

ASS. REC. BY:

REF:

SPI-123004497/Kny3

C

Kenneth

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:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03 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:

SEN 4233C

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

Hyundai Elantra C.C. 1591

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

175281

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM14D 841 CM14U 333460

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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.

27/4/23

D.O.I.

5/5/2023

Survey held at

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

9/6/23 @ 1150h Carv 15/6/23 (Red. \$2328.16, 677p)

Repair range \$1000 - \$2000

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

TOTAL

1000 - 1500

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 | 27/04/2023 16:27 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 27/04/2023 10:10 (SGT) |
| Exact Location of Accident | Tavistock Ave, Singapore |
| Additional Location Information | ALONG ANG MO KIO AVE 3 NEAR ESSO |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLN4233C |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | BAY KIAN HOCK |
| NRIC No | SXXXX360E |
| Email Address | baykh123@gmail.com |
| Mobile Phone No | (Phone) +65-81126711 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Elantra |
| Variant | AD 1.6 GLS AT |
| 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 | 1591 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/01024886 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | BAY KIAN HOCK |
| NRIC No | SXXXX360E |
| Date Of Birth | 29/04/1965 |
| Occupation | Indoor |

| | |
|--|---|
| Date Of Driving Pass | 21/12/1982 |
| Driving experience | 40 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81126711 |
| Alt. Phone Number | - |
| Email Address | baykh123@gmail.com |
| Address | APT BLK 614 CHOA CHU KANG STREET 62 #04-239 |
| Address complement | - |
| Postcode | 680614 |
| 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 | Clear |
| Road Surface | Dry |

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 THE POLICE REPORT STATEMENT. REPORT NO. T/20230427/7041

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 | SD CARD WITH TRAFFIC POLICE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | QX1206P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

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 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 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

A: SLN 4233C
B: QX1206P

vJun2022

Describe Circumstance of the Accident

REFER TO THE POLICE REPORT STATEMENT. REPORT NO. T/20230427/7041

Declaration

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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


**SINGAPORE
POLICE FORCE**

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



T/20230427/7041

1 of 3

Report No. T/20230427/7041

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|--------------------|--|
| Date/Time Report Made: 27/04/2023 15:45 | | Vide Report No.: F/20230427/0077 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: BAY KIAN HOCK | | Address: 614 CHOA CHU KANG STREET 62 #04-239 SINGAPORE 680614 | | | |
| ID Type / ID No.: NRIC NO / S1729360E | | Contact No.: Home/Office: | | Mobile: 81126711 | |
| Nationality: SINGAPORE CITIZEN | | Email: BAYKH123@GMAIL.COM | | | |
| Sex: Male | Age: 57 | Date of Birth: 29/04/1965 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | | |
| Occupation: Retiree | | Driving Licence Information: Class: | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Police Vehicle | Drink Drive: No | Date/Time of Accident: 27/04/2023 10:10 | Type of Location: T-Junction |
| Location: TAVISTOCK AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Rear collision from behind | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|-----------------------------|-------|-----------|-----------------|
| SLN4233C | Car | HYUNDAI | ELANTRA AD 1.6 GLS AT | Black | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|----------------|------------|-------------|
| SLN4233C | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MT/01024886/01 | 03/05/2022 | 02/05/2024 |



**SINGAPORE
POLICE FORCE**

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



T/20230427/7041

2 of 3

Report No. T/20230427/7041

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | BAY KIAN HOCK | ID No. | S1729360E |
| Related Vehicle | SLN4233C (Car) | Contact No. | 81126711 |
| 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.

My car was heading to Serangoon area and stopped at the traffic light junction along Ang Mo kio Ave 3, diagonally near Esso petrol kiosk. There were few cars stopped in front of me. I was waiting for the traffic light to turn green when I heard a lot bang and my car shook. Shocked and stunned, I realised a police patrol car QX1206P had collided from the rear. The traffic police later arrived to control the situation.

» Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 360E |
| Vehicle Details | |
| Vehicle No.: | SLN4233C |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 04 May 2023 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | ELANTRA AD 1.6 GLS AT |
| Primary Colour: | Black |
| Manufacturing Year: | 2016 |
| Engine No.: | G4FGGU015864 |
| Chassis No.: | KMHD841CMHU333460 |
| Maximum Power Output: | 93.8 kW (125 bhp) |
| Open Market Value: | \$13,663.00 |
| Original Registration Date: | 03 May 2017 |
| First Registration Date: | 03 May 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$13,663.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 02 May 2027 |
| PARF Rebate Amount: | \$8,880.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 02 May 2027 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$51,600.00 |
| COE Rebate Amount: | \$20,610.00 |
| Total Rebate Amount: | \$29,490.00 |

The information contained herein is correct as at 04 May 2023

OK