

NATIONAL Assessment Centre Services [Ref: 28/05]

Date In: 06/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/SM:18014261/13	SAS e-filing		
Veh No: YN2516X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/08/18 1230	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MIA) Tel: Fax:)

TP Particulars: Veh No: 5LU2210P 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)		
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		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N'n 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 willful 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 15:26
Date Of Accident	04/08/2018 12:30
Exact Location Of Accident	LANGSAT RD JUNC OF EVERITT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2516X
Insured/Policyholder	
Name Of Registered Owner	HANIFAA FROZEN FOOD PTE LTD
Co Reg No	199201925W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85015150

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MX007219-R03
Cover Note Number	

Driver

Name of Driver	MAGEN SUBRAMANYAN
NRIC No	G7268063X
Date Of Birth	05/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94693753
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address 875 GEYLANG ROAD
GEYLANG SERAI MALAY VILLAGE

Postcode 409294

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 SIDE SWIPE

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? 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 KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180805/2101

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 SLU2212P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHIA LEE SENG

NRIC/Passport Number S1281165I

Contact Number 91991171

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MAGEN SUBRAMANYAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	YN2516X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

1230

Date of Accident : 4 Aug 2018 Accident Time: 1100 hrs. (24-HR-Format)

Accident Place : Uncontrolled Junction of Langsat Rd + Everitt Rd N.

Vehicle No. (Car Plate No.) : YN 2516X Make/Model: ISUZU NHR85

Insurance Company : Tokio Marine Policy No: 17-MX007219-R03

Owner or Company Name / IC No. : Haniffa Frozen Food Pte Ltd. 199201925W

Owner or Company Contact No. : 199201925W Owner's Hp 85015150 Company Tel

DRIVER'S Name / IC No. : Magen Subramanyam G7268063X.

DRIVER'S Date Of Birth : 05 Apr 1931 DRIVER'S License Pass Date 25 Mar 2011

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 275 Geylang Road Geylang Serai Malay Village (S409 294)

DRIVER'S Contact No / Alt No. : 1) 94693753 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____ sales@mia.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01-Driver

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SLU 2212P.</u>	Vehicle No: _____
Vehicle Make/Model: <u>VW1.</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

gta - unsubs. & waiting to confirm time of acc

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.

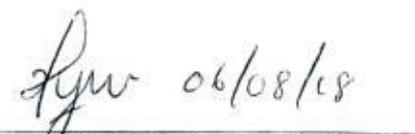
Policyholder's Signature
Date & Time:



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



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





**SINGAPORE
POLICE FORCE**



T/20180805/2101

1 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180805/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2018 18:05	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars			
Name of Informant: MAGEN SUBRAMANYAN		Address:	
ID Type / ID No.: FIN NO / G7268063X		Contact No.: Home/Office:	Mobile: 94693753
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 05/04/1981	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2018 12:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 LANGSAT ROAD EVERITT ROAD LANGSAT ROAD X OF EVERITT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLU2212P	Car	TOYOTA		Silver	Slightly Damaged	0
YN2516X	Lorry	ISUZU		Blue	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20180805/2101

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Report No. T/20180805/2101

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver			
Name	CHIA LEE SENG	ID No.	S1281165I
Related Vehicle	SLU2212P (Car)	Contact No.	91991171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MAGEN SUBRAMANYAN	ID No.	G7268063X
Related Vehicle	YN2516X (Lorry)	Contact No.	94693753
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	04/08/2018	Date Discharge	04/08/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 04/08/2018 at about 1230hrs I was driving along Langsat road when one vehicle SLU2212P Toyota Silver, which was travelling along Everitt Road did not stop at the junction and hit onto the right side of my vehicle. Both drivers exchange particulars and was advised by Police to lodge an accident report.

On the same day, after the accident I felt pain on my neck and back as such I went to Mount Alvernia Hospital for medical assessment. I was given 04 days of Medical Leave from 04/08/2018 to 07/08/2018.



**SINGAPORE
POLICE FORCE**



T/20180805/2101

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Report No. T/20180805/2101

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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:

G /

Sgt 2 SYED SYAHID BIN OSMAN IDROS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/08/2018 18:05

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476367

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G7268063X**

Name: **MAGEN SUBRAMANYAN**

Birth Date: **05 Apr 1981**
Issue Date: **18 Mar 2016**
Valid Till **22/03/2021**



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

Employer
HANIFAA FROZEN FOOD PTE LTD



Name
MAGEN SUBRAMANYAN

Work Permit No. **4 01132376** Sector: **SERVICE**



4 01132376



K0163003

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	23 Mar 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	23 Mar 2011
Class 4A	Omnibuses	29 Apr 2011

NP 428A



VISIT PASS

Immigration Regulations

02-03-2018

Name

MAGEN SUBRAMANYAN

FIN

G7268063X

Date of Birth

05-04-1981

Sex

M

Nationality

MALAYSIAN



Download SGWorkPass App to check status



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



10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

08 Sep 2011

Our ref 0809110101N005042057

HANIFAA FROZEN FOOD PTE LTD
875 GEYLANG ROAD
GEYLANG SERAI MALAY VILLAGE
SINGAPORE 409294

001585/1



Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REGISTRATION OF VEHICLE WITH ROAD TAX AND TRANSFER OF TCOE (PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE WINDSCREEN)

We wish to inform you that the Temporary COE 2011090105000320Z has been successfully transferred to you and used to register vehicle YN2516X on 08 Sep 2011. **Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.**

2. The details of the registration are as follows:

A) Owner Particulars

- | | | |
|----|-------------------------|--|
| 1. | Name | : HANIFAA FROZEN FOOD PTE LTD |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 199201925W |
| 4. | Place Of Passport Issue | : - |
| 5. | Registered Address | : 875 GEYLANG ROAD
GEYLANG SERAI MALAY
VILLAGE
SINGAPORE 409294 |
| 6. | Mailing Address | : - |

B) Vehicle Particulars

- | | | |
|-----|-----------------------------|--|
| 1. | Vehicle No. | : YN2516X |
| 2. | Previous Vehicle No. | : - |
| 3. | Effective Date of Ownership | : 08 Sep 2011 |
| 4. | Original Registration Date | : 08 Sep 2011 |
| 5. | First Registration Date | : 08 Sep 2011 |
| 6. | Vehicle Type | : B31 - Goods (Open) Lorry (Metal Body)/Pickup |
| 7. | Vehicle Scheme | : Normal |
| 8. | Attachment 1 | : No Attachment |
| 9. | Attachment 2 | : - |
| 10. | Attachment 3 | : - |
| 11. | Vehicle Make | : ISUZU |
| 12. | Vehicle Model | : NHR85AUE4A |
| 13. | Year of Manufacture | : 2011 |