

Ass. No. BY:

REP:

CG/TP23006555/Aap3

ASSIGNMENT

From: _____ Date: _____

Estim. Cost: _____

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

To In-Store Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claim No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

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: SMD7306Y Yr Regn: 2018, August.

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

Truck / Trailer or

Make: Honda Freed c.c. 1456

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 20879 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB71074108*

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/50R16

R: 205/50R16

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

TOYO / YOKO or Windforce

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 14/06/23

*Survey held at Tk

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 |
|-------------|---|
| | <u>TP Mission Vehicle</u> |
| | <u>Independent.</u> |
| | <u>COE Expiry!</u> |
| | <u>Estimate given during 1st Survey</u> |
| | <u>MV: Yes ()</u> |
| | <u>PV: No ()</u> |
| | <u>Nett:</u> |

Date/Time, File Pass to?

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Inve (\$ _____)

_____ \$ + RS. _____ \$

Photos

Others

Report Format:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report promptly 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 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 fines 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 | 13/06/2023 18:22 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 12/06/2023 17:50 (SGT) |
| Exact Location of Accident | Raffles Blvd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMD7306Y |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LEE POH LING |
| NRIC No | S8564035F |
| Email Address | LEEGAYA85@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90696044 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Honda |
| Model | Freed |
| 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 - Reporting only |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5135001174 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LEE POH LING |
| NRIC No | S8564035F |
| Date Of Birth | 01/11/1985 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 30/03/2011 |
| Driving experience | 12 YEARS AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-90696044 |
| Alt. Phone Number | - |
| Email Address | LEEGAYA85@GMAIL.COM |
| Address | BLK 449 TAMPINES STREET 42 #09-94 |
| Address complement | - |
| Postcode | 520449 |
| 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 - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | Yes |
| Number of vehicles involved in the accident | 2 |
| 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 | - |

FOREIGN VEHICLE 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | W6679N |
| Vehicle Category | Private car |

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 ATTACHED POLICE REPORT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number W6679N
 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) -

Police Station Of Origin
 Remaining till 1999
 9 Funds Classic 90 (1991) SINGAPORE
 40000
 Tel No: 1800-747999
 Sketch Plan
 Information not able to provide sketch plan

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE POH LING
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 5 DAYS MC
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

IMPORTANT: Please attach a copy of your vehicle's insurance certificate to this report. The certificate will you may please fax a copy to 6341-4333 during the day or by email to 6341-4333.

| | |
|-----------------------------|---|
| Signature of Driver | Signature of Officer Reporting the Report |
| Signature of Witness | Signature of this driver |
| Signature of Police Officer | Signature of this driver |

SKETCH PLAN

CONTINUATION OF REPORT

SKETCH PLAN

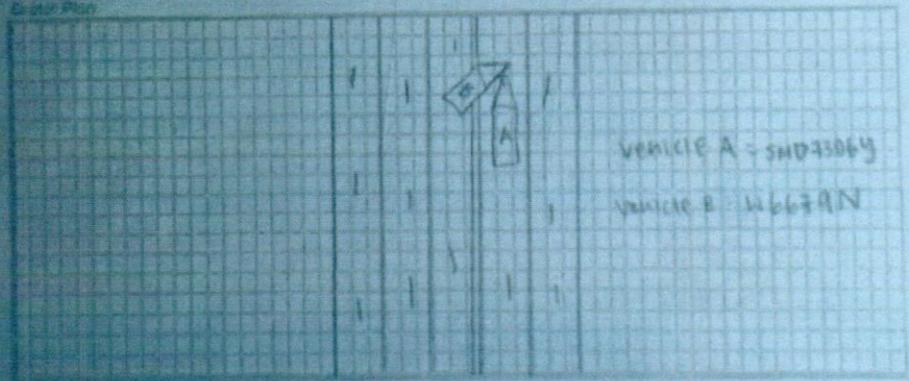
IMPORTANT NOTICE

1. Please insert correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Driver/Owner of the Road User.
 3. Information provided must be as true and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy benefits.
 4. The issue and completion 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 USA Business Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available elsewhere.
8. Covered under the Personal Data Protection Act (PDPA)
- (a) I understand, acknowledge, agree and warrant that:
 - (b) My insurer, my workshop and the General Insurance Association of Singapore (GIAS) may be 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 submitted to my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurance companies (insured vehicles) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident that be collectively referred to as the "Insurers", the Insurers' Insurance Brokers, the Monetary Authority of Singapore and any relevant government agencies/body such as the police, for the purposes of:
 - (c) processing, handling and/or dealing with my claims including the settlement of my claims and any necessary investigations relating to the claim;
 - (d) investigating the accident and/or my claims;
 - (e) verifying and/or dealing with my reservations or responding to any enquiries by you;
 - (f) administering my claims including the making of endorsements, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties (including the police) as well as on the external board of investigation (if any);
 - (g) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (h) all insurers who have insured vehicle(s) involved in this accident and the Insurers' Insurance Brokers, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (i) my Personal Information may also be disclosed by any of the Insurers and/or GIAS to their third-party service providers to assist in handling my Personal Information, which may be stored outside of Singapore, for one or more of the above Purposes.





Road User's Signature/Date & Time _____
 Driver's Signature (if driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel (Name and NRICD card) _____



Describe Circumstances of the Accident

Refer to attached police report
T/70280613/2042

Declaration

I hereby declare that the information provided in this report is true and correct to the best of my knowledge.

Signature of Driver: 

Signature of Witness: 

Witnessed by: 





**SINGAPORE
POLICE FORCE**



T/20230613/7042

1 of 3

Report No. T/20230613/7042

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

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 13/06/2023 15:08 | Vide Report No.: A/20230612/0102 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: LEE POH LING | | Address: 449 TAMPINES STREET 42 #09-94 SINGAPORE 520449 | |
| ID Type / ID No.: NRIC NO / S8564035F | | Contact No.: | Mobile: 90696044 |
| Nationality: MALAYSIAN | | Email: LEEGAYA85@GMAIL.COM | |
| Sex: Female | Age: 37 | Date of Birth: 01/11/1985 | Type of Informant: Driver |
| Race: Chinese | | Language: English | |
| Occupation: Private-hire car driver | | Driving Licence Information: Class: | Date of Expiry: |

| General Information of the Accident | | | | |
|--|----------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police: | Drink Drive: No | Date/Time of Accident: 12/06/2023 17:40 | Type of Location: Straight Road |
| Location: RAFFLES BOULEVARD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|------------------------|--------|------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
| SMD7306Y | Car | HONDA | FREED HYBRID 1.5G AUTO | Silver | Slightly Damaged | 0 |
| W8679N | Car | KIA | Cerato | White | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | |
|------------------------------|-------------------|--------------|-------------------------|
| Vehicle No. | Insurance Company | Insurance No | Effective / Expiry Date |
| | | | |



**SINGAPORE
POLICE FORCE**



T/20230613/7042

2 of 3

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

Report No. T/20230613/7042

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMD7306Y | NTUC Income Insurance Co-Operative Limited | 5135001174 | 22/03/2023 | 21/03/2024 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | LEE POH LING | ID No. | S8564035F | |
| Related Vehicle | SMD7306Y (Car) | Contact No. | 90696044 | |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | 13/06/2023 | Date | 13/06/2023 | |
| No. of Days granted Medical Leave | 05 | Degree of | Slight | |
| Driver | | | | |
| Name | TING JIA JUNN | ID No. | A58343313 | |
| Related Vehicle | W6679N (Car) | Contact No. | 601121998504 | |
| 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.

I was traveling along Raffles Boulevard lane 2 towards marina square. Right after I pass by ParkRoyal Collection Marina and approaching the Marina Square pickup point(Carl's Junior), I noticed the Malaysian car W6679N filtering across the double white line from lane 3 to lane 2 very close to me. I tried my best effort to filter to lane 1 and brake at the same time to avoid an accident with said car. Unfortunately the Malaysian car was not just filtering a lane, he proceed to do a 90 degree right turn from the double white lane trying to cut across to the Marina Square car park in a straight line after the 90 degree turn. There was nowhere else I can maneuver to avoid this accident and I couldn't brake in time because of his abrupt actions. This resulted in the front left corner of my car colliding into the front right passenger door of the Malaysian car. There was no visibility problems as the sky is very clear and the traffic volume is very light.



**SINGAPORE
POLICE FORCE**

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



T/20230613/7042

3 of 3

Report No. T/20230613/7042

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD FARHAN BIN MOHAMED
Contact No.: 65476224

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

Date/Time:
13/06/2023 15:08

Classification Of Case: