

NATIONAL Assessment Centre Services.

(Just 1 Jan'08)

NA119104686

Date In: 14/10/2009 18:12	Job description	Date & Time Completed	Done by
Ref No: NA/ET19022009/4	SAS e-filing		
Veh No: G8J 7154S	E-mail (to Julia Sims, AIC 2hrs)		
DOA: 14/10/2009 07.2	I-Motor Claims Form		
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G8J 8141H	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

NA/909547	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (Ref 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repairs Coordination	\$10
	*NV: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non INC) against INC	\$10
	9) NI: Ideal Mobile	\$30
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	14/12/2019 18:12
Date Of Accident	14/12/2019 07:20
Exact Location Of Accident	PIE (TUAS) AFTER BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7154S
Insured/Policyholder	
Name Of Registered Owner	EVEREST ENGINEERING & CONSTRUCTIONPTE LTD
Co Reg No	200918875Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91895144
Alternative Phone No	OFFICE-91895144

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

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	DMCVSN1930601900
Cover Note Number	

Driver

Name of Driver	SUNDARRAJ PRATHAP
NRIC No	G5484851Q
Date Of Birth	19/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91895144
Fax Number	
Contact Number	OTHERS-91895144
EMail Address	NOEMAIL

Address	BLK 150 BEDOK RESERVOIR ROAD #04-1715 EUNOS SPRING
Postcode	470150
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191214/2127

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8141H
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD HUSSEIN BIN MAHMOOD
NRIC/Passport Number	S9226995G
Contact Number	87531353
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SUNDARRAJ PRATHAP

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBJ7154S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.



[Signature]

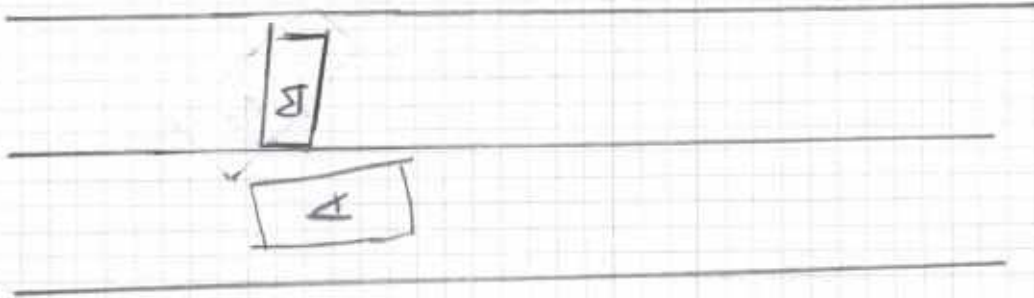
Policyholder's Signature
Date & Time:

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

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

PIPE (74AS) AFTER BKE EXIT.

SKETCH PLAN



A) GBSJ 7154S

B) GBH 8141H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ALL REFER TO POLICE REPORT
7/2019/214/2/27

DECLARATION

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



Policyholder's Signature
Date & Time:

S. P. Raj

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

14/12/2019
Reporting Centre Personnel's Signature
Name: R. D. L. L. L.
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14/12/2019 (DD/MM/YYYY), TIME: 7:20 (HHMM)

LOCATION: PIE (TUAS) After BKE Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 7154S
b) INSURANCE COMPANY: CHINA TAIPIING
c) POLICY NUMBER: DMCVSN1930601900
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Everest Engineering & Construction Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SUNBARRAS PRATHAP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G5484851 CONTACT: 9189 5144
c) ADDRESS: APT BLK 150 BEDDOCK RESERVOIR ROAD
#04-1715 EUNOS SPRING SINGAPORE 470150
* d) DATE OF BIRTH: 19/03/1991 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 17 DEC 2014

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: kaki Bukit NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 8141H MODEL: HIACE
b) DRIVER'S NAME: Muhammed Hussein Bin Mahmood
c) NRIC/FIN/PASSPORT: S9226995G CONTACT: 87531353

