

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	09/05/2023 17:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/05/2023 15:48 (SGT)
Exact Location of Accident	Near 114A Grange Rd, Singapore 249598
Additional Location Information	GRANGE ROAD TOWARDS CHATSWORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8149H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RN LEASING PTE LTD
Company Reg No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	[REDACTED]
Alternative Phone No	-

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	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A400001485MKF

DRIVER

Name of Driver	VELLAIYAN SAMUDI
Work Permit No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	Outdoor

Date Of Driving Pass	[REDACTED]
Driving experience	[REDACTED]
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	VIJAY PRAKASH
Gender	Male

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

REFER TO THE SKETCH PLAN FOR ACCIDENT DETAILS

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	SMK6724T
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	YQ642L
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)	-

Describe Circumstance of the Accident

ON 08 MAY 2023 AT ABOUT 3:48 PM, I WAS DRIVING MY VEHICLE GBD8149H ALONG CRANCE ROAD TOWARDS 05 NATHAN ROAD / CHATSWORTH ROAD AND SUDDENLY I HEARD A LOUD BANG AND REALISED A CAR HIT THE BACK OF MY VAN. I THEN STOPPED THE VEHICLE AND REALISED A LORRY HIT THE CAR HENCE THE CAR HIT THE BACK OF MY VAN.

NO POLICE IS AT SCENE AND NO ONE IS INJURED.

CAR : SMK6724T

Lorry : YQ642L

Mine : GBD8149H.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

V. Ramu d'

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



PAULINE WEE

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

SKETCH PLAN**IMPORTANT NOTICE**

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6. This report will be forwarded by the insurers to 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

V. Samuels

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



PAULINE WEE

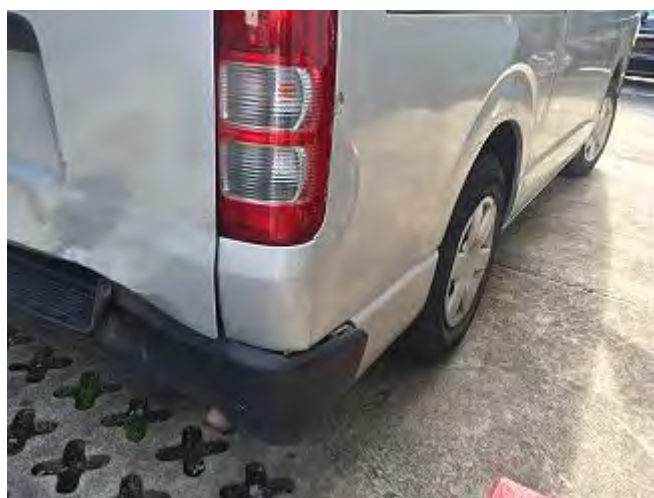
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

	<p>A: GBD8149H</p> <p>B: SMK6724T</p> <p>C: YQ642L</p> <p>Grange rd towards Chatsworth RD.</p>
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MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co.Reg No. 200412212G GST Reg. No. 20-0412212G
 A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 400001485 MKF

1. **Index Mark and Registration Number of Vehicle**
 GBD8149H
2. **Name of Policyholder**
 RN Leasing Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
 31/05/2022
4. **Date of Expiry of Insurance**
 30/05/2023
5. **Persons or Classes of Persons entitled to drive***
 Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
 *Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. **Limitations as to Use ***
 Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover
 (1) Use for racing pace-making reliability trial or speed-testing.
 (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

Mack Eng
 Chief Executive Officer

SGSGNXT202205121156

Precise Appraiser Pte Ltd

Reg no. 201924041Z

Invoice

To: RN Leasing Pte Ltd

Invoice No: **2023/INV/ 0382**

CC: TCRP PTE. LTD.

Your Reference:

1 Bukit Batok Crescent #04-40

Our Reference: **2023/05025**

WCEGA Plaza

Date : **12/6/2023**

Singapore 658064

Description	Amount S\$
<u>Particulars</u>	
Vehicle No: GBD8149H	
Accident Date : 8/5/2023	
Date of Inspection: 10/5/2023	
<u>Service:</u>	
Assessment with report (inclusive of photographs and transport charges etc)	\$801
Total Amount:	\$801

Payment Details:

- 1) Cheque: Kindly make all cheques crossed and payable to **PRECISE APPRAISER PTE LTD**
- 2) Online Banking: **Maybank 041-9107653-9**
- 3) Paynow UEN: **201924041Z**



Precise Appraiser Pte Ltd

To: RN Leasing Pte Ltd

CC: TCRP PTE. LTD.

