

From: _____
Estimate: _____
OD / T _____
To Insp: _____
at Work: _____
Insured: _____
Policy No: _____
Ins N: _____
Insu: _____
Ent's: _____
of V: _____
y C: _____
T: _____
a: _____
k: _____

ASS. REC. BY: _____

REF: A16/1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Topical

of 4382

Insured: _____

Policy No: _____

Claims No: _____

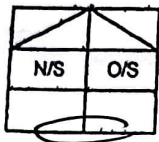
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 843K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2-3 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: SMA 1798R Yr Regn: 05, 18

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

Truck / Trailer or A)

Make: NIS Sylphy c.c. 1598

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 118777 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTBBAB17E 0032027

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 / 60R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 10/12/24 D.O.I. 16/12/2024

Survey held at

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

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

Date / Time Action / Instruction

1 GOT B2, CH NOT READY

Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transport: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

) S - RS. SI

) F. 105

) Others

Format :

Sum / I.B.I: (\$

TOTAL

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 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. 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 | 11/12/2024 17:27 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 10/12/2024 10:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | MANDAI ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA1798R

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | SAVIER MUTHU ALEX SATHYAN |
| NRIC No | S6884438Z |
| Email Address | ALEXSATHYAN@YAHOO.COM |
| Mobile Phone No | (Phone) +65-96774523 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | SYLPHY 1.6 CVT |
| 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 | 1598 |
| Vehicle Fuel | Petrol |
| First Registration Date | 30/05/2018 |
| Chassis no | MNTBBAB17Z0032027 |
| Effective Date/Time of Ownership | 30/05/2018 11:05 (SGT) |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D20MPC0002839_04 |

DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | SGY9590P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LOH KIUN CHZE |
| NRIC No | S1361115G |
| Contact Number | (Phone) +65-98172106 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------------------|
| Vehicle Registration Number | SNL2460M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | HAIRUL ANWAR BIN SANWAN |
| NRIC No | S1582787D |
| Contact Number | (Phone) +65-93877806 |
| 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 | SAVIER MUTHU ALEX SATHYAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK PAIN |
| Injured person in which vehicle? | SMA1798R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |



**SINGAPORE
POLICE FORCE**



T/20241211/7044

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

2 of 3

Report No. T/20241211/7044

CONTINUATION OF REPORT

| | | | |
|--|---------------------------|--|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SAVIER MUTHU ALEX SATHYAN | ID No. | S6884438Z |
| Related Vehicle | SMA1798R (Motor car) | Contact No. | 96774523 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 10/12/2024 | Date Discharge | 10/12/2024 |
| No. of Days granted Medical Leave (MC) | 05 | Degree of Injury | Slight |

Brief Details.

Yesterday I was driving my car SMA1798R along Mandai Road. I slowed down my vehicle as there was a car in front. While slowing down to stop, another car suddenly hit my vehicle from the back. The vehicle number is SGY9590P, a grey Nissan sylphy. On impact, my neck moved suddenly, leading to pain. Then, the driver who hit my vehicle came to my car. He asked if I was okay and asked to take photos of the damage, and to park the cars aside at the road shoulder to let incoming traffic move. Before I moved, I realised that another car was involved as well. This was a Blue BMW, SNL2460M. He had hit the grey Nissan sylphy behind me. The Nissan driver told that he collided with my car as the BMW driver hit his car. Then, we exchanged NRIC numbers and phone numbers. Then, I managed to tie my damaged car up after they left. Then, I went to my office at AMK to report the accident to my boss. Since I still felt pain in my neck, I proceeded to Tan Tock Seng A&E. I was admitted at 1.50pm on 10 December 2024. They took CT scan and ran blood tests. Then I was discharged and given 5 day MC. I have a car camera and I recorded the incident.

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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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 trial 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

