

CS/EG122002008/Aqy3

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. **CDMCG22000287**

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: **9** 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: **SNAG9566** Yr Regn: **2018, April**

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

Truck / Trailer or

Make: **Honda Shuttle Hybrid** 1496

Colour: **Grey** A/C: Insured / Std / NI / NA

Sp. Reading: **65647** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GP 71207459**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **205/50R16**

R: **205/50R16**

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

TOYO / **YOKO** or

Front Rear

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. _____ D.O.I. **03/03/22**

*Survey held at **Modern**

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

TP Ergo.

04/03/22@3.49pm Informed ERGO, we are pending for estimate from repairer.

14/06/22@11.42am revised to ERGO via Merimen.

MV :

PV :

Nett :

LS \$11250, 9 days. (Red \$8110, 42%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 14/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **9**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Insp (\$

☐ Weekend (\$

Report Format: **MER-TP**

Lump Sum / Fee: **11250**

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	03/03/2022 14:25 (SGT)
Date of Accident	12/02/2022 14:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA6956G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HERGOBIND S/O ARJANDAS GOKLANI
NRIC No	SXXXX240I
Email Address	GOBINDGOKLANI@GMAIL.COM
Mobile Phone No	(Phone) +65-98629090
Alternative Phone No	(Home) +65-98629090

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
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	5123461197
Cover Note Number	-

DRIVER

Name of Driver	HERGOBIND S/O ARJANDAS GOKLANI
NRIC No	SXXXX240I

Date Of Birth	03/02/1961
Occupation	Outdoor
Date Of Driving Pass	04/07/1979
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98629090
Alt. Phone Number	(Home) +65-98629090
Email Address	GOBINDGOKLANI@GMAIL.COM
Address	BLK 308 TAMPINES ST 32 #06-110
Address complement	-
Postcode	520308
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	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?	Yes
Was any other vehicle 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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20220222/2089

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	XD3595A
Vehicle Manufacturer	Mitsubishi

Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HERGOBIND S/O ARJANDAS GOKLANI
Gender	Male
Phone No	(Phone) +65-98629090
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNA6956G
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:

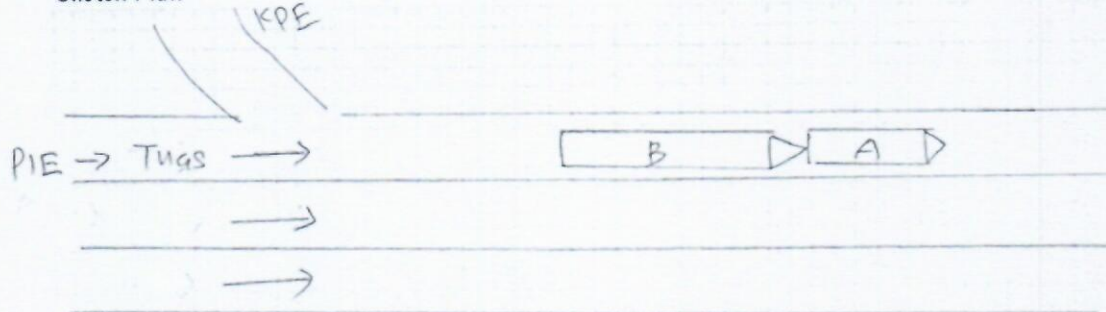
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.


 Policyholder's Signature / Date &
 Time 2/3/2022

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


 Witnessed by Reporting Centre
 Personnel

Sketch Plan



A = SNA 6956 G
 B = XD 3595 A

Describe Circumstances of the Accident

As per Police Report No. T/20220222/2089.

As per Police Report No. T/20220222/2089.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 2022

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220222/2089

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461

Tel No: 1800-7818999

Report No. T/20220222/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2022 19:18	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: HERGOBIND S/O ARJANDAS GOKLANI			Address: APT BLK 308 TAMPINES STREET 32 #06-110 SINGAPORE 520308	
ID Type / ID No.: NRIC NO / S21802401			Contact No.: Home/Office:	Mobile: 98629090
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 03/02/1961	Type of Informant: Driver	
Race: Sindhi			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/02/2022 14:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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 Passenger
SNA6956G	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue	Seriously Damaged	1
XD3595A	Lorry				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220222/2089

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20220222/2089

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SNA6956G	NTUC Income Insurance Co-Operative Limited	5123461197	01/09/2021	31/08/2022

Brief Details.

On 12/2/2022 at about 2.45pm, I met into an accident while ferrying a passenger from the booking I received from Grab (Booking No: A-33HOGGUGWFCG). I was traveling on PIE highway towards Tuas and had just exited from KPE highway. I was driving slowly on the left-most lane and almost came to a stop as the vehicles in front of me had stopped. This was when a large truck (vehicle: XD 3595A) hit the rear of my vehicle (SNA6956G) causing the rear windscreen to shatter completely.

I was shock and asked if my passenger in the backseat is hurt, however my passenger informed me she wasn't hurt. I suffered pain on my back and neck. I was still in shock and was taken to the hospital by ambulance on that time. I was hospitalized at SGH for a period from 12/02/2022 to 16/02/2022. My vehicle suffered heavy damage, the entire back portion was dented, and the rear windscreen shattered. The truck front number plate was dented in. The truck driver was not injured. We did not exchange particulars and I do not have his phone number. I have since informed Grab about the accident. That is all.



**SINGAPORE
POLICE FORCE**



T/20220222/2089

3 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20220222/2089

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:
G / SGT 2 BRYAN CHENG
CHUN HENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/02/2022 19:18

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR ADELINA BINTE
MOHAMMAD FUAT
Contact No.: 65476066

Classification Of Case:

NP168