1 Bukit Batok Crescent #04-40
WCEGA Plaza
Singapore 658064

REFERENCES

Ref No	: 2023/05025	Date of Report	: 12/6/2023
Claim Type	: Third Party	Date of Request	: 10/5/2023
Third party vehicle	:	Date of Accident	: 8/5/2023
Insured Vehicle	: GBD8149H	Date of Inspection	: 10/5/2023
Your Reference No	: -		

DAMAGED VEHICAL PARTICULARS

Registration Plate No	: GBD8149H	Engine Modification	: NIL
Model / Make	: Toyota Hiace	Pre-accident damage	: NIL
Colour	: Silver	General Condition	: Good
Manufacturing Year	: 2015	General Paint Work	: Good
Engine No	: 1KD2500400	Steering	: Serviceable
Engine Capacity	: 3000 cc	Handbrake	: Serviceable
Chassis No	: KDH2015017065	Footbrake	: Serviceable
Odometer No	: 332031		
Transmission	: Manual		

TYRES CONDITION

Front Right		Rear Left	
Make	: Bridgestone	Make	: Bridgestone
Size	: 195 R15 4	Size	: 195 R15 4
Front Left		Rear Right	
Make	: Bridgestone	Make	: Bridgestone
Size	: 195 R15 4	Size	: 195 R15 4

The above millimetres represent the remaining life of tyre treads

VEHICAL REPAIR COST

<u>Descriptions</u>	<u>Repairer (\$\$)</u>	<u>Difference (\$\$)</u>	<u>Adjuster (\$\$)</u>
Parts	11,817.00		5,780.30
Labour	4,100.00		2,780.00
Calculated Cost (\$\$) :	15,917.00	7,356.70	8,560.30

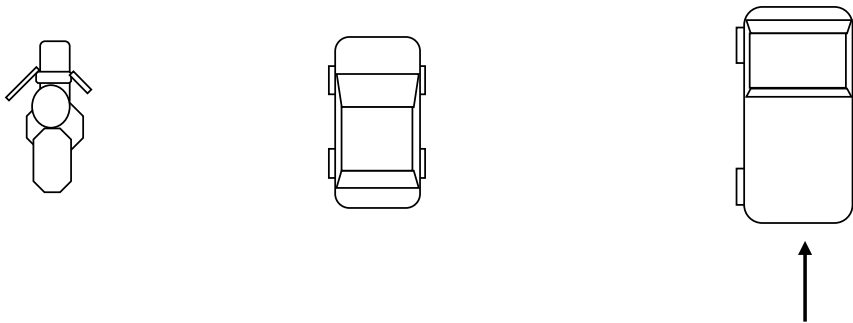
Recommended Lump Sum Repair Cost (\$\$)	: 6,850.00
Estimate Repair Duration	: 7
Survey Inspection At	: TCRP PTE. LTD.
Survey Inspection Address	: 1 Bukit Batok Crescent #04-40 WCEGA Plaza Singapore 658064

DESCRIPTION OF DAMAGE

At the time of inspection, this vehicle sustained damages to the **Rear Portion**.

Rear bumper, tailgate, rear end panel, floor board, rear lh fender dented. Taillamp crack etc.

Please see attached scheduled details.



SPECIAL REMARKS

We have not authorised repair. Under normal circumstances, estimated **7** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.

Handwritten signature of Anthony and a circular stamp of Precise Appraiser Pte Ltd.

Anthony
Automotive Appraiser
MSAAA

Disclaimer:

This survey was conducted by Precise Appraiser Pte Ltd without prejudice basis and we do not authorized repair. Report by Precise Appraiser Pte Ltd is deemed as confidential and provided for the use of clients and appointed agent. *We have inspected thoroughly each and every item on the repairer's estimate against the actual damages found on the vehicle.* All findings and recommendations are listed accordingly and final decision of settlement to your good selves parts thereof accordingly and final. No liability shall be attached to Precise Appraiser Pte Ltd therefore.

Our Reference : 2023/05025

Your Reference:

Vehicle Number : GBD8149H

S/N	Qty	Description	Condition	Repairer Estimate (\$\$)	Our Assessment (\$\$)
		Parts			
1	1pcs	Rear bumper	Dented	673.10	673.10
2	1pcs	Rear bumper lower bracket	Bent	192.00	192.00
3	2pcs	Rear bumper side retainer l/r @47/pcs	Torn	94.00	94.00
4	1pcs	Rear end panel (inner)	Dented	820.70	820.70
5	1pcs	Rear end panel (outer)	Dented	743.00	743.00
6	1pcs	Rear exhaust gasket	Serviceable	48.30	-
7	1pcs	Rear exhaust pipe	Repair	570.60	-
8	1pcs	Rear floor panel	Repair	1,650.00	-
9	1pcs	Rear floor panel carpet	Serviceable	680.00	-
10	1pcs	Rear floor panel top plate	Dented	195.00	195.00
11	2pcs	Rear floor panel top plate side cover l/r @88/pcs	Serviceable	176.00	-
12	1pcs	Rear mechanism lock cover	Dented	123.20	123.20
13	1pcs	Rear rh fender	Repair	1,546.90	-
14	1pcs	Rear spare tyre bracket	Serviceable	311.00	-
15	1pcs	Rear spray tyre carrier	Serviceable	65.00	-
16	1pcs	Rear spare tyre screw	Serviceable	47.10	-
17	1pcs	Rear step panel	Dented	175.40	175.40
18	1pcs	Rear tailgate	Dented	1,950.00	1,950.00
19	1pcs	Rear tailgate logo emblem	Necessary	63.00	63.00
20	1pcs	Rear tailgate inner trim board	Serviceable	469.00	-
21	1pcs	Rear tailgate lock striker	Serviceable	53.00	-
22	1pcs	Rear tailgate mechanism lock	Dented	264.00	264.00
23	1pcs	Rear tailgate outer garnish	Serviceable	151.20	-
24	1pcs	Rear tailgate weather strip	Kinded	391.00	391.00
25	1pcs	Rear tailgate windscreen	Serviceable	1,498.50	-
26	1pcs	Rear taillamp inner quater panel	Repair	295.00	-
27	2pcs	Rear taillamp l/r @265/pcs	Grazed/ Crack	530.00	530.00
28	2pcs	Rear taillamp lower garnish l/r @157/pcs	Serviceable	314.00	-
29	2pcs	Rear taillamp lower garnish retainer l/r @53/pcs	Torn	106.00	106.00

Total	14,196.00	6,320.40
Less 25%	3,549.00	1,580.10
Parts Sub Total	10,647.00	4,740.30

Special Nett

30	1sets	Rear bumper clips - set	Necessary	80.00	50.00
31	1sets	Rear bumper number plate (with frame)	Necessary	45.00	45.00
32	1sets	Rear bumper reverse sensor - set	Necessary	280.00	250.00
33	1sets	Rear tailgate 70km sticker	Necessary	25.00	25.00
34	1sets	Rear tailgate inner trim board clips - set	Necessary	50.00	30.00
35	1pcs	Rear tailgate windscreen seal	Dented	60.00	40.00
36	1sets	Rear tailgate windscreen sealant	Dented	80.00	60.00
37	1pcs	Rear tailgate inner metal board	Dented	500.00	500.00
38	1sets	Rear taillamp clips l/r - set	Necessary	50.00	40.00

Total	1,170.00	1,040.00
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Labour

1	To check wiring sytsem.	50.00	30.00
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2	To reprogramme after the accident repair works .	200.00	150.00
3	To r&r rear windscreen glass.	200.00	150.00
4	To r&r tailgate attachments	150.00	100.00
5	To r&r rear exhaust pipe.	150.00	100.00
6	To r&r rear triming and partition for hot work repair.	200.00	150.00
7	To cut and weild on rear end panel innner and outer. To panel beat on r floor board. To r&r taillamp, rear bumper, tailgate and others attachments.	1,500.00	1,000.00
8	To respray on tailgate, rear both fenders, rear end panel, floor board and accident affected area.	1,500.00	1,000.00
9	To carry out body cavity preservation	150.00	100.00
Labour Total		4,100.00	2,780.00
Sub Total (labour and parts)		15,917.00	8,560.30

Adjustment / Recommendations

Note: For Lump Sum Repair

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or use of ex-stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements).

