

NATIONAL Assessment Centre Services. [Part 1 Jan 2003] MNA 119099794

Date In: 30/7/19 15.50 pm	Job description	Date & Time Completed	Done by
Ref No: NA/FC/19013384/H4	SAS e-filing		
Veh No: GBE 3937C	E-mail (within 3hrs, AIC 2hrs)		
DOA: 29/7/19 18.30 pm	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SKN 2730J, 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:	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	Action

MNA 1905693

Comments Particulars:	Invoice Ref: MNA 1905693	Am (S)	PAID (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	20.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Tel: ()	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 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. 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	30/07/2019 15:50
Date Of Accident	29/07/2019 18:30
Exact Location Of Accident	BISHAN ROAD (OPPOSITE JUNCTION 8)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE3937C
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PET LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66598966
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-19093226MFCV/2
Cover Note Number	
Driver	
Name of Driver	SWAMINATHAN KARUNANITHI
NRIC No	S6964917C
Date Of Birth	07/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97491575
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 249 YISHUN AVENUE 9 #11-199 SINGAPORE
Postcode	760249
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT STATEMENT

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	SKN2730J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBA4595U
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)

DETAILS OF INJURED PERSON 1

Name SWAMINATHAN KARUNANITHI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBE3937C
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.



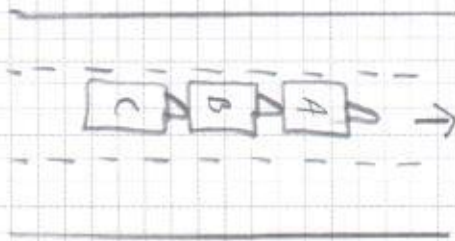
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BISHAN Road (opposite Junction B)



A) GBE 3937C

B) JKN 2730J

C) GBA 4595U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report statement

DECLARATION

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

Policyholder's Signature
Date & Time:

©IAARMC Sketch Plan Form V3

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

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



SINGAPORE POLICE FORCE



T/20190730/2108

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20190730/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2019 15:18			Vide Report No.:		Station Diary No.: 22
Informant's Particulars					
Name of Informant: SWAMINATHAN KARUNANITHI			Address: APT BLK 249 YISHUN AVENUE 9 #11-199 SINGAPORE 760249		
ID Type / ID No.: NRIC NO / S6964917C			Contact No.: Home/Office:		Mobile: 97491575
Nationality: INDIAN			Email:		
Sex: Male	Age: 49	Date of Birth: 07/11/1969	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: ASSISTANCE SUPERVISOR			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2019 18:30	Type of Location: X-Junction
Location: Along Road 1 BISHAN ROAD				
BISHAN ROAD (OPPOSITE JUNCTION 8)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBA4595U	Lorry					0
GBE3937C	Van					0
SKN2730J	Car					0



**SINGAPORE
POLICE FORCE**



T/20190730/2108

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20190730/2108

CONTINUATION OF REPORT

Brief Details.

On 29/07/2019 at about 1832hrs, I was at the incident with my vehicle (GBE3937C). My vehicle was in stationary position as the traffic light was red. In the midst of waiting, I felt an impact from the rear therefore I alighted to make a check. I discovered the vehicle (SKN2730J, Keah Kim Pok, S0859089C, Tel: 96258301) behind had collided onto the rear of my vehicle due to the impact caused by another vehicle (GBA4595U, Chen Siang Joon, S1702068D) which collided onto SKN2730J. There isn't any immediate medical attention required therefore I left scene thereafter. I went to consult Dr. Tan Yi Ryh from Singapore Family Clinic & Surgery located at Blk 108 Hougang Ave 1 #01-1299 and was given 3 days (30/07/2019 - 01/08/2019) medical certificate.



**SINGAPORE
POLICE FORCE**



T/20190730/2108

3 of 3

Report No. T/20190730/2108

Police Station Of Origin:

Paya Lebar NPP

114 Hougang Avenue 1 #01-1270

SINGAPORE 530114

Tel No: 1800-2899999

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 3 JANSEN KWOK SHU HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2019 15:18

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE FAMILY CLINIC & SURGERY

COMPANY REGISTRATION NO: 199400795H
GST REGISTRATION NO: 200001180K
BLK 108 HOUGANG AVE 1 #01-1299, SINGAPORE 530108
TEL 62849692 / FAX 62846535

**MEDICAL
CERTIFICATE**

NAME:

SWATHINATHAN KARUNANITHI

IDENTIFICATION: S69b4917C

VISIT DATE:

30-07-2019

This is to certify that the above mentioned has been given:

UNFIT FOR DUTY for 3 day(s) from 30-07-2019 to 01-08-2019

REMARKS:

DR. TAN YI RYH (M06552H)
DOCTOR

Singapore Family Clinic & Surgery (Hougang)
Blk 108 Hougang Ave 1
#01-1299, Singapore 530108
Tel: 6284 9692 Fax: 6284 6535

Not Valid for Absence from Court Attendance

Ref No.: 20192111108994
Printed By: Clinic Assistant 2 HGV (30-07-2019)

ACCIDENT STATEMENT

ACCIDENT DATE: (29/07/2019) (DD/MM/YYYY), TIME (06:32) (HH:MM)

LOCATION: Bishen Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE3937C
b) INSURANCE COMPANY: MS FIRST CAPITAL
c) POLICY NO: _____
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: TOYOTA HIACE 3.0 DX
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT: _____
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: SIAN G HOCK HOLDING PTE LTD (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 67492002
C) ADDRESS: 21 JALAN MAJID S-418946.

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Subinathan Karumantia (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S6964917C CONTACT: 97491575
C) ADDRESS: Blk 249, #11-199 Yishun Ave 9
Singapore - 760249
D) DATE OF BIRTH: (07/11/1969) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR) 8 Years
F) YEARS OF DRIVING EXPERIENCE: 8 Years

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. REPORTED TO POLICE: (YES/NO)

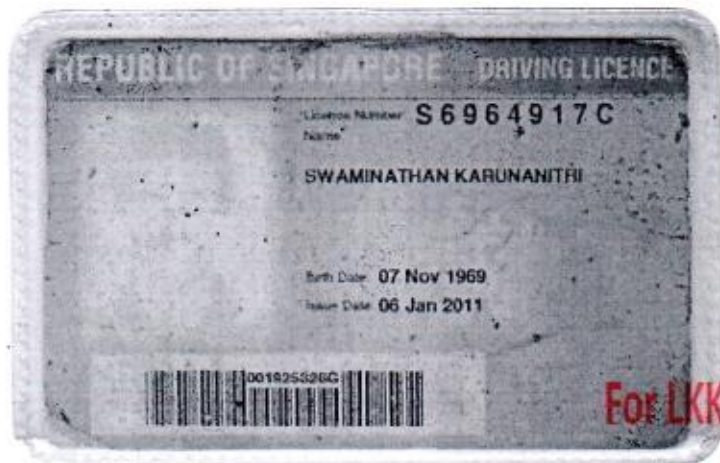
IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SVN 2730J MODEL: _____
B) DRIVER'S NAME: Keat Kim POK
C) NRIC.FIN PASSPORT NO.: S0859089C CONTACT: 96258301

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: GBA4595U MODEL: Toyota
B) DRIVER'S NAME: Chen Siang JOON
C) NRIC.FIN PASSPORT NO.: S1702068D CONTACT: 93883253



CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy.	: COMMERCIAL VEHICLE - FLEET
Type of Cover.	: Third Party
Certificate No.	: D-19093226MFCV/2
Vehicle No / Chassis No	: GBE3937C / KDH2010024194
Name of Insured	: SIANG HOCK HOLDING PTE LTD
Period Of Insurance	: 01.04.2019 To 31.03.2020
Insured Estimated Value	: 0.00

EXCESS: AS INDICATED BELOW

Authorised Driver*

ANY AUTHORISED DRIVER

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on All Claims (for Long Term Lease - 1 year or more)
S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$1,000.00 on All Claims (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on All Claims (for Long Term Lease - 1 year or more)
S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$2,000.00 on All Claims (for Staff)

* 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.

Limitations as to use*

Use in connection with the Insured's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
Use for social, domestic and pleasure purposes.

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 of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward.

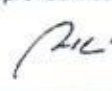
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited
(Approved Insurers)

LILIA/A0151/MZ301A10

Issued at Singapore on 30.03.2019


Authorised Signature