

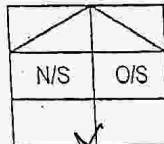
ASS. REC. BY: Tajj REF: CS 3/MSB 2300 4469/Top3 2027 May

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: 954K  
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: 1 SG 45239C Yr Regn: 2027 May  
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Honda Stream c.c. 1799  
Colour: Grey A/C: Insured / Std / NI / NA  
Sp. Reading: 398304 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: RN610 24937  
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: 225/45R17  
R: 225/45R17

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

Front Rear  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 4/5/25

Survey held at ITON Painting  
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
	Repair Range: \$500 - \$600, 7 days

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS SI

Photos  
Others

TOTAL


Rep. Format: \_\_\_\_\_

Lump Sum / L.B. (T) \_\_\_\_\_



## 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.
- 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 DETAILS

Date of Submission	28/04/2023 18:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/04/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLE EXIT OF WOODLANDS AVENUE 2 (MINOR ROAD)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU5239C

## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG KEE SING
NRIC No	SXXXX200J
Email Address	wongks66@gmail.com
Mobile Phone No	(Phone) +65-96773743
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	STREAM 1.8 RSZ
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1799

## INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	10909439

## DRIVER

Name of Driver	WONG KEE SING
NRIC No	SXXXX200J
Date Of Birth	02/07/1964
Occupation	Indoor

Date Of Driving Pass	30/10/1982
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96773743
Alt. Phone Number	-
Email Address	wongks66@gmail.com
Address	The Nautical, 93 Jalan Sendudok
Address complement	#03-26
Postcode	769472
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I was traveling along exit of woodlands avenue 2 from SLE suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No


#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHA8317J
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	NG KEE LONG

NRIC No	SXXXX491E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

**SKETCH PLAN****IMPORTANT NOTICE**

- 1 Please report correctly the details of the accident to speed up the claims process
- 2 The Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any willful 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 making 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) as 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 28 April 2023  
 Sketch Plan

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


Witnessed By Reporting Officer  
 Mohamed Saifullah S/O Syed Masood  
 Witnessed by Reporting Centre  
 Personnel

**Describe Circumstances of the Accident**

I was traveling along exit of woodlands avenue 2 from SLE suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

**Declaration**

*We declare the foregoing particulars are true in every respect*

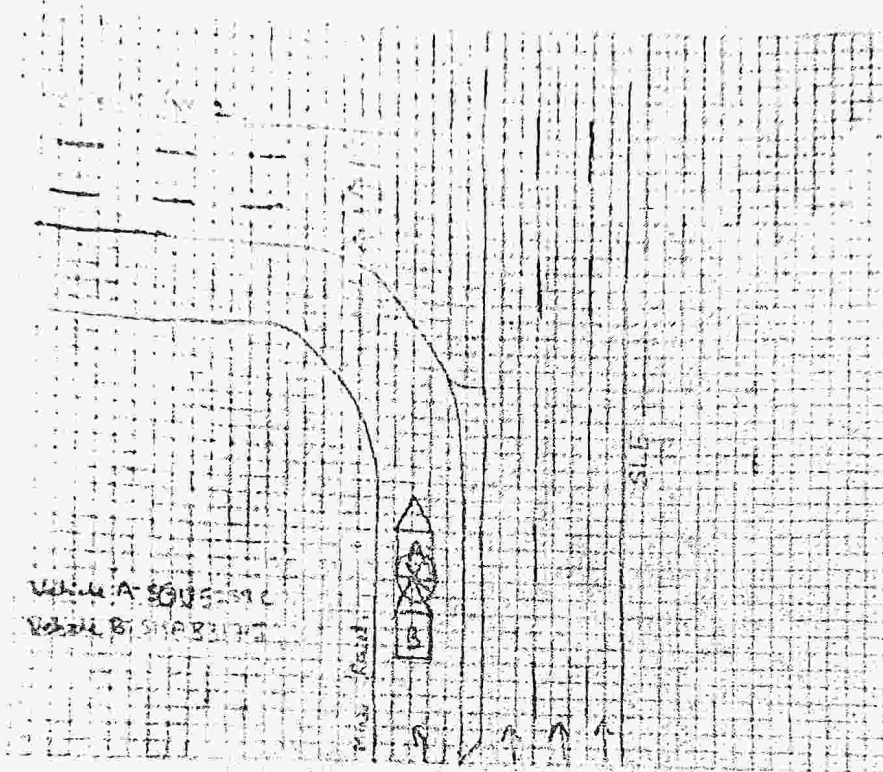
  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time 28 April 2020

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

Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

Ver. 10/2007



Vehicle A - 2005 Ford  
Vehicle B - 2005 Ford

*[Handwritten signature]*

Drawn by: *[Handwritten signature]* Date: *[Handwritten date]*

Witnessed By: Reporting Officer  
Mandated Section SO 5000  
Witnessed By: Reporting Officer  
Particulars:

ALL RIGHTS RESERVED