICLE C. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS SO HUGE THAT IT CAUSED MY VEHICLE TO PROPELL FORWARD AND COLLIDED ONTO THE REAR PORTION OF VEHICLE C. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (GBD 8121 L) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT JOASH FAMILY CLINIC & SURGERY AS I FELT PAIN IN MY NECK AND BACK.
I WAS GIVEN 7 DAYS MC.





**SINGAPORE
POLICE FORCE**



T/20220720/7023

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

3 of 3

Report No. T/20220720/7023

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 / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:

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

Date/Time:
20/07/2022 13:15

Classification Of Case: