

ASS. REC. BY:

REF:

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.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA3020A Yr Regn: 2016 / FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 C.C. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 126164 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BM42A860327965Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 17/12/21Survey held at ModernDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear o/s

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

Date / Time	Action / Instruction
	<u>TP III</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS. \$ _____

Photos

Others

Report Format: _____

Lump Sum / L.B.F. _____

☐ : 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 Submission	16/12/2021 16:02 (SGT)
Date of Accident	15/12/2021 08:40 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	BKE TOWARDS KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3020A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	A ESWARAN REDDIAR
NRIC No	SXXXX027B
Email Address	ELAN_BEANIE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92723510
Alternative Phone No	(Home) +65-92723510

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124447468
Cover Note Number	-

DRIVER

Name of Driver	A ESWARAN REDDIAR
NRIC No	SXXXX027B

Date Of Birth	24/10/1983
Occupation	Indoor
Date Of Driving Pass	05/09/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92723510
Alt. Phone Number	(Home) +65-92723510
Email Address	ELAN_BEANIE@HOTMAIL.COM
Address	BLK 122A SENGKANG EAST WAY #02-53
Address complement	-
Postcode	541122
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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 POLICE REPORT NO. T/20211215/2037.

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	GBJ8817G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SILVESTAR KRITTASPRABU
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	SMG268D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHEE SENG
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 3

Vehicle Registration Number	SGY91Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIN YUSHENG
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	A ESWARAN REDDIAR
Gender	Male
Phone No	(Phone) +65-92723510
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLA3020A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

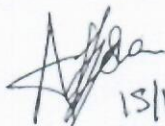
IMPORTANT NOTICE

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 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. 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.
- (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.

 15/12/21

Policyholder's Signature / Date & Time

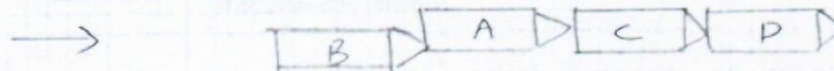
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

BKE TO KJE



A = SLA 3020 A
B = GBJ 8817 G
C = S1A 268 D
D = SGY 91 Y

Describe Circumstances of the Accident

As per Police Report no. T/2021/215/2037.

Declaration

We declare the foregoing particulars are true in every respect.

A ~~for~~ 15/12/21

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211215/2037

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

1 of 4

Report No. T/20211215/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2021 13:47		Vide Report No.: E/20211215/0041		Station Diary No.:	
Informant's Particulars					
Name of Informant: A ESWARAN REDDIAR			Address: APT BLK 122A SENGKANG EAST WAY #02-53 RIVERVALE BANK SINGAPORE 541122		
ID Type / ID No.: NRIC NO / S8330027B			Contact No.: Home/Office: Mobile: 92723510		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 24/10/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Marine engineer (shore-based)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2021 08:40	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: 4 CHAIN COLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBJ8817G	Van	NISSAN	NV200 1.5 MT	Silver		1
SGY91Y	Car	TOYOTA	CAMRY HYBRID 2.5G CVT	Silver		0
SLA3020A	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	White		0



**SINGAPORE
POLICE FORCE**



T/20211215/2037

2 of 4

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

Report No. T/20211215/2037

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG268D	Car	HONDA	FREED HYBRID 1.5G AUTO	Blue		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLA3020A	NTUC Income Insurance Co-Operative Limited	5124447468	05/11/2021	04/11/2022	

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	A ESWARAN REDDIAR		ID No. S8330027B
Related Vehicle	SLA3020A (Car)		Contact No. 92723510
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	15/12/2021		Date Discharge 15/12/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

I WAS FROM BKE TOWARDS KJE. I WAS AT THE FIRST LANE OF 3 LANE ROAD. WHILE I WAS DRIVING MY VEHICLE(SLA3020A), SUDDENLY A VEHICLE(SMG268D) THAT INFRONT OF ME MADE A EMERGENCY BRAKE. I TRIED TO BRAKE ON TIME BUT I COULD'NT, SO I COLIDED ON THE VEHICLE(SMG268D). AT THE SAME TIME ITSELF, ANOTHER VAN(GBJ8817G) HIT ONTO MY REAR VEHICLE. BECAUSE OF THE BEHIND VEHICLE HIT ONTO MY VEHICLE, I HAVE A CUT AND ABRASION MY RIGHT WRIST AS I WAS HOLDING ON TO THE STEERING WHEEL THROUGHOUT THE INCIDENT AND I PRESUMED THAT MY VEHICLE JERK INFRONT OF THE SECOND VEHICLE. AFTER THE ACCIDENT HAPPENED, I WENT OUT FROM MY VEHICLE AND I REALISED THAT IT WAS A 4 VEHICLE CHAIN COLLISION. THE FIRST VEHICLE WAS SGY91Y FOLLOWED BY SMG268D. THE SECOND VEHICLE CALLED POLICE AND AMBULANCE FOR ASSISTANCE. UPON THIER ARRIVAL, PARAMEDIC CAME TO US TO CHECK ON OUR CONDITION. SO FAR, PARAMEDIC CONVEYED ME TO NTFGH WHILE TRAFFIC POLICE WERE THERE TO DO FURTHER INVESTIGATION. IO INTAN(EXT:65476415) WILL BE INCHARGE OF THIS CASE.

THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20211215/2037

3 of 4

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

Report No. T/20211215/2037

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211215/2037

4 of 4

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

Report No. T/20211215/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
TP /
SC2 MUHAMMAD NASHIF BIN
HADI PUTRA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/12/2021 13:47

Classification Of Case:



SINGAPORE
POLICE FORCE