

NATIONAL Assessment Centre Services. [ver 1 Jan'05] **NA20023967**

Date In: 24/10/2020 10:50	Job description	Date & Time Completed	Done by
Ref No: NA20023967	SAS e-filing		
Veh No: G3J 788S	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 21/02/2020 13:30	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Withdr: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vic		

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

TP Particulars: Vch No: **FB 4993M** 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 > \$9000] ()

Injury: ()

Date: () Time: ()

NA200168

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Author's Comments: ()

Ref: ()

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1) ARI: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	INC (\$100)
3) TP: Towing Fee	\$110
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idas DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NS: Repair Coordination	\$10
*NS: Post Repair Inspection	\$25
*NS: DV / Collect Excess Coordination	\$3
*NS: DV / Collect Excess Coordination	\$25
TP (NI): TP (NI) INC against W/G	\$0
9) NI: Idas Mobile	
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	24/02/2020 10:50
Date Of Accident	21/02/2020 13:30
Exact Location Of Accident	SEBBAWANG CRESCENT TOWARDS SEBBAWANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ768S
Insured/Policyholder	
Name Of Registered Owner	HYDROTECHS MECHANICAL AND ELECTRICALLY SERVICE PTE
Co Reg No	1XXXXX3460
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82654069
Alternative Phone No	OFFICE-82654069
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900253460
Cover Note Number	
Driver	
Name of Driver	MARIAPPAN ESAKKIRAJ
Passport No/FIN	GXXXXX502X
Date Of Birth	24/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82654069
Fax Number	
Contact Number	OTHERS-82654069
Email Address	NOEMAIL

Address BLK 182 WOODLANDS INDUSTRIAL PARK E5
#03-17
Postcode 757513
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 COLLISION - HEAD TO REAR
Weather Conditions AFTER RAIN
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? YES
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 THOMSON NPP 25 SIN MING ROAD
Police Station Address ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200221/2126

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 FBD4993M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver ANDIKA AQIL BIN ABDUL RAZAK
NRIC/Passport Number SXXXX654I
Contact Number
Address
Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ANDIKA AQIL BIN ABDUL RAZAK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD4993M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

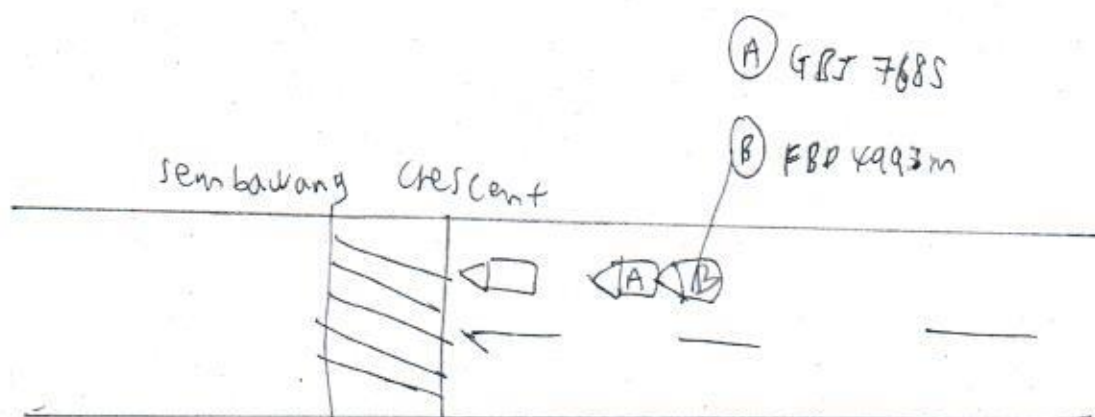
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report 1/20200221/2126

DECLARATION

(/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.:

M

Date of Accident : 21/02/2020 Accident Time: 13:30 hrs (24-HR-FORMAT)
Accident Place : Sembawang Crescent towards Sembawang Drive
Vehicle Reg. No (Car plate No.) : GBJ 7685
Vehicle Make/Model : Toyota Aygo 3.0m.
Insurance Company : AIG Policy No. 1900253460
Owner or Company Names /IC NO: (200102435E) Hydrotech Mechanical and Electrically service pte ltd
Owner or Company Contact No. : _____ Owner's HP _____ Company Tel _____
DRIVER'S Name & IC no. : Mariappan Esakkiraj / G6507502X
DRIVER'S Date of Birth : 24/04/1988 DRIVER'S License Pass Date 13 Sep 2013
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Employee
DRIVER'S Address : 81K 182 Woodlands Industrial Park ES #03-17 (S) 757513
DRIVER'S Contact No./ Alt No. : 1) 82654069 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) operation
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party Claim Own Ins
Number of Passengers (including Driver): 1
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 Particulars (if any)

Vehicle Reg No: <u>FBD 4993m</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC NO. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**



T/20200221/2126

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20200221/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2020 16:14	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: MARIAPPAN ESAKKIRAJ			Address: APT BLK 182 WOODLANDS INDUSTRIAL PARK E5 #03-17 SINGAPORE 757513		
ID Type / ID No.: FIN NO / G6507502X			Contact No.: Home/Office: Mobile: 82654069		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 24/04/1988	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: OPERATIONS INCHARGE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2020 13:30	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG CRESCENT				
Along Sembawang Crescent towards Sembawang Drive				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Stationary - Head to rear collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4993M	Motorcycle	YAMAHA	T135	Red	Totally Damaged	0
GBJ768S	Lorry	TOYOTA	DYNA 3.0 M	White	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/20200221/2126

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20200221/2126

CONTINUATION OF REPORT

Rider				
Name	ANDIKA AQIL BIN ABDUL RAZAK		ID No.	S9910654I
Related Vehicle	FBD4993M (Motorcycle)		Contact No.	NIL
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	MARIAPPAN ESAKKIRAJ		ID No.	G6507502X
Related Vehicle	GBJ768S (Lorry)		Contact No.	82654069
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 21/02/2020 at about 1330hrs, I was driving my company lorry GBJ768S (V1) along Sembawang crescent towards Sembawang drive. It was a 2 lane road and I was travelling on extreme right lane. There was vehicle in front of me SLU7876R who stopped. Driver claimed that there was a pedestrian trying to cross the road at the hump road. I managed to follow suit and brake in time without hitting front car. Few seconds later, a motorcycle from the rear FBD4993M (V2) collided onto the rear of my lorry. The rider fall down on the roadside. I then came down to assist the rider. Passer-bys called for police and ambulance.

Rider was conveyed to a nearby hospital. Traffic police also came to scene and issued me a case card and advised me to lodge a police report at a nearby police station. Vide incident: L/20200221/0081 under IO Hidayu Tel: 65476423.



SINGAPORE
POLICE FORCE



T/20200221/2126

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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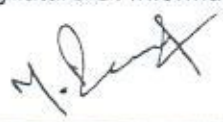

Report No. T/20200221/2126

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: E / Sgt 2 JEFFREY LOIS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/02/2020 16:14
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 SN 070  SIGNATURE	Classification Of Case:

Authentication Stamp
NP168



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : HYDROTECHS MECHANICAL AND ELECTRICALLY SE
Period of Insurance : 20 Dec 2019 To 19 Dec 2020
Engine No. : 1KD2750240
Chassis No. : KDY2318031281

Vehicle No. : GBJ768S
Policy No. : 1900253460
Endorsement No. :
Issued Date : 27 Nov 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 3.0 M
Engine Capacity/Tonnage : 1.6 Tonnage
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2018
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

- a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Use Condition : All Age Condition

Limitation as to use*

- 1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle; c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2015, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

[We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2015 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0504641000

ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT
SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Assure Insurance Agency Pte Ltd