

ASS. PEO. BY:

Taylors

REF.

CS3/CT121004984/TIVf3

ASSIGNMENT

COE 2029 Dec.

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured: GX 4562J

Policy No. DMCVSNW00041792102

Claims No. SNM21D202257/C02/TANKL

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 |
| | |

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SJV36504

Yr Regn:

2001 Jan

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

Truck / Trailer or

Make:

Perodua Myvi EZ1 c.c. 1298

Colour:

black

A/C: Insured / Std / NI / NA

Sp. Reading:

221279

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

PM2M301500235777

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R14

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

17/4/21

D.O.I.

21/4/21

Survey held at

Teamwork

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

Repair Range \$5000 - \$6000, 7 days

10/5/21 Submit PRS, repair cost \$5,000-\$6,000

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 10/5/21-Typist

Report Filed: PRS

Lump Sum / LBS

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Meal (\$

Survey Fee:

Transportation:

Photos

Other:

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 | 19/04/2021 15:13 (SGT) |
| Date of Accident | 17/04/2021 06:45 (SGT) |
| Exact Location of Accident | Upper Serangoon Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJV3650U |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | SURESH NAIR |
| NRIC No | SXXXX653B |
| Email Address | SURESHNAIR_NASH@ME.COM |
| Mobile Phone No | (Phone) +65-81215372 |
| Alternative Phone No | +65-90179959 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Perodua |
| Model | Myvi |
| 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 | 1300 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | MT/00874780 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------|
| Name of Driver | JONINA SUTHA NAIR |
| NRIC No | SXXXX890F |

| | |
|---|----------------------------------|
| Date Of Birth | 25/05/1999 |
| Occupation | Indoor |
| Date Of Driving Pass | 23/07/2020 |
| Driving experience | 9 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-90179959 |
| Alt. Phone Number | - |
| Email Address | JONINANAIR@GMAIL.COM |
| Address | 881 TAMPINES ST 84 #02-102 |
| Address complement | - |
| Postcode | 520881 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | DRIZZLING |
| Road Surface | Wet |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| PASSENGER 1 | |
| Name | DARYL TAN |
| Gender | Male |
| 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 | |
| REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336 | |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | W/OWNER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|--------------------|
| Vehicle Registration Number | GX4562J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| 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 | JONINA SUTHA NAIR |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK & BACK |
| Injured person in which vehicle? | SJV3650U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-------------|
| Name of injured person | DARYL TAN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK & BACK |
| Injured person in which vehicle? | SJV3650U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


12:06am.
18/4/21
Policyholder's Signature / Date & Time


12:06am.
18/4/2021
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

| | | |
|---|--|--|
|  | | <p>A: SJV 36504</p> <p>B: GX 4562J</p> |
|---|--|--|

Describe Circumstances of the Accident

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

12:06am
18/4/21
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**

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



T/20210417/7027

1 of 3

Report No. T/20210417/7027

REPORT OF A TRAFFIC ACCIDENT

| | | | | | | |
|--|------------|------------------------------|---|--|----------------------------|--|
| Date/Time Report Made: 17/04/2021 23:55 | | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | | |
| Name of Informant: S. JONINA SUTHA NAIR | | | Address: 881 TAMPINES STREET 84 #02-102 SINGAPORE 520881 | | | |
| ID Type / ID No.: NRIC NO / S9917890F | | | Contact No.: | | Mobile: 90179959 | |
| Nationality: SINGAPORE CITIZEN | | | Email: JONINANAIR@GMAIL.COM | | | |
| Sex: Female | Age: 21 | Date of Birth: 25/05/1999 | Type of Informant: Driver | | | |
| Race: Malayalee | | | Language: English | | Institution / School Name: | |
| Occupation: Student | | | Driving Licence Information: Class: | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|---------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 17/04/2021 06:45 | Type of Location: Straight Road |
| Location: UPPER SERANGOON ROAD | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|-------|------|-------|-------|-----------|-------|
| GX4562J | Lorry | | | | | 0 |
| SJV3650U | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**

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



T/20210417/7027

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Report No. T/20210417/7027

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------------|--|-----------------------------------|-----------------------------------|
| Driver | | | | |
| Name | S. JONINA SUTHA NAIR | | ID No. | S9917890F |
| Related Vehicle | SJV3650U (Car) | | Contact No. | 90179959 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | 05 | | Degree of | Slight |
| Passenger | | | | |
| Name | DARYL TAN | | ID No. | NIL |
| Related Vehicle | NIL | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | 05 | | Degree of | Slight |

Brief Details.

I was travelling along Upper Serangoon Road on the 3rd lane. As the vehicle in front of me slow down and came to a stop, I manage to stop in time and came to a complete stop. However all of a sudden I felt an impact from my vehicle rear portion. After the impact I came down from my vehicle and realized that vehicle B (GX4562J) has collided onto my vehicle rear portion.

After the incident, I felt pain and I went to consult to a doctor and was given MC.



**SINGAPORE
POLICE FORCE**

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



T/20210417/7027

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Report No. T/20210417/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/04/2021 23:55

Classification Of Case: