

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18028373

Date In: 28/2/18 - 12:15	Job description	Date & Time Completed	Done by
Ref No: NA18028373	SAS e-filing		
Veh No: PC60462	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/2/18 - 14:15	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: KDD9183	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA18028373	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
Dat. 1:				
Dat. 2 / 3:				

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 ability.
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 Report	28/02/2018 12:18
Date Of Accident	27/02/2018 14:15
Exact Location Of Accident	JUNC PIONEER RD & TUAS WEST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6046Z
Insured/Policyholder	
Name Of Registered Owner	TUAS SOUTH MINIMART PTE LTD
Co Reg No	201540176D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81618156
Alternative Phone No	OFFICE-81618156

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 4 DR AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110158411700
Cover Note Number	

Driver

Name of Driver	PERIYATHAMBI SATHIYARAJ
Passport No/FIN	G2628369N
Date Of Birth	10/06/1990
Occupation	INDOOR
Date Of Driving Pass	20/12/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98830518
Fax Number	
Contact Number	OFFICE-98830518
EMail Address	NOEMAIL

Address	BLK 6 TUAS SOUTH STREET 15 #08-72 CDPL (TUAS) DORMITORY
Postcode	636906
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	KDD9183 (MOTORCYCLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	10

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180227/2120.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	KDD9183
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Diagram showing a perspective view of a rectangular block with a vertical line on the right side, labeled "Pronounced".

Diagram showing a top view of a rectangular block with a vertical line on the right side, labeled "B".

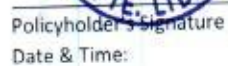
A: PC 60462

B: CD 9183

U: CDD9183

Refer to police report - 7/20180227/2/20.

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



Savings

Personnel's S



SINGAPORE POLICE FORCE



T/20180227/2120

1 of 3

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

Report No. T/20180227/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2018 16:01	Vide Report No.:	Station Diary No.: 107
--	------------------	---------------------------

Informant's Particulars

Name of Informant: PERIYATHAMBI SATHIYARAJ			Address: APT BLK 6 TUAS SOUTH STREET 15 #08-72 CDPL (TUAS) DORMITORY SINGAPORE 636906	
ID Type / ID No.: FIN NO / G2628369N			Contact No.: Home/Office: Mobile: 98830518	
Nationality: INDIAN			Email:	
Sex: Male	Age: 27	Date of Birth: 10/06/1990	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: ASSISTANT OPERATIONS SUPERVISOR			Driving Licence Information: Class: 2B,3 Date of Expiry: 11/05/2022	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/02/2018 14:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TUAS WEST ROAD PIONEER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
KDD9183	Motorcycle				Seriously Damaged	0
PC6046Z	Van				Slightly Damaged	9

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20180227/2120

2 of 3

Report No. T/20180227/2120

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

CONTINUATION OF REPORT

Driver			
Name	PERIYATHAMBI SATHIYARAJ	ID No.	G2628369N
Related Vehicle	NIL	Contact No.	98830518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 11/05/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27/02/2018 at about 1415hrs, I was turning right from Pioneer Road into Tuas West Road. The traffic light was green. When I was turning, a motorcycle hit the left side of my van. After the collision, I head out of my van to check. I saw a motorcyclist fell down. I did not see the motorcycle when I was turning.

A TP Officer, SS Ibert was at scene. The motorcyclist was conveyed to Ng Teng Fong Hospital by ambulance. I am lodging this report by instructions of IO Lim Hong Lee to report the accident at the nearest Police Station.



**SINGAPORE
POLICE FORCE**



T/20180227/2120

3 of 3

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

Report No. T/20180227/2120

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 /

Staff Sgt RAHMAT HIDAYAT BIN NASIRUDIN

SI MUHAMMAD ZAFAR BIN MUSA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

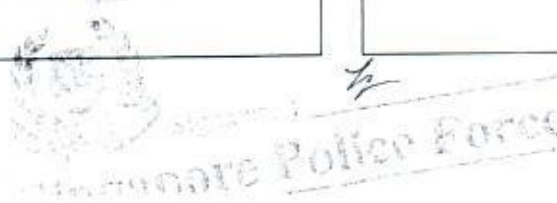
Date/Time:

27/02/2018 16:01

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G2628369N**
Name: **PERIYATHAMBI SATHIYARAJ**

Birth Date: **10 Jun 1990**
Issue Date: **12 May 2017**
Valid Till **11/05/2022**

002683049E



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TUAS SOUTH MINIMART PTE. LTD.

Sector: **SERVICE**

Name:
PERIYATHAMBI SATHIYARAJ
Occupation:
ASSISTANT OPERATIONS SUPERVISOR

S Pass No.:
O 3675530-

Date of Application:
19-12-2017
Date of Issue:
22-01-2018
Date of Expiry:
27-03-2019



L8579096

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 2B
Class 3
Class 4

Motorcycles <= 200 CC
Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

11 May 2017
30 Dec 2017

G2628369N

S / No. 9000311887



Licence No: G2628369N

NP 428A

VISIT PASS Immigration Regulations

Name

PERIYATHAMBI SATHIYARAJ



Date of Birth Sex

10-06-1990 M

Nationality

INDIAN

FIN

Date of Issue

G2628369N 22-01-2018

Date of Expiry

27-03-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
 1 Raffles Road
 #25-01 Springvale Tower
 Singapore 079929
 Tel: (65) 6221 7711
 Fax: (65) 6221 8888 x 4337/4597
 Email: uoi@uoi.com.sg
uoi.com.sg
 Lic. Reg. No. 967001525

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110158411700	Excess:	\$1000/-SECTION 1 \$2500/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	PC6046Z		
Name of Insured	TUAS SOUTH MINIMART PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 22 August 2017 to 21 August 2018

Engine# 1KD2679229
Chassis# JTFHT02P100214460

Hire Purchase HONG LEONG FINANCE LIMITED

Motor Omnibus

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use only for the carriage of passengers or goods in connection with the Insured's business

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

Provided that the person is permitted in accordance with the licensing or other 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.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

UNITED OVERSEAS INSURANCE LTD