

ASSIGNMENT

From: PRS

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. _____

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: _____

7 days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN 0452-HYr Regn: 28/11/13Type: M.Car / M.Cycle / Bus / Van / Corp / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi Canter C.O. 2998Colour: White A/C: Insured / Std / Nil / NASp. Reading: 293764 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: PEB21EA 0000

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD MRim or

Tyre Size: F: 195/R15CR: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 21/1/20D.O.I. 26/1/20Survey held at Sincere leadDes. of Damages: FR / REAR / OIS / NIS / UIC / Rooftop or

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

Date / Time

Action / Instruction

MV-95KRepair range 5K-6K
10 days

Steve informed submit \$7600 and 7 days

(red, \$4950, 39%)

Date/Time, File Pass to?

1) 20/01/23

Date/Time, File Return to?

2) _____

☐ : Prel. Report☐ : Final ReportDays Of Repair: 7

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Repair Formak: _____

Lump Sum / L.B.H. (\$ _____)

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	22/07/2022 16:08 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4452H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ENG BEE FOODSTUFFS MFG PTE LTD
Company Reg No	198403614E
Email Address	sincerelead@hotmail.com
Mobile Phone No	(Phone) +65-90505589
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5075361899-06

DRIVER

Name of Driver	SOORIYAMOORTHY PAVITHRAN
Passport No/FIN	G2934742K
Date Of Birth	23/11/1994
Occupation	Outdoor

Date Of Driving Pass	30/07/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-90505589
Alt. Phone Number	-
Email Address	sincerelead@hotmail.com
Address	APT BLK 242 YISHUN RING ROAD #02-1128 YISHUN HEARTS
Address complement	-
Postcode	760242
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
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	SHC5899E
Vehicle Manufacturer	-

Vehicle Model	*
Vehicle Variant	*
Vehicle Colour	*
Vehicle Category	Private car
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)	*

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC4177B
Vehicle Manufacturer	*
Vehicle Model	*
Vehicle Variant	*
Vehicle Colour	*
Vehicle Category	Private car
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)	*

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE1517J
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)	*

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	XE7188K
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? XE7188K
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.

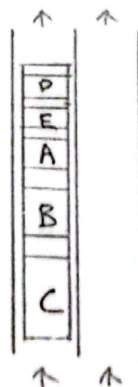
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A) YN4452H
B) XE7188K
C) XE1517J
D) SHC5899E
E) SKC4177B



Describe Circumstances of the Accident

AS PER POLICE REPORT
THIRD PARTY CLAIM @ Sincerelead Please Email a
COPY OF GIA to Sincerelead@hotmail.com

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]



[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220722/2040

1 of 3

Report No. T/20220722/2040

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3589999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 13:10		Vide Report No.: L/20220721/0057	Station Diary No.: 14
Informant's Particulars			
Name of Informant: SOORIYAMOORTHY PAVITHRAN		Address: APT BLK 242 YISHUN RING ROAD #02-1128 YISHUN HEARTS SINGAPORE 760242	
ID Type / ID No.: FIN NO / G2934742K		Contact No.: Home/Office: Mobile: 90505589	
Nationality: INDIAN		Email:	
Sex: Male	Age: 27	Date of Birth: 23/11/1994	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2022 10:15	Type of Location: slip road towards KJE
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5899E						0
SKC4177B						0
XE1517J						0
XE7188K						0
YN4452H	Lorry	MITSUBISHI			Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220722/2040

2 of 3

Police Station G: Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20220722/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOORIYAMOORTHY PAVITHRAN	ID No.	G2934742K
Related Vehicle	YN4452H (Lorry)	Contact No.	90505589
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/07/2022 at around 1015hrs, I was travelling along BKE with my lorry YN4452H towards KJE. As I approached the bend towards KJE, I observed there is roadworks at lane 1. Out of sudden, I observed a taxi SHC5899E changed into lane 2 and performed a sudden brake. When I saw that, the vehicle SKC4177B in front me came to a stop and I also immediately brake, as soon I came to a stop, I felt an impact on the rear and it pushes my vehicle forwards and causing my vehicle to collide onto the rear of a vehicle SKC4177B. I checked on my passenger well being and he informed that he fine. I alighted and observed a chain collision involving 5 vehicles (SHC5899E, SKC4177B, YN4452H, XE7188K and XE1517J).

Traffic police and ambulance was at scene. The driver of XE7188K was conveyed by the ambulance. Traffic police was at scene and took all of the involved vehicle's particulars and informed us to lodge a police report within 24hours.

I wished to state that the taxi, SHC5899E had left the scene prior to police arrival.

There is damages at the front and the rear of my vehicle however the vehicle is still able to move and drive.