





# ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

**MSIG Insurance (Singapore) Pte. Ltd.**  
ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 12.11.2015

## ESTIMATE

## 3RD PARTY

DATE : 14.08.2035  
VEHICLE NO : SLV6382A  
VEH MAKE/MODEL : NISSAN QASHQAI  
YOM : 2015  
CHASSIS NO : SJNFEAJ11U1489027  
DATE OF ACCIDENT : 02.08.2024

NO	QTY	DESCRIPTION	AMOUNT \$
		<b>LIST PRICE:-</b>	
1	1	FRONT BUMPER	\$ <i>de</i> 836.40
2	2	FRONT BUMPER SIDE RETAINER LH & RH	\$ X 94.60
3	1	FRONT HEADLAMP LH	\$ X 748.70
4	1	FRONT FOGLAMP LH	\$ X 297.10
5	1	FRONT FOGLAMP GARNISH LH	\$ X 127.30
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
TOTAL - LIST ITEM			\$ 2,104.10
LIST 10%			\$ 210.41
TOTAL			\$ 1,893.69

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Tajik 97445749  
 Wf ~~6/7/24~~ 6/11/20  
 L/S Perry after repair  
 2 days  
 tajik e lukatun

# 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 First Submission	10/08/2024 14:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/08/2024 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV6382A

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JANAK JASHAN DARYANANI
NRIC No	SXXXX012A
Email Address	jdaryan@singnet.com.sg
Mobile Phone No	(Phone) +65-91518041
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00300500

### DRIVER

Name of Driver	JANAK JASHAN DARYANANI
NRIC No	SXXXX012A
Date Of Birth	02/02/1974
Occupation	Indoor
Driving Pass Date	13/08/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-91518041
Alt. Phone Number	-
Email Address	jdaryan@singnet.com.sg
Address	304B ANCHORVALE LINK #03-04
Address complement	-
Postcode	542304
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	-

#### PASSENGER 1

Name	JITESH DARYANANI
Gender	Male

#### PASSENGER 2

Name	RONAV DARYANANI
Gender	Male

#### 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 POLICE REPORT NO. T/20240810/7036

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	FBQ2165G
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ2165G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

VEH A: SLV 6382A  
VEH B: FBQ 2165G  
VEH C:

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

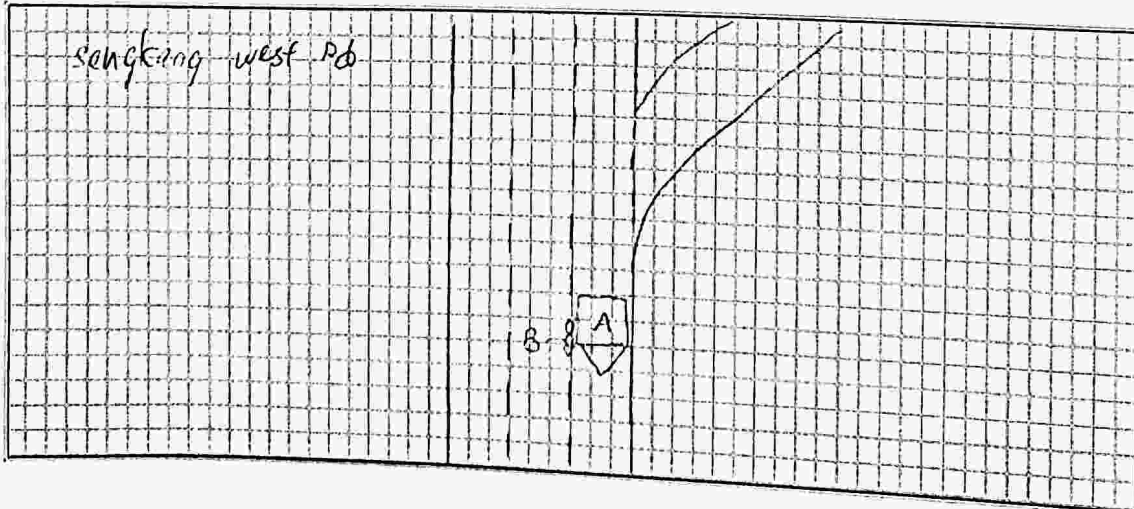


*[Signature]*  
Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

DATE OF ACCIDENT: 02/08/2024 TIME OF ACCIDENT: 09:00PM

VEH A: SLV 6382A VEH B: FBQ 21656 VEH C:

After filtering my left, I was on the left lane, I ~~continue~~ continued driving straight and a ~~motor~~ motorcycle swerved in front of me from the right lane. I stopped and helped the rider. His ~~phone~~ closed the social media/Entertainment app and checked him self for bruises. We talked, he said he

Please refer to police report NO. T/20240810/7076

Declaration

I/We declare the foregoing particulars are true in every respect.

10 Aug 24  
Policyholder's Signature / Date & Time

*[Signature]*  
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**



T/20240810/7036

1 of 3

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

Report No. T/20240810/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2024 13:57		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: JANAK JASHAN DARYANANI		Address: 304B Anchorvale Link #03-04 SINGAPORE 542304		
ID Type / ID No.: NRIC NO / S2208012A		Contact No.: Home/Office: Mobile: 91518041		
Nationality: SINGAPORE CITIZEN		Email: jdaryan@singnet.com.sg		
Sex:	Age: 50	Date of Birth: 02/02/1974	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Administration manager		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2024 21:20	Type of Location: Straight Road
Location:  SENGKANG WEST ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ2165G	Motorcycle	YAMAHA	R15	Black	Slightly Damaged	0
SLV6382A	Motor car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Purple		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLV6382A	ECICS LIMITED	MPC23P00300500	12/11/2023	11/11/2024



**SINGAPORE  
POLICE FORCE**



T/20240810/7036

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20240810/7036

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBQ2165G (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	JANAK JASHAN DARYANANI	ID No.	S2208012A
Related Vehicle	SLV6382A (Motor car)	Contact No.	91518041
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

From Sengkang West Ave I filtered left, checked my blind spot was clear I drove onto Sengkang West Road. I was on the extreme left lane on the straight road and midway to the bus stop a motorcycle swerved in front of my vehicle from the right and collided with the front right corner of my vehicle. The rider and his motorcycle fell onto the middle lane. I helped the motorcyclist to get up and regain himself. I noticed he first turned off his social media/entertainment app on his mobile phone before attending to his minor bruises. I dont know how he did not see my vehicle to his left. He also didnt check his blind spot or signal before entering the left lane nor slowed down to let me pass. I was travelling about 40 km/hr. The rider was not looking at where he was riding. The riders' rearview mirrors were also folded.

From the conversation the rider said he lives just behind. I suspect he was intending to go left and into Fernvale link after making the u turn at the traffic light. He was distracted by his phone and switched lanes without looking and signaling.

The rider rode off.



SINGAPORE  
POLICE FORCE



T/20240810/7036

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

3 of 3  
Report No. T/20240810/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2024 13:57
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079	Classification Of Case:

NP168