

ASS. REC. BY:

REF:

CT21

Kenneth

AS ELEMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

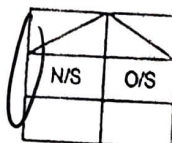
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

07

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Got B1, EM not ready

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

P. 100

Others

Add Fee:

☐
☐
☐
☐
☐

Insp (\$

View (\$

Invs (\$

kend (\$

TOTAL

No:

GBD 7012A

Yr Regn:

03, 15

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

Truck / Trailer or

Toy Silver

C.C.

2P82

A/C:

Insured / Std / NI / NA

T/Radio:

Insured / Std / NI / NA

JTFH 702P 300156812

Cond: Good / Fair / Poor / Burnt

Inorder / Jammed / Leaked / Burnt or

Inorder / Jammed / Leaked / Burnt or

NII / S/Rlm / STD A/Rlm or

F:

1P5R15x8

R:

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

OKO or

8 mm

Rear

R/Bal.

8 mm

L/Bal.

14/6/22

D.O.I.

16/6/2022

Date of

Damages: Frt / Rear / O/S / N/S / UIC / Roctop or

N/S body

UIC / Chassis frame / Body Structure affected due to collision.

Report Format :

ump Sum / I.B.I: (\$

## 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 ..... 15/06/2022 11:03 (SGT)  
Date of Accident ..... 14/06/2022 08:50 (SGT)  
Exact Location of Accident ..... Sims Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD7012A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ONEBERRY TECHNOLOGIES PTE LTD  
Company Reg No ..... 2XXXXX911N  
Email Address ..... info@oneberry.com  
Mobile Phone No ..... (Phone) +65-65132168  
Alternative Phone No ..... +65-65132168

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5108487551-03  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MURUGAIAN SOUNDERRAJAN  
Passport No/FIN ..... GXXXX712P

Date Of Birth	08/04/1983
Occupation	Outdoor
Date Of Driving Pass	05/07/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86198755
Alt. Phone Number	-
Email Address	pmsrajan83@gmail.com
Address	17 SHAW ROAD
Address complement	#02-07
Postcode	367955
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NYEIN CHAN MIN HTET
Gender	Male

#### PASSENGER 2

Name	MUHAMMAD NABIL BIN HAMDAN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS - VEHICLE B REVERSED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

## IMPORTANT NOTICE

## SKETCH PLAN

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' 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 14-06-22

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date  
& Time 14-06-22

Witnessed by Reporting Centre  
Personnel

REVERSED

SIMS WILLY



**SINGAPORE  
POLICE FORCE**



T/20220614/2083

1 of 4

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20220614/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2022 17:58		Vide Report No.:		Station Diary No.: 69	
<b>Informant's Particulars</b>					
Name of Informant: MURUGAIAN SOUNDERRAJAN			Address:		
ID Type / ID No.: FIN NO / G6848712P			Contact No.: Home/Office: Mobile: 86198755		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 08/04/1983	Type of Informant: Driver		
Race: Tamil			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2022 08:50	Type of Location: Straight Road
Location: SIMS WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7012A	Van				Slightly Damaged	2
YP7121H	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

From:

Estr:

**SINGAPORE  
POLICE FORCE**

T/20220614/2083

3 of 4

Report No. T/20220614/2083

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

**CONTINUATION OF REPORT****Brief Details.**

On the above mentioned date and time, I was driving my company vehicle (GBD7012A) at Sims Way going towards Nicoll Highway. I have two passengers inside my vehicle.

While I was driving my vehicle, the vehicle in front of me (YP7121H) suddenly stopped. I also managed to stopped my vehicle behind him. The vehicle in front of me suddenly reversed and had side swiped the left side of my company vehicle and then he changed to the left lane. He then stopped his vehicle to make a check. My two passengers and I also alighted the vehicle to make a check. The left side of my company vehicle suffered damages (left side mirror detached, left side of the vehicle dented and scratched). I exchanged my particulars with the other driver and then left.

One of the passenger and I felt pain on our bodies and went to see a doctor at Mount Alvernia Hospital and we both received 4 days MC from 14/06/2022 until 17/06/2022. My other passenger only felt pain later on and he went to see a doctor at Yim Clinic and received 3 days MC dated from 14/06/2022 until 16/06/2022.