

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118048216

Date In: 11/4/18 - 13:56	Job description	Date & Time Completed	Done by
Ref No: NA/CT18006655/24	SAS e-filing		
Veh No: 6X8398R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/4/18 - 21:45	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: JMS9707

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

NA1802249

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

for Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2003)
- 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

Invoice dated

Fee Charged

Invoice dated

Fee Charged

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	11/04/2018 13:56
Date Of Accident	10/04/2018 21:45
Exact Location Of Accident	JUNC ARAB ST & ROCHOR CANAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX8398R
Insured/Policyholder	
Name Of Registered Owner	M/S FIRE PROTECTION COMPANY PTE LTD
Co Reg No	198100816R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62585191

Vehicle Particulars

Manufacturer	DAIHATSU
Model	EXTOL VAN
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1337071704
Cover Note Number	

Driver

Name of Driver	SETHU NAGARATHINAM
Passport No/FIN	F8091796K
Date Of Birth	21/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96581081
Fax Number	
Contact Number	OFFICE-96581081
Email Address	NOEMAIL

Address	BLK 553 JURONG WEST STREET 42 #02-311
Postcode	640553
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	JMS9707 (BUS)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180411/2032.

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	JMS9707
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SETHU NAGARATHINAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GX8398R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.:

A: G18398R
B: Jms9707

Traffic Junction of Arab St & Rocher Canal Rd near
Lampost 19

Refer police report no: T/20188411/2032

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



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

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

VEHICLE NO:	GX 8398R		MAKE & MODEL:	Daihatsu Exfol Van	
DATE OF ACCIDENT	10 / 04 / 18				
TIME OF ACCIDENT	2145		AM/PM		
LOCATION OF ACCIDENT	Traffic Junction of Arab Street & Rochor Canal Rd near Tanjong Pagar				
EXACT PURPOSE USE DURING ACCIDENT					
NAME OF OWNER	Fire Protection Company Pte Ltd				
TEL NO	6258-5191				
NRIC	198100816K				
CLAIM TYPE	OD	/	THIRD PARTY	/	REPORTING ONLY
INSURANCE CO	China Taiping				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	DMCVSN1337071704				
NAME OF DRIVER	As Above		/ If No: Sethu Nagarathirnam		
NRIC	F8091796K		Any Passengers: NIL		
DATE OF BIRTH	21 / 04 / 1975				
OCCUPATION	Outdoor		/ Indoor		
DATE OF DRIVING PASS	13 / 07 / 10				
GENDER	Male		/ Female		
CONTACT NO.	9658-1081		Office:		Home:
ADDRESS	Blk 553 Jurong West St 42 #02-311 Singapore 640553				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIEES	No / If yes: Who? ① Sethu Nagarathirnam				
CONTACT NO.					
POLICE REPORT	No / If yes: Where? Tanjong Pagar N.P.C				
VEHICLE B NO.	Jms 9107		Any Passenger: Unknown		
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				



SINGAPORE POLICE FORCE



T/20180411/2032

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180411/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2018 10:48		Vide Report No.: A/20180410/0115		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: SETHU NAGARATHINAM			Address: APT BLK 553 JURONG WEST STREET 42 #02-311 SINGAPORE 640553		
ID Type / ID No.: FIN NO / F8091796K			Contact No.: Home/Office: Mobile: 96581081		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 21/04/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: FIRE ALARM TECHNICIAN			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2018 21:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ARAB STREET ROCHOR CANAL ROAD At the traffic junction of Arab Street and Rochor Canal Road Lamp Post Number: 19				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX8398R	Van				Slightly Damaged	0
JMS9707	Bus/Coach/Minibus				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180411/2032

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180411/2032

CONTINUATION OF REPORT

Driver			
Name	SETHU NAGARATHINAM	ID No.	F8091796K
Related Vehicle	GX8398R (Van)	Contact No.	96581081
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 the 10/04/2018 at about 2145hrs. I was travelling in my Van (GX8398R) and had stopped at the traffic Junction of Arab Street and Rochor Canal Road near Lampost 19. My vehicle was in a two way lane and the traffic light was showing red and I had stopped my vehicle behind the white stop line. This was when another bus (JMS9707) which is a Malaysian bus had turned into the lane on my right and had collided onto the front portion of my vehicle while the driver was making the turn. There were passengers on the bus however I do not know how many. They had signaled to the driver that he had collided onto my vehicle and he had thus stopped the bus. I got off my vehicle and the other driver had refused to give me his particulars and had only given me a company name card and that his bus was an excursion bus from Golden Mile Complex (01-19), Contact: (+65) 62927707. No one had suffered any injuries including myself during this collision however my vehicle had suffered damages to the front which includes big dents. My Vehicle does not have an in-car camera and I did not notice if there were any cameras at the said traffic junction or if the Malaysian bus had one. I had called up Traffic Police during which and they had arrived at scene. The TP officer had given me a case card (A/20180410/0115) and told me to lodge a police report regarding this accident. The officer had also told me to contact Feroz at HP: 65476206 if there is anything. I am lodging this police report for recording purposes as stated by him as a foreign vehicle was involved.



SINGAPORE
POLICE FORCE



T/20180411/2032

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180411/2032

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:

E /

Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/04/2018 10:48

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

SN 168

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **F8091796K**

Name:

SETHU NAGARATHINAM

Birth Date: **21 Apr 1975**

Issue Date: **10 Jul 2015**

Valid Till **12/07/2020**



SG
50

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

Class 2B
Class 3

Motorcycles =< 200 CC

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

EFFECTIVE DATE

13 Jul 2010

13 Jul 2010

F8091796K

S / No. 9000238899

NP 428A





WORK PERMIT

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

Employer

FIRE PROTECTION COMPANY PTE LTD

Sector: **CONSTRUCTION**



Name

SETHU NAGARATHINAM

Occupation

CONSTRUCTION WORKER

Work Permit No.
0 31628024



Date of Application
19-07-2016

Date of Issue
25-08-2016

Date of Expiry
24-07-2018



L7152753

VISIT PASS

Immigration Regulations

Name

SETHU NAGARATHINAM



Date of Birth Sex Nationality

21-04-1975 M INDIAN

FIN Date of Issue Date of Expiry

F8091796K 25-08-2016 24-07-2018

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.**



PLM 301258

ORIGINAL

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCEMotor 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)

CERTIFICATE No.

DMCVSN1337071704

Engine No :1186581

ChaNo:JDAS221V001002055

1. Index Mark and Registration
Number of Vehicle

GX8398R

2. Name of Policy Holder

M/S FIRE PROTECTION COMPANY PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

30 September 2017

4. Date of Expiry of Insurance

29 September 2018

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving 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.

6. Limitations as to use:

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the
Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover.

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 6 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory