

# NATIONAL Assessment Centre Services

(wef 1 Jan'09)

MUAWO 05074

Date In: 8/6/20 - 15:03	Job description	Date & Time Completed	Done by
Ref No: NA/14C2006202/24	SAS e-filing		
Veh No: 6P6G305B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/9/20 - 09:22	i-Motor Claim Form	NA/1093440-001	8/6/20 15:26
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: JHC 645VB	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:	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

NA2003169	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: 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 \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	08/06/2020 15:03
Date Of Accident	05/06/2020 09:20
Exact Location Of Accident	UBI RD 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9305B
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	GUNA'S CATERING SERVICES PTE LTD
Co Reg No	2XXXXX509D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62649448

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER MANUAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097327015-02
Cover Note Number	

#### Driver

Name of Driver	SAKTHIVELL S/O KRISHNAN
NRIC No	SXXXXX057B
Date Of Birth	29/01/1999
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90036809
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 337 SEMBAWANG CRESCENT #02-176
Postcode	750337
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 - MAJOR/MINOR RD
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?	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)	2
Passenger 1	NAME: : RENE GABRIEL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200605/7029.

#### 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	SGC6452B
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD ROSMAN BIN MOHD NOOR
NRIC/Passport Number	SXXXX162H
Contact Number	

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

#### DETAILS OF INJURED PERSON 1

Name SAKTHIVELL S/O KRISHNAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBG9305B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name RENE GABRIEL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBG9305B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode



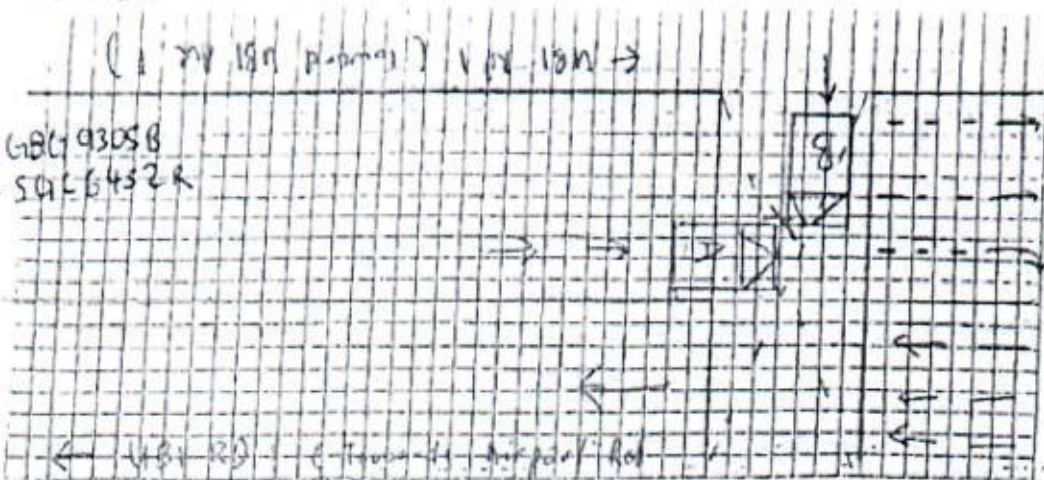
### SKETCH PLAN

## Page 4 of 21

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A - GBC 9305B  
Vehicle B - SG 6452R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in my vehicle (GBC 9305B) going toward 18th Ave 2 on lane 1. Suddenly vehicle B (SG 6452R) came out from the carpark on my left and collided into my left side of my vehicle. The impact was great and my vehicle swerve into the opposite direction of the road. There is a passenger in my vehicle. I felt pain on my neck and lower back and was given 3 days me.

## 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.:



Jackson

Date of Accident : 5/6/2020 Accident Time: 0920 (24-HR-Format)  
Accident Place : UBI ROAD 1  
Vehicle Reg. No. (Car Plate No.) : GBG 9305B  
Vehicle Make/Model : TOYOTA - HI-ACE  
Insurance Company : HTMC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : GUNA'S RESTAURANT  
Owner or Company Contact No. : 96239448 Owner's Hp 62649448 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : SAKITHIVELL S/O KRISHNAN  
DRIVER'S Date Of Birth : 29/6/1999 DRIVER'S License Pass Date 16 MAY 2017  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BIK 337 SEMBAYAN 4 CRESCENT #02-176  
DRIVER'S Contact No. / Alt No. : 1) 90036809 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : admin@mycar.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): 02 male passenger - Rene Gabriel  
Was there any video Captured by car camera: YES \ NO 3 Days MC both driver & passenger  
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: <u>S9C6452R</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Toyota Wish</u>	Vehicle Make/Model: _____
Name Driver: <u>Mohamad Rozman bin Mohd Noor</u>	Name Driver: _____
IC No. Driver: <u>S8126162H</u>	IC No. Driver: _____
Driver's Contact & Add: <u>Hp: 98499314</u>	Driver's Contact & Add: _____



