

Ass. Fed. By:

REP: CS/CTI22008875/Avy3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured **GBG 9913X**

Policy No. **DMCVSNA00152822101**

Claims No. **SNM22D206391/C02/IRENE**

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: **YP6740C** Yr Regn: **2017, June**

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

Truck / Trailer or

Make: **Mit Carter** c.c. **2998**

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

Sp. Reading: **229122** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **FE37IEA20414 \***

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **215/75R17.5**

R: **215/75R17.5**

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

TOYO / YOKO or **Windforce**

Front

Rear

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

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

D.O.A. **6/9/2022** D.O.I. **09/09/22**

Survey held at **For NSI**

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   |
|----------------|--|
|                | <b>TP Chira</b>  |
| <b>11/6/23</b> | <b>Adrian confirmed lump sum \$13,000 (Red 25,742.50, 66%)</b> |
|                | <b>MV :</b>  |
|                | <b>PV :</b>  |
|                | <b>Nett :</b>  |

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) **12/6/23-typist**

Report Format: **Merimen**

Days Of Repair: **10**

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Insp (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS: \_\_\_\_\_ \$

Photos

Others

|  |
|--|
|  |
|  |
|  |
|  |
|  |

# 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 Actual 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 ..... 07/09/2022 17:04 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 06/09/2022 18:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BKE TOWARDS CHECKPOINT BEFORE MANDAI ROAD (EXIT 7)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP6740C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHIAN TECK REALTY PTE. LTD.  
Company Reg No ..... 200905590Z  
Email Address ..... jessmine@chianteck.sg  
Mobile Phone No ..... (Phone) +65-91092822  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... MITSUBISHI / CANTER FEB71ER4SDEC (CBU)  
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 ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5128283380(C)17.06.22-16.06.23

### DRIVER

Name of Driver ..... MUTHUKUMAR BHARA THIRAJA  
Passport No/FIN ..... G8564650N  
Date Of Birth ..... 15/04/1994  
Occupation ..... Outdoor

|  |  |
|--|--|
| Date Of Driving Pass .....   | 02/12/2019   |
| Driving experience .....   | 2 YEARS AND 9 MONTHS                                       |
| Gender .....   | Male   |
| Mobile Number .....  | (Phone) +65-94461631                                       |
| Alt. Phone Number .....  | -  |
| Email Address .....  | jesmine@chianteck.sg                                       |
| Address .....  | 21 WOODLANDS CLOSE #08-11 PRIMZ BIZHUB Singapore<br>737854 |
| Address complement .....   | -  |
| Postcode .....   | -  |
| 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) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                    |
|-----------------------------------|--------------------|
| Vehicle Registration Number ..... | GBG9913X           |
| 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 ..... MUTHUKUMAR BHARA THIRAJA  
 Gender ..... Male  
 Phone No ..... (Phone) +65-94461631  
 Address ..... 21 WOODLANDS CLOSE #08-11 PRIMZ BIZHUB Singapore  
 737854  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... YP6740C  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No



Vertical text or stamp on the right side of the page, possibly a date or reference number.

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

CS  
  
 Policyholder's Signature / Date & Time

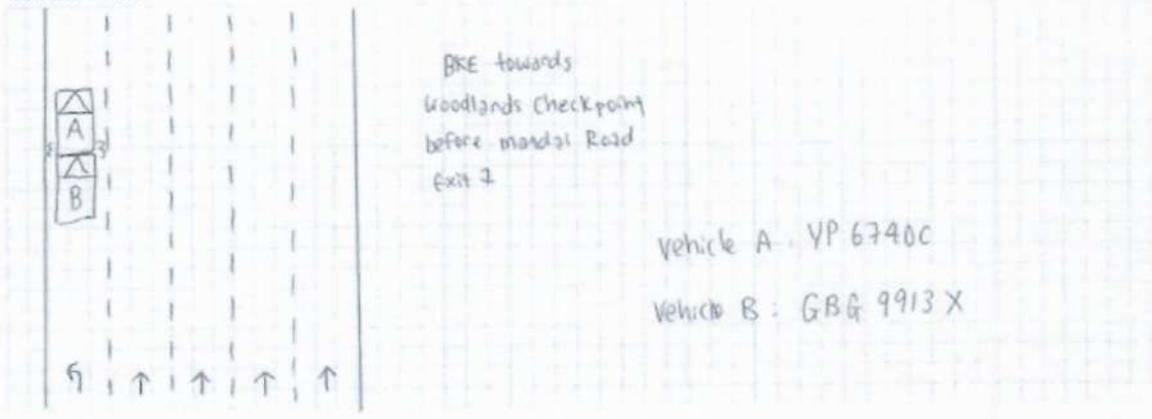


  
 Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**

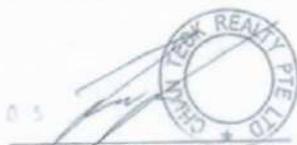


**Describe Circumstances of the Accident**

As of above date and time, I was driving my vehicle (YP 6740C) along  
BKE towards Woodlands checkpoint before Mandai Road (Exit 7) on the 5th  
lane of a 5 lane expressway. My vehicle was moving slow due to  
the traffic ahead, out of a sudden, vehicle B (GBG 9913X) front portion  
collided into the rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel