

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MHA 2004/87

Date In: 2/4/05-19:58	Job description	Date & Time Completed	Done by
Ref No: 44/402 200 552/24	SAS e-filing		
Veh No: 402 3872 P.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/4/05-19:20	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: 42 1093P	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

<p>NA 200 252</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Lat. 1:</p> <p>Lat. 2 / 3:</p>	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: 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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD:				
*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 \$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	07/04/2020 19:58
Date Of Accident	06/04/2020 17:20
Exact Location Of Accident	PIE (TUAS) NEAR STEVENS RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3817P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DREAM C&G (S) PTE LTD
Co Reg No	2XXXXX196H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110167731901
Cover Note Number	

### Driver

Name of Driver	NAMASKHAN RESAVU MOHAMED PANNAIYAR
NRIC No	GXXXX407N
Date Of Birth	25/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2013
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90146436
Fax Number	
Contact Number	OFFICE-90146436
Email Address	NOEMAIL

Address	33 JALAN PERADUN SELETAR HILLS ESTATE
Postcode	808678
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 06/04/2020 AT ABOUT 1720 HRS, I WAS DRIVING MY VEHICLE (A: GBJ3817P) ON THE CENTRE LANE ALONG PIE (TUAS) AFTER STEVENS ROAD EXIT. A VEHICLE (B: YQ1093P) WHICH TRAVELLING IN FRONT OF ME SLOWED DOWN AND STOPPED. I IMMEDIATELY APPLIED MY BRAKE TO AVOID THE COLLISION BUT TO NOT AVOID. THUS, MY VEHICLE'S FRONT PORTION HIT ONTO REAR PORTION OF VEHICLE B.

#### 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	YQ1093P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KARUPPIAH PUKACENDAI
NRIC/Passport Number	
Contact Number	81682393
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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



PIE (Tuas)

After Stevens Road Exit

A: GBJ3817P

B: YQ 1093P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/04/2020 at about 1720hrs, I was driving my vehicle (A: GBJ3817P) on the centre lane along PIE (Tuas) after Stevens Road exit. A vehicle (B: YQ 1093P) which travelling in front of me slowed down and stopped. I immediately applied my brake to avoid the collision but to not avail. Thus, my vehicle's front portion hit onto rear portion of vehicle B.

## 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.:



# SINGAPORE ACCIDENT STATEMENT

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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 willful 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 Traffic Policy Department for investigation.
6. This report will be forwarded by the insurers to 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

Date of Accident 06/04/2020 01720h

Exact Location of Accident P16 (Turn) near Stevens Road exit

## DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ3817P

### Insured/ Policyholder

Name of Registered Owner Dream CG (S) Pte Ltd

FIN/ Passport Number 200405/9614

### Vehicle Particulars

Vehicle Make Toyota

Type of Vehicle PUA

Exact Purpose for which vehicle was being used at the time of accident Commercial use

Are you claiming under your own insurance policy for repair to your vehicle? Yes/ No

Vehicle Category Commercial use

### Insurance Company

Name of Insurance Company UOI

Type of Policy Comprehensive

Fleet Policy No

Policy Number DHOM11016773/901

Motor CI 03/04/2020 to 04/04/2021

### Driver

Name of Driver Namaskhan Resavu Mohamed Pannaiyar

FIN/ Passport Number G6777407N

Date of Birth 25/05/1989

Occupation Outdoor (construction worker cum driver)

Year of Driving Experience

Gender

Male/ Female

Contact Number 9014 6436

Address c/o 33 Jalan Peradun, Seletar Hill Estate (Singapore) 808678

Email Address azer3caj@ptt.net.sg

Was driver an employee of the Insured's Company? Yes

If no, Relationship of the Driver with the Insured No



Vehicle Registration Number of Driver's Own Vehicle (If applicable)

Insurance Company of Driver's Own Vehicle (if applicable)

NO

### General Information of the Accident

Type of Collision *Collision - head to rear*

Weather Conditions *Clear*

Road Surface *Dry*

### Other Information

Was any body injured in the Accident? Yes/ No

Was any other material or property damage? Yes/ No

### Details of Injured Persons

Name

Address

N/A

Approximate Age

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

### Details of Police Action

Was the Accident reported to the Police?

If yes, please state which Police Station

Was notice of intended Prosecution given?

If yes, against whom?

N/A

### Circumstance of Accident

*Refer to Sketch plan*

### DETAILS OF OTHER VEHICLE(S)/ PROPERTIES

Vehicle Registration Number *YQ 10938*

Details of Properties

Vehicle Make/ Model/ Colour

Name of Driver *Karuppiah Pukazendai*

NRIC/ Passport Number

Contact Number *8164 2343*

Email Address

Address

Insurance Company Name

Nature of Damage

### Details of Witness

Name

Phone Number

Email Address



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
1 Anson Road  
#28-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7733  
Fax (65) 6327 3669 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co Reg No: 197120152R

### 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)

**ORIGINAL**

<b>CERTIFICATE NO.</b>	DHOM110167731901	<b>Excess:</b>	\$500/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	GBJ3817P		
<b>Name of Insured</b>	DREAM C&G (S) PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

<b>Period of Insurance</b>	5 April 2020 to 4 April 2021	<b>Engine#</b>	1KD2840501
<b>Hire Purchase</b>	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD	<b>Chassis#</b>	JTFAT35YX0K212539

Goods carrying - Private Type [MZ 300]

#### AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

#### LIMITATIONS AS TO USE

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

#### THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

\*Limitation 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).

**UNITED OVERSEAS INSURANCE LTD**

FCTTS Date : 24/03/2020

For the Company