9. THIRD PARTY VEHICLE

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

email = blackeagle auto@gmail.com (92473881)

VIDEO



SINGAPORE POLICE FORCE



T/20191214/2127

1 of 3

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No: T/20191214/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 16:35	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars			
Name of Informant: SUNDARRAJ PRATHAP		Address: APT BLK 150 BEDOK RESERVOIR ROAD #04-1715 EUNOS SPRING SINGAPORE 470150	
ID Type / ID No.: FIN NO / G5484851Q		Contact No.: Home/Office: Mobile: 91895144	
Nationality: INDIAN		Email:	
Sex: Male	Age: 28	Date of Birth: 19/03/1991	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2019 07:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS TUAS. AFTER BKE EXIT AFTER ENG NEO AVENUE.				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
GBH8141H	Van					0
GBJ7154S	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/20191214/2127

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20191214/2127

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 /
Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/12/2019 16:35

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20191214/2127

2 of 3

Report No. T/20191214/2127

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Driver				
Name	SUNDARRAJ PRATHAP		ID No.	G5484851Q
Related Vehicle	GBJ7154S (Lorry)		Contact No.	91895144
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/12/2019	Date Discharge	14/12/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	MUHAMMAD HUSSEIN BIN MOAHMOOD		ID No.	S9226995G
Related Vehicle	NIL		Contact No.	87531353
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	

Brief Details.

On 14/12/2019 at about 0720hrs, I was driving my lorry GBJ7154S along PIE towards Tuas, after BKE exit after Eng Neo Avenue. I was on the second lane, subsequently there was a van GBH8141H that was on the first lane. His vehicle self skidded and collided on to the right side of my lorry. We stopped our vehicles and we came down to exchanged particulars. I have in-car camera installed in my vehicle and I do have the footage.

I wish to state that I had went to Changi General Hospital for a check up as I am feeling pain on my lower back. I am given three days Medical Certificate by Changi General Hospital dated from 14/12/2019 to 16/12/2019.

ORIGINAL

ENDORSEMENT

Agency	AN0633A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	DMCVEN1930601900
Account	AN0633A	Issued on	26/08/2019 in SINGAPORE	Endorsement No.	ENM197844/1
Client	3250103	Acceptance Date	26/08/2019	Replacing Cover Note	60015578
		Effective Date	24/07/2019		

Period of Insurance from 24/07/2019 to 23/07/2020, both dates inclusive

Insured's Name....	M/S EVEREST ENGINEERING & CONSTRUCTION PTE LTD
Address.	25 KAKI BUKIT ROAD 4
	#05-47
	SYNERGY @ KB
	SINGAPORE 417800

Business/Occupn... BUILDING CONSTRUCTION
Financial interest DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

Premium	Base Annual Premium.....	\$S1,837.61	
	Less 20% Autosafe Scheme.....	\$S367.52-	
	Windscreen @ \$2,000.-	\$S100.00	
	Total Annual Premium	\$S1,570.09	Premium Due \$S0.00
			Total Due \$S0.00

It is hereby declared and agreed that with effect from above effective date, the Chassis Number under this Policy is amended to read as shown below.

Other terms and conditions remain unchanged.

Risk No. 001	MOTOR COMMERCIAL VEHICLE		
	ORIGINAL REGISTRATION DATE:	24.07.2019	
1. Registration	GBJ7154S	Make/Model ..	TOYOTA DYNA WITH CANOPY
Type of Cover	Comprehensive	No. of seats	3
Engine No. ..	1KD2851329	Capacity cc's	0
Chassis No...	KDY2318038151		Yr of Manuf/Regn 2019/2019
	Tonnage	1.60	Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss		
Excess Sect I		\$S350.00	
EX ON WINDSCREEN		\$S100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorized workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of \$S2,000.00 shall apply for accident loss or

Continued on page 2