ASS. REC. BY: Tought - KEF: CS/1 CS24080 204/Tnp3

ASS	GNMENT BPC
From: Date:	Veh No: SLV 6382 A Yr Regn: 2015, 11
Estimated Cost:	
OD/FP WS/TP RES/OD RES/EVA/INV/MV	Type: N.Cer / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Traller or
To Inspect Vehicle No:	
at Workshop m/s	0.0 /(-1)
of	Colour May 000 A/C: Insured / Std / NI / NA Sp.Reading 87207 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: SJNFEAJI 141489027
Claims No.	Gen. Cond: Q00d / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake; Inocher / Jammed / Leaked / Burnt or
Make of Veh;	Modl: (ND / S/Rim / STD A/Rim or,
(Policy Condition)	Tyre Size: F: 215 60 (17
Domark: The web had assured at 12	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or / Airan Airan
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	R/Ral 6
GIA / PR Seen: Consistent?: Yes or No	L/Bal. C mm L/Bal. T
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. D.O.I. D.O.I. D.O.I.
Lum Sum: % 3 Val.: Yes or No	Survey held at ACCCVd Uhuho
CA / REV / REP. / 24 HRS	Des. of Damages Fin / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	· · · · · · · · · · · · · · · · · · ·
Date/Time, File Pass to? Prell. Report D	ays Of Repair:
	ACUITA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL
Dale/Time, File Return to?	Survey Fee: Transportation:
Add Fee:	
	: Interview (\$) Photos
Loren Pres I Le to the	: Tech. Invs (\$) Others
Lump Sun / Le.k. ('F)	: Weel:end (it
	TOTAL

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

ESTIMATE

3RD PARTY

MSIG Insurance (Singapore) Pte. Ltd.

FIRST REGISTRATION: 12.11.2015

ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE:

14.08.2035

VEHICLE NO:

SLV6382A

VEH MAKE/MODEL: NISSAN QASHQAI

YOM:

2015

CHASSIS NO:

SJNFEAJ11U1489027

DATE OF ACCIDENT: 02.08.2024

МО	QTY	DESCRIPTION		AMOUNT	•
		LIST PRICE:-	-	MIOUNI	Φ
1	1	FRONT BUMPER	\$	de	836.40
2	2	FRONT BUMPER SIDE RETAINER LH & RH	\$	×	94.60
3	1	FRONT HEADLAMP LH	\$	*	
4	1	FRONT FOGLAMP LH	\$	<u> </u>	748.70
5	1	FRONT FOGLAMP GARNISH LH	\$		297.10
6			+		127.30
7			+		
8			+		
9		The state of the s	+		
10		and the control of th	+		
11		The SS and the State of the Sta	+		
12			+		
13			+		
14			┼		
15			 		
16			 		
17			 		
8					
9			 		
0			 		
1					
2.			+		
3					
1					
			-		
			Ė		
			_		
			L		
		TOTAL LICE	-		
		TOTAL - LIST ITEM LIST 10%	\$	2.	104.10
		10/6	\$		210.41
		TOTAL	\$		893.69

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

ESTIMATE

3RD PARTY

MSIG Insurance (Singapore) Pte. Ltd.

ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 12.11.2015

DATE:

14.08.2035

VEHICLE NO:

SLV6382A

VEH MAKE/MODEL: NISSAN QASHQAI

YOM:

2015

CHASSIS NO:

SJNFEAJ11U1489027

DATE OF ACCIDENT: 02.08.2024

		SPECIAL NETT ITEMs:-				
1	SET	FRONT BUMPER CLIPS		\$	30	50.00
2	SET	FRONT FENDER INNER SHILED LH		\$	4	50.00
3	SET	FRONT NUMBER PLATE WITH HOLDER		\$	66	50.00
4	1	OFF PEAK CAR		\$	80/	100.00
5						
6						-
			Total - SN Item	\$		250.00
		Labour Charges:-	This against the Maria (Section of America (Se			
1		SPRAY PAINT ON ALL AFFECTED AREA	PASSAGE TO THE PASSAG	\$	200	800.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PAI CUT WELD AND REALIGN ACCIDENT AFFECTED A		\$	200	800.00
3		TO CHECK WIRING SYSTEM & LIGHT		\$	X	100.00
		TO APPLY ANTI RUST TREATMENT		\$	×	120.00
4		TO REMOVE/REFIX OFF PEAK CAR SEAL		\$	7	100.00
5		LABOUR CHARGE TO TRANSPORT		\$	λ	100.00
6		LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting				
7		To display damaged part(s) during resurvey Parts prices are subject to confirmation.			-	
1		Third party survey is on a "Without Prejudice" basis No illegal modification (s) is allowed.				
		Supplementary frem(s) must be resurveyed and is subject to final approval from Insurance Company	Total - L/C	\$		2,020.0
		Acknowledged by Repairer	· · · · · · · · · · · · · · · · · · ·	-		
		Jaylu 17495749	Sub-Total	\$		1162
		11170 11924 81180	9% GST	\$		4,163.6
		Val of the	Total	\$		374.7
		LIS 16m of the ropert		<u> </u>		4,538.4
		tanfilm e luboutom				Page 2/



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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

Country/State of Loss	Singapore
ZEDETAILS O	F OWN VEHICLE
Vehicle Registration Number	SLV6382A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner NRIC No	JANAK JASHAN DARYANANI
Email Address	SXXXX012A
Mobile Phone No	jdaryan@singnet.com.sg (Phone) +65-91518041
Alternative Phone No	(Filolie) +05-91518041
VEHICLE PARTICULARS	
Manufacturer	Nissan
Model	Qashqai .
Variant	•
Exact purpose for which vehicle was being used at time of	
accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Fransmission	Auto
C a little i alla si a	1197
Vehicle Fuel	· ·
First Regisration Date	u e e e e e e e e e e e e e e e e e e e
Chassis no	*
Effective Date/Time of Ownership	-
INSURANCE COMPANY	
Name of Insurance Company	ECICS Limited
Unity Halilbol 7 50751 1756 Halilbol - Integral I I I I I I I I I I I I I I I I I I I	MPC23P00300500
DRIVER	

DRIVER

N.	VANIANII
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	
the fell of a control of the state of the st	-
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?	• > -
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	Yes No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	<u>S</u>
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	
Name Gender	JITESH DARYANANI
The state of the s	Male
PASSENGER 2	
Name	
Gender	RONAV DARYANANI
* 1 (* 190) *** 14 N N N N N N N N N N N N N N N N N N	Male
DETAILS OF BOLLOT ACTION	
DETAILS OF POLICE ACTION	
Mary de la constitución de la co	
Was the accident reported to the police?	Yes
r once otation Name	Traffic Police
Alt Delice Otation Priorie No	(Phone) +65-65470000
Ait. Police Station Phone No	(Fax) +65-65474900
r once otation 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?

Was there any video captured by Car Camera?

No

Vehicle Registration Number Vehicle Manufacturer	FBQ2165G
Vehicle Model	Yamaha
	.=-
Veltale	-
The state of the s	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	.=
Postcode	4
Insurance Company Name	2
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	
Trois Or a docorigor (micidality DilVCI)	_

LINJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	
Address	
Address Complement	69
Post Code	eigl
Post Code	
Approximate Age Years Old	sir
Injuries Sustained	-
Injured person in which vehicle?	FBQ2165G
Were seat belts worn?	=
Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

VEH A: SUV 6382A VEH B: FBQ >1656 VEH C:

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 hability.
- 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.
- 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.
- 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' tawyers/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 sottlement 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 enquisies by me;

(iv) administering my claims (including the mailing of correspondence, statements, inveices, 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.

Poicyhoide (als gnature / Date & T.)

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

Wilnessed by Reporting Centre Personnel (Name as in KRIC/ID card)

Sketch Plan

Saugeang west Po

Describe Circumstance of the Accident	
DATE OF ACCIDENT: 02/08/2024 TIME C	FACCIDENT: 09:00PM
DATE OF ACCIDENT: 02/08/2024 TIME C VEH A: SLV 6382 A VEH B: FBQ 21656	VEH C:
After filtermy left, I was on By the continued driving a traight and a most motor infront of me from the right lane. I otoppe the rider. His play closed the social, app and chited him self for bruises. We he	lyflax, lastra cycle swerved Land helped media/Entertantant
Please refer to police papord NO. 7/20242810/2036 Declaration	
Policyholder's 915-ature / Date & Time Driver's Stray Jure (if driver is not the policyholder) / Date & Time	Idnessed by Reporting Centre Personnel lame as in NRICID care)

2



T/20240810/7036

Traffic Volume:

Anyone conveyed by ambulance:

Light

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 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.:					
Informant	's Particula	ars					
Name of Informant; JANAK JASHAN DARYANANI			Address: 304B Anchorvale Link #03-04 SINGAPORE 542304				
ID Type / NRIC NO	ID No.: / S22080	12A	Contact No.: Home/Office; Mobile:			91518041	
National:	ty: ORE CITIZ	EN	Email: daryan@singnet.com.sg				
Sex:	Age: 50	Date of Birth: 02/02/1974	Type of Info Driver	rmant:		PA (144) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Race: Indian			Language: English				
Occupati Administ	cupation: ministration manager		Driving Licence Information: Class: Date of Expiry:				
General II	nformation	of the Accident	The summary specific		e was at a second		
	Accident:	Injury Others	Drir No	nk Drive:	Date/Time of Accident: 02/08/2024 21:20	Type of Location: Straight Road	
Location SENGK	: ANG WEST	r ROAD	and the second seco			13	
Weather:			Road Surfac	ce:			

Vehicle No.	Туре	Make	Model	Color		
FBQ2165G	Motorcycle	YAMAHA		Color	Condition	No of Passenge
		LAWARA	R15	Black	Slightly	0
SLV6382A	Motor car	NISSAN	QASHQAI 1.2	Durata	Damaged	
			DIG-T CVT	rurpie		0
			ABS 2WD 5DR	a)		

Traffic Control: Not Controlled

Vehicle No.	Insurance Company	Time		
SLV6382A	ECICS LIMITED	Insurance No MPC23P00300500	Effective Date 12/11/2023	Expiry Date 11/11/2024

Traffic Flow:

Dual Carriage Way

Between Moving Vehicles - Head To Side

Type of Collision:



T/20240810/7036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240810/7036

CONTINUATION OF REPORT

Any Pedestrian In	volved; No					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA				
Rider				Treat	1771 - 13. FF FEE	
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 Disc		charge NIL			
No. of Days grant	ed Medical Leave (MC) NIL	Degree of	mury	Sligh		
Driver	The state of the s	The fire that have been			 	
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 Disch		NIL		
No. of Days granted Medical Leave (MC) NIL		Degree of I		INIL		

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 tane. 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 ret me pass. I was travelling about 40 km/hr. The rider was not looking at where he was riding. The riders' rearview

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.



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 Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 10/08/2024 13:57
Classification Of Case: