

ASS. REC. BY:

Tang JH

REF:

CS 3/40121000515/Ty.d3

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. **M11D11702101**

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
X	X

Bal. or Market Value: **\$30K**

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: **7** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **GBD2407C** Yr Regn: **2014, Aug**

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

Truck / Trailer or _____

Make: **Nissan Cabstar** c.c. **2953**Colour: **Silver** A/C: Insured / Std / NI / NASp. Reading: **230203** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JM5C2F2420*856171**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: **NI / S/Rim / STD A/Rim** orTyre Size: F: **195/R15**R: **155/R13(D)**

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

TOYO / YOKO or _____

Front

Rear

R/Bal. **6** mm R/Bal. **6/6** mmL/Bal. **6** mm L/Bal. **6/6** mmD.O.A. _____ D.O.I. **12/1/21**Survey held at **Derrick Motor**Des. of Damages: Frt / **Rear** / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Estimate COR: \$5000-\$7000

Submit PRS.

Date/Time, File Pass to?

☐

: Preli. Report

1) 20/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: **PRS**

Lump Sum / I.B.H. (\$) _____

Days Of Repair: **7**

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

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 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 Submission	05/01/2021 17:10 (SGT)
Date of Accident	04/01/2021 14:20 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	WOODLANDS AVE 10 TOWARDS ADMIRALTY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2407C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OCEANIC IMPORT AND EXPORT PTE LTD
Company Reg No	2XXXXX188D
Email Address	admin@yct.com.sg
Mobile Phone No	(Phone) +65-87001189
Alternative Phone No	+65-87001189

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle

INSURANCE COMPANY

Name of Insurance Company	ERGO
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	dmcg20013064
Cover Note Number	-

DRIVER

Name of Driver	ganesa moorthy raja
Passport No/FIN	aXXXX505n

Date Of Driving Pass	21/04/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87001189
Alt. Phone Number	-
Email Address	rajasaran428@gmail.com
Address	73 GEYLANG BAHRU #03-3046
Address complement	-
Postcode	330073
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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 material 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

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

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED

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	yp3901a
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	

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	GANESA MOORTHY RAJA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD2407C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date
& Time:

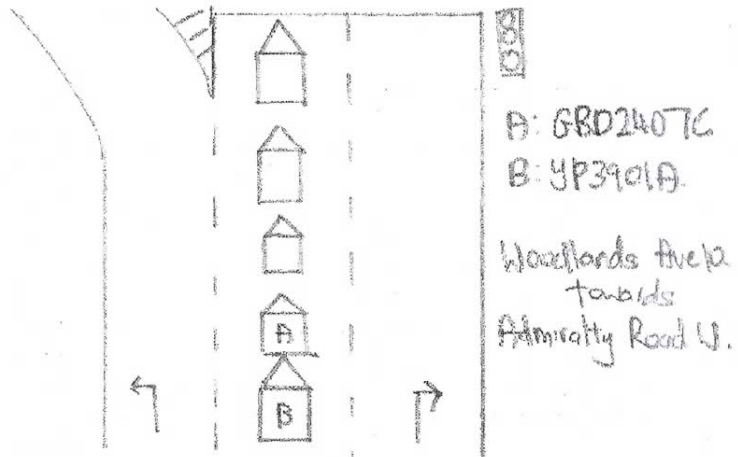


Driver's Signature
(If driver is not the policyholder) Date
& Time:

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

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT -

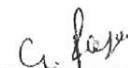
My Vehicle A was stopped waiting for the traffic light to turn green. All of a sudden, I felt a massive impact from the rear of my vehicle. The impact shook all the items and the items fell to the ground. I comforted myself for a while and exit my Vehicle A. I notice Vehicle B had collided with the rear of my Vehicle A. I took photos and later left the scene. I experience back pain after the accident.



You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

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:

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

