

ASS. REC. BY:

REF:

C72/20008561/kv

Kenneth

## 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:

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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:

20 %

3 Val.: Yes or No

CA / REV. / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STW 80787 Yr Regn: 04, 10

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

Truck / Trailer or

Make:

Mit Lancer Ex c.c. 1998

Colour:

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading:

97831

T/Radio: Insured / Std / NI / NA

Eng No:

C.No.:

JMYSTCY4AAU 002570

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/45R18

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.

11/8/20

D.O.I.

25/8/2020

Survey held at

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

N/S / FM

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

Date / Time

Action / Instruction

/ EST NOT ready

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

2) 23/9/20-Typist

Report Format: Merimen

Lump Sum I.B.I: (\$ 2450)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

## 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 Authorised 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 Report 12/08/2020 14:23  
Date Of Accident 11/08/2020 07:20  
Exact Location Of Accident BLK 614 EDGEFIELD PLAINS CARPARK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW8078J  
**Insured/Policyholder**  
Name Of Registered Owner SANGARAN SINNAKOLANDAI  
NRIC No SXXXX411F  
Email Address SSANGARANSINNAK78@GMAIL.COM  
Mobile Phone No (LOCAL) +65-88155499  
Alternative Phone No OFFICE-88155499

### Vehicle Particulars

Manufacturer MITSUBISHI  
Model LANCER-1.5 (A)  
Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY  
PRIVATE CAR

Vehicle Category

### Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number GA543317  
Cover Note Number

### Driver

Name of Driver ELAN SOZAN S/O UTHAPATHY ANAMALAI  
NRIC No SXXXX848J  
Date Of Birth 23/04/1952  
Occupation INDOOR  
Date Of Driving Pass 20/03/1979  
Driving Experience 41 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83137090  
Fax Number  
Contact Number  
Email Address NOEMAIL



Address BLK 615A EDGEFIELD PLAINS #10-333  
 Postcode 821615  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured RELATIVE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name PUNGGOL N.P.C  
 Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN8751X  
 Vehicle Make/Model/Colour TOYOTA  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

Kennet

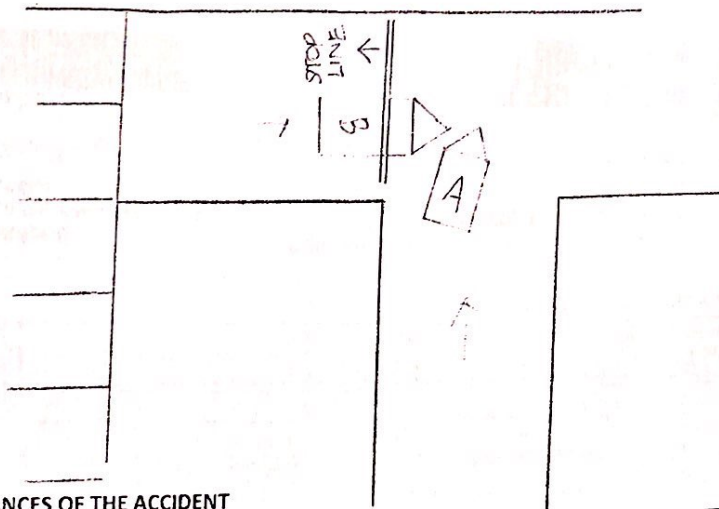
## Sketch Plan Pg. 2

From: SKETCH PLAN

Estimate

OD

To



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJW8078 J

Date of Accident: 11.8.2020 Time: 0720

Place of Accident: Blk 614 Edgefield Plains Carpark.

3rd Party: SJN8751X

Please see police report attached.  
(T/20200811/2142)

\* Third Party claim @ THH, Email my report to them \*

ZleasuznW

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12-08-20

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:







**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20200811/2142

1 of 3

Report No. T/20200811/2142

<b>REPORT OF A TRAFFIC ACCIDENT</b>			Vide Report No.:	Station Diary No.:
Date/Time Report Made: 11/08/2020 21:07				59
<b>Informant's Particulars</b>				
Name of Informant: ELAN SOZAN S/O UTHAPATHY ANAMALAI			Address: APT BLK 615A EDGEFILED PLAINS #10-333 SINGAPORE 821615	
ID Type / ID No.: NRIC NO / S1047848J			Contact No.: Home/Office:	Mobile: 83137090
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 23/04/1952	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2020 07:20	Type of Location: Slope
Location: Along Road 1 EDGEFIELD PLAINS				
B/614 EDGEFIELD PLAINS MSCP, Deck 2A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SJN8751X	Car	TOYOTA		Grey	Slightly Damaged	2
SJW8078J	Car	MITSUBISHI	LANCER EX GT	Maroon	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJW8078J	AXA INSURANCE SINGAPORE PTE LTD	GA543317	05/06/2020	04/06/2021

From

Est

Q


**SINGAPORE  
POLICE FORCE**


T/20200811/2142

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20200811/2142

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ELAN SOZAN S/O UTHAPATHY ANAMALAI	ID No.	S1047848J
Related Vehicle	SJW8078J (Car)	Contact No.	83137090
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/08/2020	Date Discharge	11/08/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 11/08/2020 at about 0720hrs, I was driving my vehicle (SJW8078J) at the MSCP of B/614 Edgefield Plains. As I was going up the slope to Deck 2A, I did not notice any vehicle coming from the left side. Thus, I proceeded to clear the slope and turn right. Out of a sudden, I felt a collision on the left side of my vehicle. Another vehicle (SJN8751X) which was coming down the slope from Deck 2B, on the left, had collided onto the left front portion of my vehicle. After clearing the slope up, I exited my vehicle to make a check. The driver (Chinese Male) of the other vehicle also exiting his vehicle. I insisted on exchanging particulars with the said driver and wanted to take photos of the incident however the driver had refused to do so. As we were conversing, other vehicles from the upper deck sounded their horns as we were blocking the area. I then parked my vehicle at an available lot. While I was parking my vehicle, I noticed the other driver taking photos of my vehicle. He then left the MSCP.

I had went to Mount Alvernia Hospital on the same day as I realized that my right shoulder was in pain. I was given 5 days of MC. My vehicle had sustained damages on the left front portion and the left side of the front bumper had fallen. I recalled noticing that the right front side of the other vehicle was dented. This is the first time such an incident had happened to me.