

NATIONAL Assessment Centre Services [ver 1 Jan 2005] 28

Date In: 06/08/2018 12:38	Job description	Date & Time Completed	Done by
Ref No: NAICT18014229/14	SAS e-filing		
Veh No: YP2606J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/08/2018 20:20	i-Motor Claim Form		
OD (IP) 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: () Tol: () Fax: ()

TP Particulars: Veh No: YP 5022 Z . 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%; F: 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

NA1804931

Claimant's Particulars	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	For claiming against JNC Only (w/ef 10 Jan 2005)		
Cal. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idau 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	06/08/2018 12:38
Date Of Accident	05/08/2018 20:20
Exact Location Of Accident	OLD CHOA CHU KANG ROAD (IN SUNGEI TENGAH LODGE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2606J
Insured/Policyholder	
Name Of Registered Owner	M/S ISO INTEGRATED M&E PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90395640
Alternative Phone No	OFFICE-90395640

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3033321800
Cover Note Number	

Driver

Name of Driver	BALAKRISHNAN SOUNDARRAJAN
Passport No/FIN	G7283761X
Date Of Birth	04/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90395640
Fax Number	
Contact Number	OTHERS-90395640
EMail Address	NOEMAIL

Address ISO -INTEGRATED M&E PTE LTD
 Postcode
 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 COLLIDED INTO PARKED VEHICLE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CHOA CHU KANG NPC
 Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180805/2132

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 YP5022Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

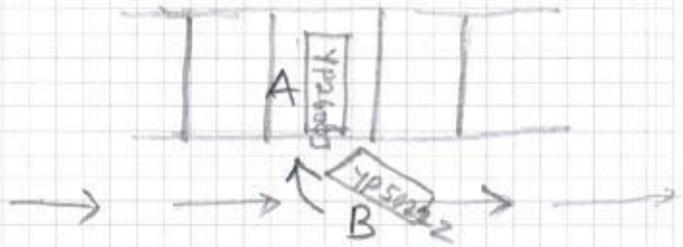
No. Of Passenger (Including Driver)

SKETCH PLAN

Along Road:
OLD CHOACHUKANGI ROAD.

A - YP2606J
B - YP5022Z

(Inside) 500 sangei Tengah lodge



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20180805/2132

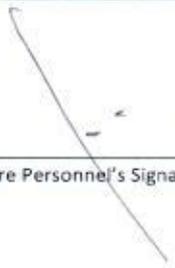
DECLARATION

I/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: 06/08/18


 Reporting Centre Personnel's Signature
 Name: -
 NRIC/FIN No.: 6/8/2018



**SINGAPORE
POLICE FORCE**



T/20180805/2132

1 of 3

Report No. T/20180805/2132

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2018 23:04	Vide Report No.:	Station Diary No.: 152
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Informant's Particulars			
Name of Informant: BALAKRISHNAN SOUNDARRAJAN		Address: 38 JALAN GEMBIRA MACPHERSON GARDEN ESTATE SINGAPORE 369136	
ID Type / ID No.: FIN NO / G7283761X		Contact No.: Home/Office: Mobile: 90395640	
Nationality: INDIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 04/06/1978	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/08/2018 20:20	Type of Location:
Location: Along Road 1 OLD CHOA CHU KANG ROAD In sungei tengah lodge				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP2606J	Lorry				Slightly Damaged	0
YP5022Z	Lorry					0

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



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	BALAKRISHNAN SOUNDARRAJAN	ID No.	G7283761X
Related Vehicle	YP2606J (Lorry)	Contact No.	90395640
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 07/05/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/8/2018 at about 1630hrs, I parked at the carpark of Sungei Tengah Lodge, everything was intact.

On 5/8/2018 at about 2025hrs, I received a call from my friend, Islam Raseddul HP 86417433 called me and informed that my vehicle, YP2606J had some damaged. I received another call from 86170785 at about 2028hrs, who was sitting around my lorry, noticed that a lorry, YP5022Z, hit my lorry. The caller say that the accident happened at 2020hrs. I went down to the parking lot at about 2030hrs.

I went to report the matter to the security, Mr Sayyid, at Sungei Tengah Lodge and I saw from the CCTV that this vehicle entered Sungei Tengah Lodge. The CCTV cannot see the location of the accident. My lorry's left headlight is damaged, the bulb is damaged and the left side mirror is damaged.



**SINGAPORE
POLICE FORCE**



T/20180805/2132

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180805/2132

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/ Sgt 2 EDWINA CHEW HUI LING	
Signature Of Interpreter: Not applicable	
Singapore Police Force	
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	

Signature Of Informant:	
Date/Time:	05/08/2018 23:04
Classification Of Case:	

Authentication Stamp
NP168

Reported on 6/8/2018 @ 11:05 AM

ACCIDENT STATEMENT

ACCIDENT DATE: 5/8/2018 (DD/MM/YYYY), TIME: 20:20 (HH:MM)

LOCATION: Old Choa Chu Kang Road (In Sungai Tengah ledge)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP2606J
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ? *wait first driver to inform*
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90395640
- c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) _____

7. a) REPORTED TO POLICE (YES / NO) _____

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YPS022Z MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (including driver) (0)

No of passenger (including driver) ()

No of passenger (including driver) ()

Company? HP: 92717589 (Mdm Tin)
Tel: 67470220

email = ISO.m.l.e @ ISO-team.com

fax = _____
VIDEO _____
(CTI) _____
NTUC or others _____

Waiting for Certificate and Company Chop?

Wait for driver to inform by today?

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

Employer: **ISO-INTEGRATED M&E PTE. LTD.**
Sector: **CONSTRUCTION**

Name: **BALAKRISHNAN SOUNDARRAJAN**
Occupation: **CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No. **0 3250924-** Date of Application: **11-03-2015**
Date of Issue: **24-08-2017**
Date of Expiry: **28-08-2018**





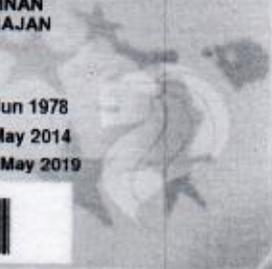
L8247440



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G 7283761X**
Name: **BALAKRISHNAN SOUNDARRAJAN**

Birth Date: **04 Jun 1978**
Issue Date: **08 May 2014**
Valid Till: **07 May 2019**

002302590E



VISIT PASS
Immigration Regulations

Name: **BALAKRISHNAN SOUNDARRAJAN**

Date of Birth: **04-06-1978** Sex: **M** Nationality: **INDIAN**
FIN: **G7283761X** Date of Issue: **24-08-2017** Date of Expiry: **28-08-2018**

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.




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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	08 May 2014
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	08 May 2014

NP 428A

Licence No: **G7283761X**



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)

CERTIFICATE No	DMCVSN3033321800	Engine No : 4P10B97252	Chassis No: FEB21EA20098
1. Index Mark and Registration Number of Vehicle	YP2606J		
2. Name of Policy Holder	M/S ISO INTEGRATED M&E PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23 MAY 2018	EX SECT. I	\$9550.00
		EX ON WINDSCREEN	\$100.00
4. Date of Expiry of Insurance	22 MAY 2019		
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.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD AS HP OWNER

* Limitations 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). Please see reverse
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By: _____

Authorised Officer

Authorised Signatory