The final adjusted Lump Sum contract amount is **S\$6,850**

Under normal circumstances, the repair period would be about **7** working days.

Our Ref: 2023/05025

Vehicle No.: GBD8149H

INSPECTION PHOTOS



Our Ref: 2023/05025
Vehicle No.: GBD8149H

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INSPECTION PHOTOS



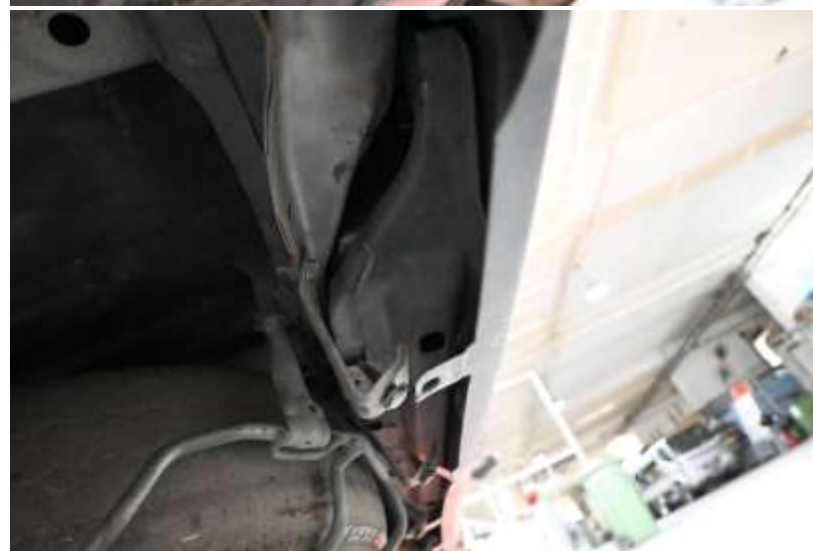
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Our Ref: 2023/05025

Vehicle No.: GBD8149H

INSPECTION PHOTOS



Your Ref : **SMK6724T**
Our Ref : **JP/TW/23/GBD8149H/RN**
Date : 10 May 2023

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

India International Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 08 MAY 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of GBD 8148H to notify you of a road traffic accident on 08 May 2023 at about 15.48 p.m. along Grange Road towards Chatsworth Road, involving our client's vehicle registration number GBD 8148H, vehicle registration number YQ 642L and vehicle registration number **SMK 6724T** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

SW

Enc.

Your Ref : **YQ 642L**
Our Ref : **JP/TW/23/GBD8149H/RN**
Date : 10 May 2023

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

Income Insurance Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 08 MAY 2023

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Yours faithfully,

SW

Enc.

Your Ref : **SMK6724T**
Our Ref : **JP/TW/23/GBD 8149H/RN**
Date : 11 May 2023

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

India International Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 08 MAY 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Anthony Lim	Precise Appraisers Pte Ltd
2.	Nicky Seah	Absolute Appraisal Services Pte Ltd
3.	Andrew How	Prominent Appraiser Services Pte Ltd

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Ride Now Private Limited
1 Bukit Batok Crescent
#04-40 WCEGA Plaza
Singapore 658064

Contact Person/Tel : Li Shun / HP: 9099 1505

Yours faithfully,

SW

Your Ref : **SMK6724T**
Our Ref : **JP/TW/23/GBD 8149H/RN**
Date : 11 May 2023

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 15/06/2023

Your Ref No: JP/SW/23/3161/RN

Dear Sir/Madam,

Date of Accident: 08/05/2023 15:55 (SGT)

Vehicle No: GBD8149H

Place of Accident: Grange Rd, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SMK6724T	Grange Rd, Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 09/05/2023 10:53 (SGT)
Reported by Actual Driver
Date of Accident 08/05/2023 15:55 (SGT)
Exact Location of Accident Grange Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK6724T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer Hyundai
Model KONA
Variant -
Vehicle Category Private hire
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D21MFL0000447_02

DRIVER

Name of Driver GOH YONG CHEE
NRIC No S1297369A
Address 7 AMBER GARDENS #19- 20
Address complement -
Postcode 439974
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

ON 08/05/2023 AT ABOUT 15:55HRS, I WAS DRIVING VEHICLE A (SMK6724T) ALONG GRANGE ROAD. AS I TRAVELLING STRAIGHT, FRONT VEHICLE C (GBD8149H) SLOWDOWN AND STOP. I APPLY BRAKE AND STOP IN TIME. AS MY VEHICLE WAS STATIONARY VEHICLE B (YQ642L) FROM BEHIND COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT MY VEHICLE PUSHED FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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 GBD8149H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver VELLAYAN SAMUDI
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YQ642L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver REGUNATHAN
Insurance Company Name -

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.

**FLASH ACCIDENT
REPORTING OFFICER**

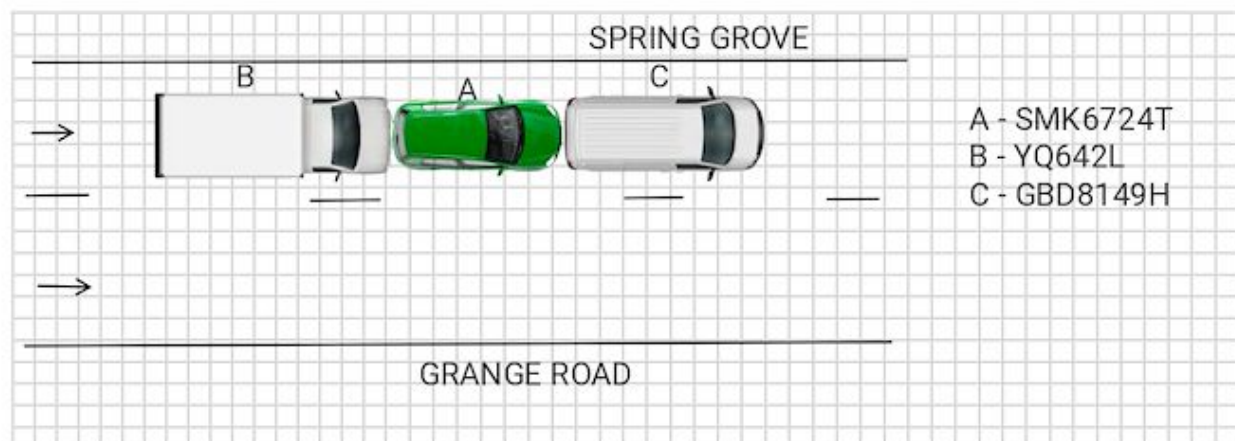
FRO KHAMARAJ



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
08/05/2023 - 17:30HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 08/05/2023 AT ABOUT 15:55HRS, I WAS DRIVING VEHICLE A (SMK6724T) ALONG GRANGE ROAD. AS I TRAVELLING STRAIGHT, FRONT VEHICLE C (GBD8149H) SLOWDOWN AND STOP. I APPLY BRAKE AND STOP IN TIME. AS MY VEHICLE WAS STATIONARY VEHICLE B (YQ642L) FROM BEHIND COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT MY VEHICLE PUSHED FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

08/05/2023 - 17:30HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ

Witnessed by Reporting Centre Personnel





















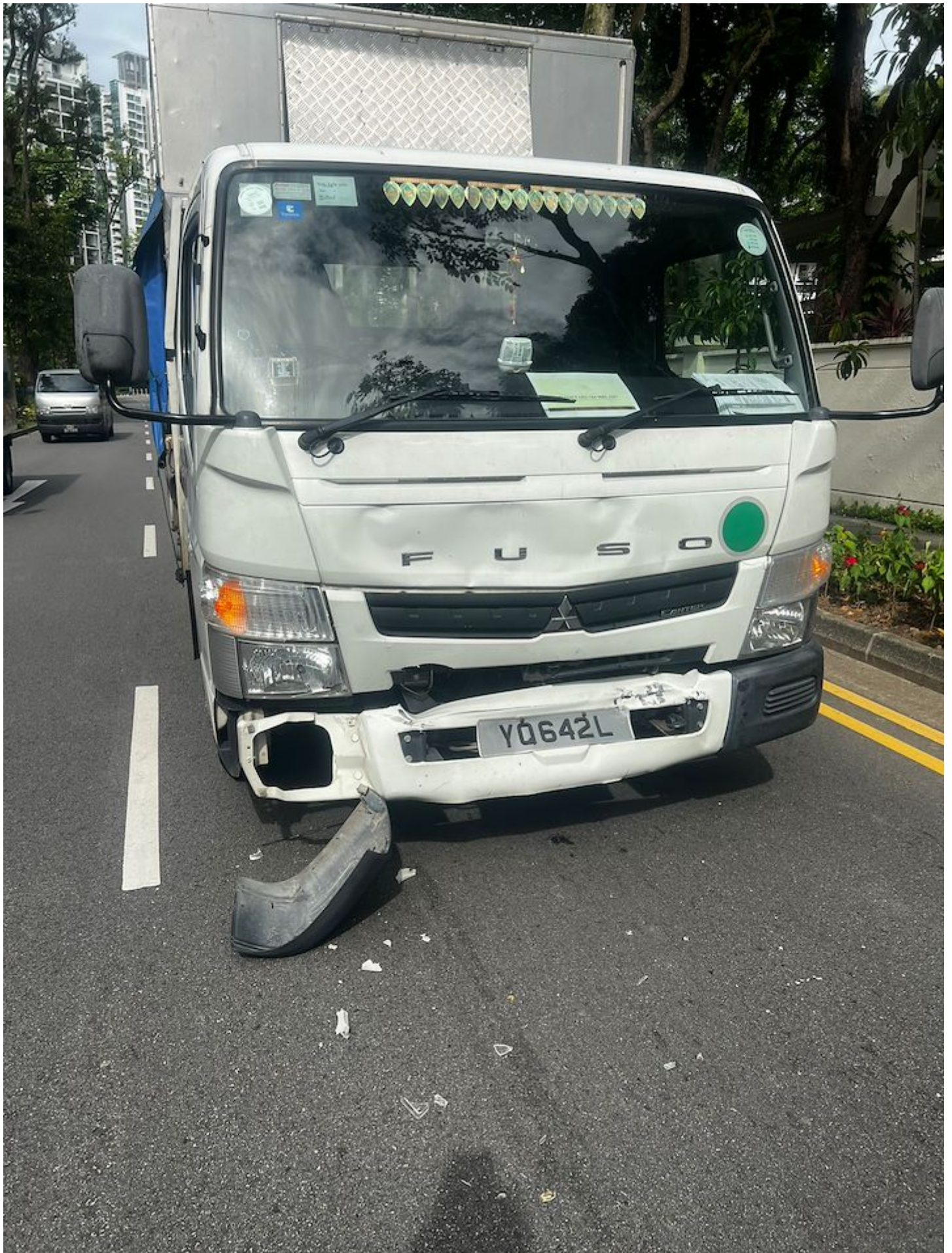




















RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 15/06/2023

Your Ref No: JP/SW/23/3161/RN

Dear Sir/Madam,

Date of Accident: 08/05/2023 15:30 (SGT)

Vehicle No: GBD8149H

Place of Accident: Grange Rd, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
YQ642L	Grange Rd, Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	09/05/2023 15:31 (SGT)
Reported by	Actual Driver
Date of Accident	08/05/2023 15:30 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ642L
-----------------------------------	--------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPECTRUM GLOBAL ENGINEERING PTE. LTD.

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122092090-01

DRIVER

Name of Driver	REGUNATHAN SEENIVASAN
Passport No/FIN	G2750446P
Address	22 HILLSIDE DRIVE BLISS
Address complement	-
Postcode	548941
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
------------------------	-----------------

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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 SMK6724T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD8149H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

