ASS, PLC, BV:		
A STATE OF THE PARTY OF THE PAR	IGNMENT	
From: Date:	Veh No: YQ 4873 K Yr Regn: 2021 / DCT.	
From: Date: Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
	Make: Mit Carter c.c 2588	
To Inspect Vehicle No:	Colour While A/C: Insured / Std / NI / NA	
at Workshop m/s	Sp.Reading 22087 T/Radio: Insured / Std / NI / NA	
of	op. roughly	
nsured:	Eng/No: FEB 71EA 3-5094	
Can Cand Chad Pair / Bear / Burnt		
Claims No. Gen. Cond. Good / Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or	
Make of Veh: Modi : Nil / S/Rim / STD A/Rim or		
	Tyre Size: F: 215./75 Rp.5	
(Policy Condition) R: 215/75 R17.5		
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of hispeotion.	TOYO/YOKO or	
Bal. or Market Value:	Front Rear R/Bal. OC mm R/Bal. mm	
DAC Accident Rport: Consistent? : Yes or No	1/24	
GIA / PR Seen: Consistent?: Yes or No	D.O.A. D.O.I. 25/04/22	
Est. Repairs: days Res.: Yes or No	0 1	
% 3 Val.: Yes or No		
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rean / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OU Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction	The Gro P officers frame P 2003 of the control of t	
17 1st Cap.	TOTAL PARTY REPORTED AND AND AND ADDRESS OF THE PARTY AND ADDRESS OF TH	
constant trives	See the street the same seems and produced states.	
m√ :	HASTISTANIS	
PV:		
Nett:	(g) T 2220 5222 5325 53	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
; Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
Add Fo		
	: Interview (\$) Photos	
Penert Formet:	: Tech, Inve 18) Others	

transmitte la for

Accident Reporting Draft

VEHICLE NO: YQ4873K

ASSISTANCE?

MODEL: MITSUBISHI CANTER AUTO/MANUAL

DATE OF ACCIDENT	22/4/2022 C.C: 2,998	
TIME OF ACCIDENT	1335 HRS AM/RIA	
LOCATION OF ACCIDENT	TUAS-CRESCENT JUNCTION OF TUAS AVE 13	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	SRN ENGINEERING PTE LTD	
CONTACT NO.	89438077 (D) EMAIL: ADMIN@SRNENG.COM.SG	
NRIC	200807486G	
CLAIM TYPE	OD / THIRD PARTY REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IENO: VENGATACHALAM SILAMBARASAN	
NRIC	G8406930U ANY PASSENGER: 0	
DATE OF BIRTH	3/6/1987	
OCCUPATION	OUTDOOR INDOOR	
DATE OF DRIVING PASS	27/12/2018	
GENDER	MALEY FEMALE	
CONTACT NO.	89438077 (D) EMAIL: ADMIN@SRNENG.COM.SG	
ADDRESS	16 NEYTHAL ROAD S(628581)	
DOES DRIVER OWN OTHER VEHICLES	NO IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE OF NO:	
WEATHER CONDITION	CLEAR / RAINY / OTHER: CLEAR	
ROAD SURFACE	DRY WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: YES - DRIVER (VENGATACHALAM	
CONTACT NO.	SILAMBARASAN) (M)	
POLICE REPORT	NOY IF YES: NOTICE OF INTENDED PROSECUTION GIVEN	
VIDEO RECORDING	NOY YES NO/JF YES: WHO?	
AUDIO RECORDING	NO YES SCENE PHOTO(S) NO / YES	
VEHICLE B NO.	XD6046Z ANY PASSENGER:	
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	FF0 #	
MOBILE NO.	Ruder Auto Pte Ltd	
CONTACT PERSON		
FAX NO. HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277	

LWAS TRAVELLING ALONG TUAS CRESCENT JUNCTION OF AVE 13. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER. WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. Declaration Declaration We declare the foregoing particulars are true in every respect. If you wish to claim against your own policy, please be advised that your insurer may have a fourtieen (14) days clause whereby the claim must be made within the stipulated transforms from the day of occurrence. Enrolly check with your insurer for more details. Policy holder's Signature / Date William from the day of occurrence. Enrolly check with your insurer for more details. Winnessed by Reporting Centre Personnel.	Describe Circumstances of the Accident	
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(103)	[a] [a] [a] [a]	
	(103)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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)

lunderstand, 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.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan

TUAS CRES JUNCTION OF THAS AVE 13

A:YQ4873K B:XD6046Z

BA