

ASS. REC. BY: Taufik

REF:

CS3/ GT 23007419/Tvp3

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: SW 18D

Policy No. _____

Claims No. SNM23D205041

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$77K.

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seer: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SN648708 Yr Regn: 2020 Jan.

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

Truck / Trailer or

Make: M. Kubislin Hage c.c. 1193

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

Sp. Reading: 91576 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMB371A13A611004805

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: 185/55R15

R: 7

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

TOYO / YOKO or Kardstone

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 19/7/2023 D.O.I. 24/7/2023

Survey held at Magnus CAC

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
26/7/23	Repair Range: \$5000 - \$6000, 7 days

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 26/7/23-typist

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: Ezclaims

Lump Sum / L.B.R. / ? _____

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	20/07/2023 12:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RAFFLES LINK (INFRONT MARINA SQUARE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG4870B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG CHENG JUN, CLINT
NRIC No	S9212342A
Email Address	TENGCLINT@GMAIL.COM
Mobile Phone No	(Phone) +65-91123375
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00018592200

DRIVER

Name of Driver	TENG CHENG JUN, CLINT
NRIC No	S9212342A
Date Of Birth	12/04/1992
Occupation	Outdoor

Date Of Driving Pass	12/03/2012
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91123375
Alt. Phone Number	-
Email Address	TENGCLINT@GMAIL.COM
Address	BLK 455 SIN MING AVENUE
Address complement	#07-475
Postcode	570455
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	Side Swipe
Weather Conditions	Raining
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?	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

PLEASE REFER TO THE POLICE REPORT: T/20230720/7014

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	SW18D
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	TENG CHENG JUN, CLINT
Gender	Male
Phone No	(Phone) +65-91123375
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, SHOULDER, BACK, CHEST AND HEAD (7 DAYS MC).
Injured person in which vehicle?	SNG4870B
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 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 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")

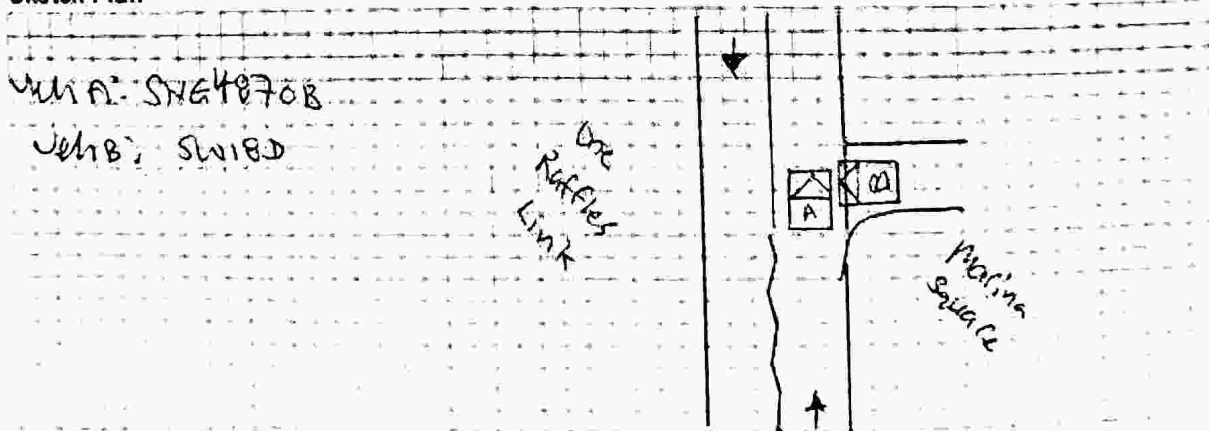
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Handwritten notes and a diagram within the accident description box:

- A wavy line with an arrow pointing towards the top right corner.
- The text "7/2013" written diagonally.
- The date "20/7/2014" written diagonally.
- A signature or set of initials in the bottom left corner.

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature]

Policyholder's Signature / Date & Time

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

[Handwritten signature] 20/7/23

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230720/7014

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

1 of 3

Report No. T/20230720/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 11:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TENG CHENG JUN, CLINT			Address: 455 SIN MING AVENUE #07-475 SINGAPORE 570455		
ID Type / ID No.: NRIC NO / S9212342A			Contact No.: Home/Office: Mobile: 91123375		
Nationality: SINGAPORE CITIZEN			Email: TENGCLINT@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 12/04/1992	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 19/07/2023 12:25	Type of Location: Straight Road
Location: RAFFLES BOULEVARD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two 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	Conditio	No of
SNG4870B	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey		0
SW18D	Car	MERCEDES BENZ				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG4870B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000185 92200	30/09/2022	29/09/2023



**SINGAPORE
POLICE FORCE**



T/20230720/7014

2 of 3

Report No. T/20230720/7014

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	
Name	TENG CHENG JUN, CLINT		S9212342A
Related Vehicle		Contact No.	
	SNG4870B (Car)		91123375
Hospital/Clinic		Class of Driving Licence & Expiry	
	NIL		Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date		Date	
	19/07/2023		19/07/2023
No. of Days granted Medical Leave		Degree of	
	07		Serious

Brief Details.

On the stated date and time, I, Vehicle A (SNG4870B) was travelling straight on Raffles Link. Suddenly, Vehicle B (SW18D) dashed out from the exit of Marina Square without stopping at the stop link and collided onto my vehicle right portion.

I wish to state that due to the huge impact i felt pain on my neck, shoulder, back, chest and head. I went to consult a doctor @ Intemedical Kovan and was given 7 days mc.



**SINGAPORE
POLICE FORCE**



T/20230720/7014

3 of 3

Report No. T/20230720/7014

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
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:
20/07/2023 11:26

Classification Of Case: