

ASS. REC. BY: Steve

REF: CS3/CT121994876/Eqf3

PRS

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. DMB1SNW00005752000

Claims No. SNM21D202140C02

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

Val. or Market Value: _____

DAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 10 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GOC 2471X Yr Regn: 28/9/11

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

Truck / Trailer or

Make: NISSAN Cabstar c.c. 2953

Colour: Silk A/C: Insured / Std / Nil / N

Sp. Reading: 232730 T/Radio: Insured / Std / Nil / N

Eng/No: _____

C/No: JN1SC2F242 0859148

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: 195R15C

R: 11

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

TOYO / YOKO or

Front R/Bal. 4 mm Rear R/Bal. 4 mm

L/Bal. 4 mm U/Bal. 4 mm

D.O.A. 13/4/21 D.O.I. 20/4/21

Survey held at Hup Ley Huat

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

Rear LH

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

Date / Time	Action / Instruction
	MV-ISK Repair Rege 7K-8K 10 days
27/04/21	Submit PRS

Date/Time, File Pass to? : Prel. Report : Final Report

Form: MER-PRS

Days Of Repair: 10

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)

Survey Fee:	
Transportation:	
S + RS	
Photos	
Others	
TOTAL	

SV0L214E0009 / VICOM LTD (VAC) - Kaki Bukit [415933]
ENTRY DATE & TIME: 14/04/2021 12:44 (SGT)
SUBMITTED BY: Siti Fadhlon Abdul Kader
VERSION: 1 (14/04/2021 12:44 (SGT))

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 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 Submission 14/04/2021 12:44 (SGT)
Date of Accident 13/04/2021 17:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information BARTLEY ROAD EAST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC2471X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SDM ENGINEERING SERVICES PTE LTD
Company Reg No 2XXXXX099M
Email Address sdm.engineering1703@gmail.com
Mobile Phone No (Phone) +65-96322361
Alternative Phone No +65-96322361

VEHICLE PARTICULARS

Manufacturer Nissan
Model NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
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 Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V11316/VCV/R00
Cover Note Number -

DRIVER

Name of Driver RAMAKRISHNAN JAYARAMAN
Work Permit No GXXXX953M

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

09/06/1981
 Outdoor
 31/12/2018
 2 YEARS AND 4 MONTHS
 Male
 (Phone) +65-86504136
 -
 sdm.engineering1703@gmail.com
 261B CHANGI ROAD
 -
 419748
 No
 Employee
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
 Weather Conditions AFTER RAIN
 Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER 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
 Vehicle Manufacturer PC9055C
 Vehicle Model Toyota
 Vehicle Variant YUTONG / ZK6958HQ AUTO
 Vehicle Colour -
 Vehicle Category -
 Name of Driver Bus
 Contact Number -
 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 SMG9252P
 Vehicle Manufacturer Toyota
 Vehicle Model TOYOTA / PRIUS PLUS (AUTO)
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category -
 Name of Driver Private car
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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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 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 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.



11:20am
14/4/2021

11:20AM
14/4/2021

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

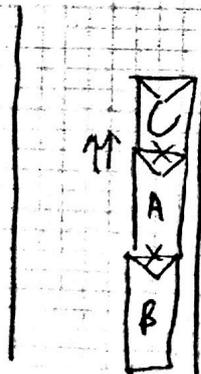
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

14 APR 2021

Sketch Plan



A = GBC2471X
 C = SMG9252P
 B = PC9055C

Describe Circumstances of the Accident

I was driving along barley road east. The front vehicle slowed down and I came to a stop as well. Suddenly, I heard a loud bang coming from the rear region of my lorry. From which, the impact force my vehicle in front. After the accident I felt ~~uncomfortable~~ [&] uncomfortable and went to see the doctor.

Declaration

We declare the foregoing particulars are true in every respect



11:20
14/4/2021
Policyholder's Signature / Date & Time

11:20AM
14/4/2021
Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg
Witnessed by Reporting Centre Personnel 14 APR 2021