

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLJ 1984 Jat Workshop n/s V-TCLof 1, SOON LESTN #06-06/05

Insured:

SMR

Policy No.

Claims No.

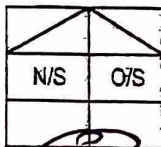
Sum Insured:

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:

65K

IDAC Accident Report

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

Date / Time Action / Instruction

REPAIR LIMIT - 3IKESTIMATE RANGE OF REPAIR / no. of days - (SK-6K) / 7 days

Veh No:

SLJ 1984 J

Yr Regn:

2016 / NOVType: ☒ Car / ☐ M/Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Honda Civic 1.6 VTEC cc 1597

Colour:

WHITEAC: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading

121416T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No:

C/No:

MRHFC56506T000612Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

215/55R16

R:

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

TOYO / YOKO or

FMKAW

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

19/12/11

D.O.I.

22/12/11

Survey held at

V-TCLDes. of Damages: ☒ Fnt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

Date/Time, File Pass to?



: Prefl. Report

Days Of Repair:

1)



: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:



: Site Insp (\$

) S + RS \$I



: Interview (\$

) Photos



: Tech. Invs (\$

) Others



: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$))

TOTAL

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	20/12/2022 14:55 (SGT)
Reported by	Both
Date of Accident	19/12/2022 08:05 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	CLEMENTI ROAD EXIT TO AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1984J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PANNEERSELVAM VETRISELVAN
NRIC No	S7066636G
Email Address	JPSENGG27@GMAIL.COM
Mobile Phone No	(Phone) +65-90021824
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220059434

DRIVER

Name of Driver	PANNEERSELVAM VETRISELVAN
NRIC No	S7066636G
Date Of Birth	13/06/1970
Occupation	Indoor

Date Of Driving Pass	13/03/2020
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90021824
Alt. Phone Number	-
Email Address	JPSENGG27@GMAIL.COM
Address	BLK 813 JURONG WEST STREET 81 #11-176
Address complement	-
Postcode	640813
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?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UDAYAKUMAR SATHIYA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SMB1563X
Vehicle Manufacturer	Man
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	PANNEERSELVAM VETRISILVAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & SHOULDER
Injured person in which vehicle?	SLJ1984J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UDAYAKUMAR SATHIYA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & HEAD
Injured person in which vehicle?	SLJ1984J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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' 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

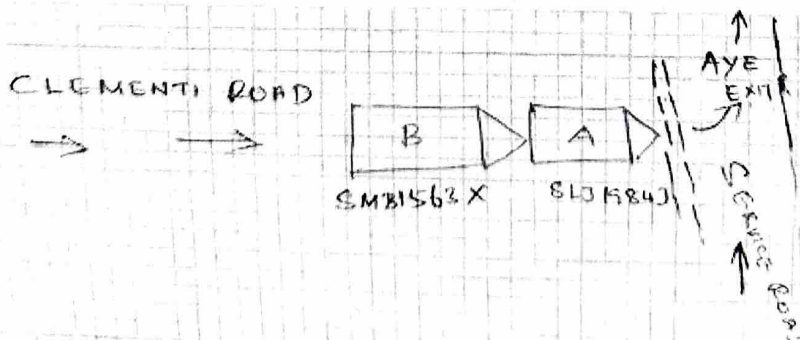
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

P. Velumy
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer To Police Report

Declaration

We declare the foregoing particulars are true in every respect.

P. Velamuri
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221219/2102

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20221219/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2022 20:58		Vide Report No.:		Station Diary No.: 192
Informant's Particulars				
Name of Informant: PANNEERSELVAM VETRISSELVAN		Address: APT BLK 813 JURONG WEST STREET 81 #11-176 SINGAPORE 640813		
ID Type / ID No.: NRIC NO / S7066636G		Contact No.: Home/Office: Mobile: 90021824		
Nationality: INDIAN		Email: Pvsspraveen@yahoo.com.sg		
Sex: Male	Age: 52	Date of Birth: 13/06/1970	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Company director		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2022 08:05	Type of Location: Bend
Location: CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Head to Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ1984J	Car	HONDA	CIVIC 1.6 VTI CVT	Silver	Seriously Damaged	1
SMB1563X	SMRT BUS					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ1984J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220059434	27/07/2022	26/07/2023



SINGAPORE POLICE FORCE



T/20221219/2102

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20221219/2102

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PANNEERSELVAM VETRISILVAN	ID No.	S7066636G
Related Vehicle	SLJ1984J (Car)	Contact No.	90021824
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	19/12/2022	Date Discharge	19/12/2022
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Passenger			
Name	UDAYAKUMAR SATHIYA	ID No.	S7862420E
Related Vehicle	SLJ1984J (Car)	Contact No.	83185934
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/12/2022	Date Discharge	19/12/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 19/12/2022 at about 0808hrs I was driving my car registration number: SLJ1984J with my wife as passenger sitting at the front seat. My car was travelling along Clementi Avenue 6 bend exiting to AYE and stop my car before the broken double white lines. As I was checking for traffic coming from the right, I felt strong impact from the rear.

A SMRT Service Bus No: 188, registration: SMB1563X had collided into the rear of my car. Due to the collision my car rear portion sustained serious damages. The driver a female PRC informed me to contact, SMRT at 1800336900. I called the given number and the SMRT officer who answered advise me to lodge a Traffic Accident report. My wife and myself suffered neck and back injuries thus we went to seek medical consultation at National University Hospital (NUH). My wife was issued with Five (05) Days Outpatient Sick Leave from 19/12/2022 to 23/12/2022. I was issued with Seven (07) Days Outpatient Sick Leave from 19/12/2022 to 25/12/2022.



**SINGAPORE
POLICE FORCE**



T/20221219/2102

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20221219/2102

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:

J /

SI SHANIZA BINTE SITAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

19/12/2022 20:58

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	636G
Vehicle Details	
Vehicle No.:	SLJ1984J
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Dec 2022
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.6 VTI CVT
Primary Colour:	Silver
Secondary Colour:	White
Manufacturing Year:	2016
Engine No.:	R16B21600849
Chassis No.:	MRHFC5650GT000612
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$20,173.00
Original Registration Date:	30 Nov 2016
First Registration Date:	30 Nov 2016
Transfer Count:	1
Actual ARF Paid:	\$20,243.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2026
PARF Rebate Amount:	\$13,157.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,507.00
COE Rebate Amount:	\$20,216.00
Total Rebate Amount:	\$33,373.00

Honda Civic 1.6A VTi

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

\$65,800

Depreciation ?

\$14,430 /yr

[View models with similar depre](#)

Reg Date

11-Nov-2016

(3yrs 10mths 15days COE left)

Mileage

87,000 km (14.2k /yr)

Manufactured ?

2016

Road Tax ?

\$742 /yr

Transmission

Auto

Dereg Value ?

\$33,474 as of today ([change](#))

OMV ?

\$19,689

COE ?

\$53,334

ARF ?

\$19,689

Engine Cap

1,597 cc

Power

92.0 kW (123 bhp)

Curb Weight ?

1,249 kg

No. of Owners ?

3

Type of Vehicle

[Mid-Sized Sedan](#)