

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MAH 11913 MY**

Date In: 20/1/19-15:16	Job description	Date & Time Completed	Done by
Ref No: NA/2221902882/24	SAS e-filing		
Veh No: 4P4575C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/1/19-14:25	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: XE1196	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: (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

NA 220086	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:				
Dat 1:				
Dat 2/3:				

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	30/12/2019 15:16
Date Of Accident	28/12/2019 14:25
Exact Location Of Accident	KJE TWDS TUAS AFTER WOODLANDS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4075C
Insured/Policyholder	
Name Of Registered Owner	SIN CHEW WOODPAQ PTE LTD
Co Reg No	2XXXXX742C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62888555

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	MKB8ELN5AA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0001580_01
Cover Note Number	

Driver

Name of Driver	PHANG NAP KEE
NRIC No	SXXXX058C
Date Of Birth	08/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93423223
Fax Number	
Contact Number	OFFICE-93423223
Email Address	NOEMAIL

Address	BLK 186 BOON LAY AVENUE #07-114
Postcode	640186
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	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	4
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)	13
Passenger 1	NAME: : JOEL RAJ A/L BATHUMALAY GENDER: : MALE
Passenger 2	NAME: : ARUN KUMAR MURUGAN GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE
Passenger 6	NAME: : - GENDER: : MALE
Passenger 7	NAME: : - GENDER: : MALE
Passenger 8	NAME: : - GENDER: : MALE
Passenger 9	NAME: : - GENDER: : MALE
Passenger 10	NAME: : - GENDER: : MALE

Passenger 11	NAME: : -
	GENDER: : MALE
Passenger 12	NAME: : -
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191228/2088.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE119G
Vehicle Make/Model/Colour	VOLVO
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD9303L
Vehicle Make/Model/Colour	VOLVO
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XD7822T
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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 PHANG NAP KEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP4075C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JOEL RAJ A/L BATHUMALAY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP4075C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name ARUN KUMAR MURUGAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP4075C

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

[KIR AFTER WOODLANDS EXIT TOWARDS TUNAS]

(4) YPHO75C

(R) XE 1196

(C) XD 7822T

(D) XD 9303L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IS POLICE REPORT

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: _____

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

Date of Accident : 28/12/2019 Accident Time: 1425 (24-HR-Format)
 Accident Place : KJE AFTER WOODLANDS FRT TOWARDS THAS
 Vehicle Reg. No. (Car Plate No.) : YF 4075C
 Vehicle Make/Model : 4D TRUCKS MK11-250
 Insurance Company : INDIA INTERNATIONAL Policy No. D18MKW001500-01
 Owner or Company Name / IC No. : SIN CHEW WOODPARK PTE LTD
 Owner or Company Contact No. : 62808 555 Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : PHANG NAR KEE 81278058C
 DRIVER'S Date Of Birth : 8/1/1957 DRIVER'S License Pass Date 22 AUG 1979
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : BLK 186 BOONLAY AVE # 07-114 (B) 640186
 DRIVER'S Contact No. / Alt No. : 1) 95423223 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : danny@sin-chew.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): 13 PAX

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: XE 119G

Vehicle Reg. No: X09303L / XD7822T

Vehicle Make/Model: VOLVO

Vehicle Make/Model: VOLVO / -

Name Driver: -

Name Driver: - / -

IC No. Driver: -

IC No. Driver: - / -

Driver's Contact & Add: -

Driver's Contact & Add: - / -



**SINGAPORE
POLICE FORCE**



T/20191228/2088

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20191228/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2019 17:56	Vide Report No.:	Station Diary No.: 173
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Informant's Particulars

Name of Informant: PHANG NAP KEE			Address: APT BLK 186 BOON LAY AVENUE #07-114 SINGAPORE 640186		
ID Type / ID No.: NRIC NO / S1278058C			Contact No.: Home/Office: Mobile: 93423223		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 08/01/1957	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2019 14 25	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY <u>just after the woodlands exit heading towards tuas</u>				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
XD7822T	Lorry				No Damage	0
XD9303L	Lorry				Slightly Damaged	2
XE119G	Lorry				Seriously Damaged	0
YP4075C	Lorry				Seriously Damaged	12



**SINGAPORE
POLICE FORCE**



T/20191228/2088

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20191228/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	JOEL RAJ A/L BATHUMALAY	ID No.	G2331246N
Related Vehicle	NIL	Contact No.	62888555
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	03	Degree of Injury	NIL
Driver			
Name	PHANG NAP KEE	ID No.	S1278058C
Related Vehicle	NIL	Contact No.	93423223
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	02	Degree of Injury	NIL
Passenger			
Name	ARUN KUMAR MURUGAN	ID No.	G2550429T
Related Vehicle	NIL	Contact No.	62888555
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	03	Degree of Injury	NIL

Brief Details.

On 28/12/2019 at about 1425hrs I was driving my vehicle (YP4075C) along the KJE just past the woodlands exit heading towards Tuas. The traffic was heavy and it was going slow. I was on lane 3 and the vehicle (XD9303L) in front of my came to a stop. I also came to a stop suddenly I felt a impact from my rear which cause me to collide with the vehicle in front. I got out and saw that the vehicle (XE119G) have collided with my rear. I also noticed that the vehicle in front of me have collided with another vehicle (XD7822T). My vehicle suffered serious damages on front and rear while the vehicle behind me suffered serious damages on his front bumper. The front 2 vehicle suffered minor dents and scratches. My vehicle has a CCTV in it but I am unaware if it was recording at the time. The Police and ambulance came to



**SINGAPORE
POLICE FORCE**



T/20191228/2088

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No. T/20191228/2088

CONTINUATION OF REPORT

scene.



**SINGAPORE
POLICE FORCE**



T/20191228/2088

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20191228/2088

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 1 JERAL THIO YU XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476228

SN 126

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:


28/12/2019 17:56

Classification Of Case:

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0001580_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: YP4075C	
Chassis No	: JNCL0D0A9GU002792	
2. Name of Policyholder	: SIN CHEW WOODPAQ PTE LTD	
3. Effective date of Insurance	: 05 Sep 2019	
4. Expiry date of Insurance	: 04 Sep 2020	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>		
<p>Excess Sect I: SGD600.00 Windscreen Excess: SGD100.00 Hire Purchase Company: Maybank</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<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).</p>		
<p>Agent/Broker : A000021/Tan Shi Jack Date of Issue : 02/08/2019 13:48:26 MZ300C (GOODS CARRYING) COMPANY</p>		<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>