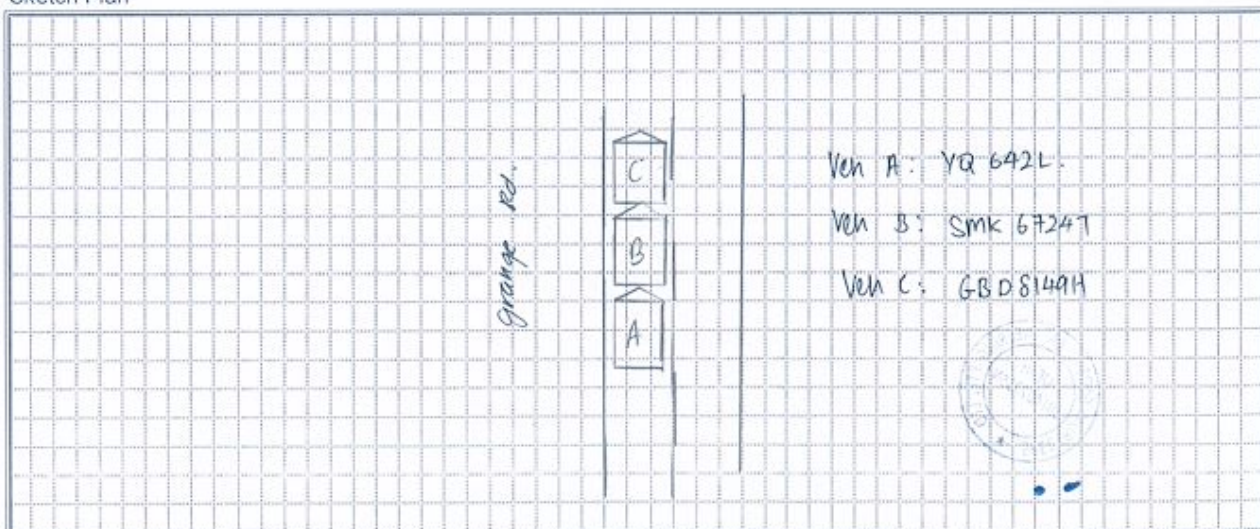
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (Name as in NRIC/ID card)

Sketch Plan



The sketch plan is a grid-based drawing area. Handwritten details include:

- On the left, a vertical line labeled "Grange Rd." with three rectangular boxes labeled "C", "B", and "A" stacked vertically.
- On the right, the following vehicle information is written:
 - Veh A: YQ 642L
 - Veh B: SMK 67247
 - Veh C: GBD 8149H
- Below the vehicle information, there is a faint circular stamp.

Describe Circumstance of the Accident

On the stated date and time, I was travelling straight on the second lane of Grange Rd. Front vehicle suddenly jammed brake. I also apply my brake, however cannot stop in time and collided onto vehicle's rear portion. Came down and realise is a 3-car chain collision.



Declaration

I/We declare the following particulars are true in every respect.



Policyholder's Signature / Date & Time

x R. L. L. L.

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1823590003 Vehicle Registration No: YQ642L
 Name (as shown in NRIC): Regunathan Seenivasan NRIC/FIN/Passport No: G12750446P
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 22 Hillside Drive Bliss Singapore (548941)
 Contact (Tel): 9082 2297 Mobile No.: _____
 Email Address: spectrum-global-eng@gmail.com
 Date of Accident: 08/05/2023 Time of Accident: 19:30
 Place of Accident: Grange Road
 Insurance Company: Income Insurance limited

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend claim type from "Reporting only" to "OD"

N. An



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



Thank you







You have successfully logged out.

Your last login date and time was 10 May 2023, 14:14:55.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(\$\$) 	Log Date/Time 
1	Vehicle	SMK6724T	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	10 May 2023 / 14:15:55


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

YQ642L

Date of Accident

08/05/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Income Insurance Limited**
Period of Insurance **12/06/2022 - 11/06/2023**
Requested By **KSCGP02 (KSCGP JURIS LLP)**
Requested Date **10/05/2023 14:06**

Payment details

Request Amount: **S\$1.85**
GST Amount: **S\$0.15**
Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre
GST Registration No: **M400017735**



Thank you







You have successfully logged out.

Your last login date and time was 15 Jun 2023, 13:17:09.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(S\$) 	Log Date/Time 
1	Vehicle	YQ642L	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	15 Jun 2023 / 13:18:20

Enquire Vehicle's Insurance Particulars (As At 08 May 2023 / 15:48:00)

Vehicle No.:

YQ642L

Make Description/Model:

**mitsubishi / canter feb21er4sden
(CBU)**

Insurance Company Name:

INCOME INSURANCE LIMITED

Business Transaction Reference No.:

20230615131820545005

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle's Insurance Particulars (As At 08 May 2023 / 15:48:00)

Vehicle No.:

SMK6724T

Make Description/Model:

HYUNDAI / OS KONA EV

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20230510141555039745

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).