# SINGAPORE POLICE FORCE



T/20200605/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200605/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2020 20:17		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RENE GABRIEL NESAKUMAR S/O RAVINDRAN RUFUS			Address: APT BLK 325 YISHUN CENTRAL #08-365 SINGAPORE 760325		
ID Type / ID No.: NRIC NO / S9710364Z			Contact No.: Home/Office: Mobile: 84008947		
Nationality: SINGAPORE CITIZEN			Email: renegabriel1003@gmail.com		
Sex: Male	Age: 23	Date of Birth: 10/03/1997	Type of Informant: Passenger		
Race: Indian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2020 09:20	Type of Location: Straight Road
Location:  UBI ROAD 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBG9305B	Van	TOYOTA	Hiace	Silver	Seriously Damaged	2
SGC6452R	Car	TOYOTA	Wish	Black	Seriously Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200605/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200605/7027

**CONTINUATION OF REPORT**

Passenger			
Name	RENE GABRIEL NESAKUMAR S/O RAVINDRAN RUFUS	ID No.	S9710364Z
Related Vehicle	GBG9305B (Van)	Contact No.	84008947
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/06/2020	Date Discharge	05/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was a passenger in the vehicle A (GBG9305B) and I met with an accident with vehicle B (SGC6452R). We were going straight and Vehicle B suddenly came out from the carpark and collided on my side. After this I had pain in my body and I went to consult the doctor and received 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20200605/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200605/7027

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
05/06/2020 20:17

Classification Of Case:





# SINGAPORE POLICE FORCE



T/20200605/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200605/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2020 20:18		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAKTHIVELL S/O KRISHNAN			Address: APT BLK 337 SEMBAWANG CRESCENT #02-176 SINGAPORE 750337		
ID Type / ID No.: NRIC NO / S9904057B			Contact No.: Home/Office: Mobile: 90036809		
Nationality: SINGAPORE CITIZEN			Email: sakthivell290299@gmail.com		
Sex: Male	Age: 21	Date of Birth: 29/01/1999	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: NINJA VAN DRIVER			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: 05/06/2020 09:20	Type of Location: Straight Road
Location: UBI ROAD 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBG9305B	Van			Silver	Seriously Damaged	2
SGC6452R	Car	TOYOTA	wish	Black	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG9305B	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE  
POLICE FORCE**



T/20200605/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200605/7029

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAKTHIVELL S/O KRISHNAN	ID No.	S9904057B
Related Vehicle	GBG9305B (Van)	Contact No.	90036809
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/06/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	MOHAMAD ROSMAN BIN MOHD NOOR	ID No.	S8126162H
Related Vehicle	SGC6452R (Car)	Contact No.	98499314
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.**

i was driving in my vehicle GBG9305B going toward ubi ave 2 on lane 1. Suddenly a car vehicle number SGC6452R came out from the carpark on my left and collided into my left side of my vehicle. the impact was great and my vehicle swerve into the opposite direction of the road. The was a passenger in my vehicle. i feel unwell and visited a doctor and was given 3 days MC





**SINGAPORE  
POLICE FORCE**



T/20200605/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200605/7029

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
05/06/2020 20:18

Classification Of Case:

## Claim Handling

Accident MT/1093940

Exit

Policy No.	5097327015-02	Vehicle No.	GBG93058	GST Registration No.	
Certificate No.					
Policyholder Name	GUNA'S CATERING SERVICES PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	2018005090
Product Code	COMMERCIAL VEHICLE INSUR	Contact No.(Office)	62649448	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	08/06/2020 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	05/06/2020	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	1001 RD 1				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/06/2020 15:29:27 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	8 JALAN SHAHR	Address 2	SEMSAWANG SPRINGS ESTAT	Address 3	SINGAPORE 769355
Address 4		Address Type	Singapore address	Post Code	769355
Unit No.		Related Policy Number	5097327015-02		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/01/1999
Unnamed driver Name	SAKTHIVELL S/O KRISHNAN	Driver NRIC	SXXXX0578	Driving Experience	3
Register Date of Driver License	16/05/2017	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	90036809	Contact No.(Office)	0	Address 3	SINGAPORE 750337
Address 1	BLK 337	Address 2	SEMSAWANG CRESCENT	Post Code	750337
Address 4		Address Type	Singapore address		
Unit No.	02-178			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Repair

Option

Insured Name	GUNA'S CATERING SERVICES	Insured NRIC	2018005090
Contact No.		Contact No.(Office)	62649448
Vehicle Number	GBG93058	Vehicle Number	5GC64528
Name of Preferred Workshop			

Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Not at Fault	<input type="radio"/> Yes <input checked="" type="radio"/> No	GIA report	<input type="radio"/> Received <input checked="" type="radio"/> Not Received
--------------------	---	--------------	---	------------	--

Date Registered	08/06/2020 15:31	Claim Close Date		Date Received	08/06/2020 00:00
-----------------	------------------	------------------	--	---------------	------------------

Report Taken By	Jackson
-----------------	---------

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1093940	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/06/2020 15:31

Path *	Category *	Confidential	Urgency *	Description *
Choose File no file selected	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	<input type="radio"/> Normal <input checked="" type="radio"/> Urgent	
Choose File no file selected	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	<input type="radio"/> Normal <input checked="" type="radio"/> Urgent	
Choose File no file selected	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	<input type="radio"/> Normal <input checked="" type="radio"/> Urgent	
Choose File no file selected	Please Select	<input type="radio"/> NO <input checked="" type="radio"/> YES	<input type="radio"/> Normal <input checked="" type="radio"/> Urgent	