

NATIONAL Assessment Centre Services [ver 1 Jan 2005]

Date In: 25/09/2018 15:53	Job description	Date & Time Completed	Done by
Ref No NA/CTI18017448/K4	SAS e-filing		
Veh No GBH5722B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A 24/09/2018 11:44:40	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:

YP6704H

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 repaler.

() 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

NA1806073

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

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 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpl 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: Idao Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Amt (\$)
In Bill

Amt (\$)
Add Bill

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	25/09/2018 15:53 ✓
Date Of Accident	24/09/2018 14:40 ✓
Exact Location Of Accident	YISHUN AVENUE1 /INSIDE ORCHID COUNTRY CLUB CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5722B ✓
Insured/Policyholder	
Name Of Registered Owner	M/S ROYAL 88 INTERIOR DESIGN PTE LTD ✓
Co Reg No	-
Email Address	FLORENCETONG@ROYAL88.COM.SG
Mobile Phone No	(LOCAL) +65-98699607
Alternative Phone No	OFFICE-98699607

Vehicle Particulars

Manufacturer	TOYOTA
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	DMCVSN1821901800 ✓
Cover Note Number	

Driver

Name of Driver	MURUGESAN MURUGANANTHAM ✓
Passport No/FIN	G2131501Q
Date Of Birth	19/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/11/2014 ✓
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98699607
Fax Number	
Contact Number	OTHERS-98699607
Email Address	FLORENCETONG@ROYAL88.COM.SG

Address ROYAL 88 INTERIOR DESIGN 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 -

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 YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180924/2083

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 YP6704H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 65703177

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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SKETCH PLANIMPORTANT NOTICES

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
- 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.:

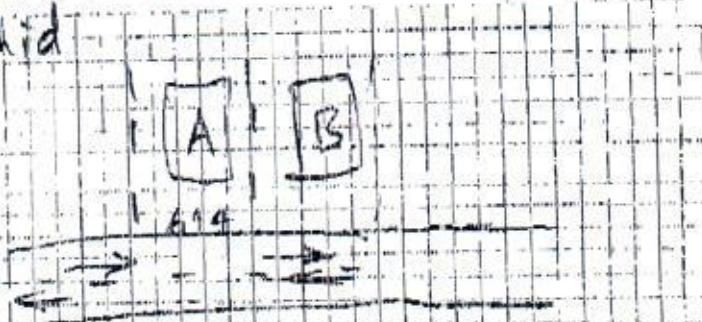
25/9/2018

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SKETCH PLAN

Yishun Avenue 1
 (Inside orchid
 country club
 car park)



A - GBH 5722 B
 B - YP 6704H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Police Report
 T/20180924/2083

DECLARATION

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



Policyholder's Signature
 Date & Time:

Nenong

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

M. Angster

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

25/9/2018



**SINGAPORE
POLICE FORCE**



T/20180924/2083

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180924/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2018 15:57	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Informant's Particulars			
Name of Informant: MURUGESAN MURUGANANTHAM			Address:
ID Type / ID No.: FIN NO / G2131501Q			Contact No.: Home/Office: Mobile: 98699607
Nationality: INDIAN			Email:
Sex: Male	Age: 30	Date of Birth: 19/02/1988	Type of Informant: Driver
Race: Indian			Language: English Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/09/2018 14:40	Type of Location: Car Park
Location: Along Road 1 YISHUN AVENUE 1				
Inside Orchid Country Club Car Park				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5722B	Lorry			Grey	Slightly Damaged	0
YP6704H (Not Accurate)	Lorry				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/20180924/2083

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180924/2083

CONTINUATION OF REPORT

Driver			
Name	MURUGESAN MURUGANANTHAM	ID No.	G2131501Q
Related Vehicle	NIL	Contact No.	98699607
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 24/9/2018 at about 2.40pm, I realized that my left side mirror had been damaged. I saw a A4 size note sticking on my front mirror stating "Lorry YP6704H Hit ur lorry and run." I had enquired with the security officer from Orchid Country Club and they inform that they only allows police to view the CCTV footage. I am lodging this report for police assistance.



**SINGAPORE
POLICE FORCE**



T/20180924/2083

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20180924/2083

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:

F /

Sgt 2 WARREN TAN YU GE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/09/2018 15:57

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168

SN 085

Signature:

Singapore Police Force

Reported on 25/9/2018
@ 15:45hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (24, 9, 2018) (DD/MM/YYYY), TIME: (14:40) (HH:MM)

LOCATION: Fishman Avenue 1 (Inside Orchard Country Club carpark)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 5722B
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)
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: 98699607
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
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: YP6704H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 65703177

9. THIRD PARTY VEHICLE

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

Florence Tong @ royal88.com.sg ✓
Email = etg@royal88.com.sg ✓
Fax = 67585492

VIDEO =

Waiting for Certificate & company Chop?

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

Employee
ROYAL 88 INTERIOR DESIGN PTE LTD



Name
MURUGESAN MURUGANANTHAM

Work Permit No.
0 35619682

Sector
CONSTRUCTION





K0161306

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
G 2131501Q

Name
MURUGESAN MURUGANANTHAM

Birth Date **19 Feb 1988**

Issue Date **10 Nov 2014**

Valid Till **09 Nov 2019**



002363997D

VISIT PASS
Immigration Regulations

13-03-2018

Name
MURUGESAN MURUGANANTHAM

Pin
G2131501Q

Date of Birth
19-02-1988

Sex
M

Nationality
INDIAN

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.

Download SGWorkPass App to check status





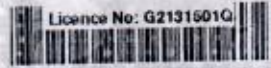
YOU ARE LICENSED TO DRIVE VEHICLES IN: THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	10 Nov 2014
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	10 Nov 2014

Licence No: G2131501Q

NP 428A



CERTIFICATE OF INSURANCE

Page 1 of 2



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/CE SM
AN0582A
Gov. Type: C
AUTOSAFE

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.	DMCVSN1821901800	Engine No. 1K12611126	Chassis No. 1TFAT35Y2BK210980
1. Index Mark and Registration Number of Vehicle	GBH5722B		
2. Name of Policy Holder	M/s ROYAL RR INTERIOR DESIGN PTE LTD		
3. Effective date of the Commencement of Insurance for the purpose of the Regulations, Ordinance or enactment	16 JULY 2018	EXCESS SDET 1	\$5500.00
		EX ON WINGSCREEN	\$8100.00
4. Date of Expiry of Insurance	15 JULY 2019		
5. Persons or Classes of Persons entitled to drive *			
<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION,</p> <p>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 IMPEDIMENT OR REGULATION IN THAT REGARD FROM DRIVING THE MOTOR VEHICLE.</p>			
<p>6. Limitations as to use: *</p> <p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, RACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>			
<p>HIRE PURCHASE CO. : DAIKER FINANCIAL SVCS AFRICA & ASIA PACIFIC</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>			

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

3 Anson Road #16-09 Springleaf Tower Singapore 079909 Tel: 6369 6111 Fax: 6225 5592 Website: www.sg.entaiping.com



<http://sgportal.entaiping.com/chinainsB2B/Spool/AN0582A-GBH5722B-DMCVSN18...> 24/7/2018