

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA 2003963**

Date In: 24/12-17:21	Job description	Date & Time Completed	Done by
Ref No: NA/C22 2003963/1/4	SAS e-filing		
Veh No: 6B2W9X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/12-16:45	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: Vch No: **50616734** 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% F: 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

Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);		
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 30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA 2003963

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

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	30/07/2020 17:21
Date Of Accident	29/07/2020 16:45
Exact Location Of Accident	AYE TWDS CHANGI AFTER ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD209X
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE MAINTENANCE & ENGINEERING PTE LTD
Co Reg No	2XXXXX974M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98717060
Alternative Phone No	OFFICE-98717060
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN30722919000
Cover Note Number	
Driver	
Name of Driver	ISSAC S/O JESURAJU
NRIC No	SXXXX038J
Date Of Birth	19/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88757074
Fax Number	
Contact Number	OFFICE-88757074
EEmail Address	NOEMAIL

Address	BLK 124 KIM TIAN PLACE #01-205
Postcode	160124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -
General Information of the Accident	
Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	3
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: : ARUDAS S/O DORAISAMY GENDER: : MALE
Details of Police Action	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
REFER TO POLICE REPORT - T/20200730/2049.	
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	SJG1643H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHF557J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 ISSAC S/O JESURAJU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD209X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ARUDAS S/O DORAISAMY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD209X
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.

PRESTIGE MAINTENANCE & ENGINEERING PTE LTD

UEN: 201023974M

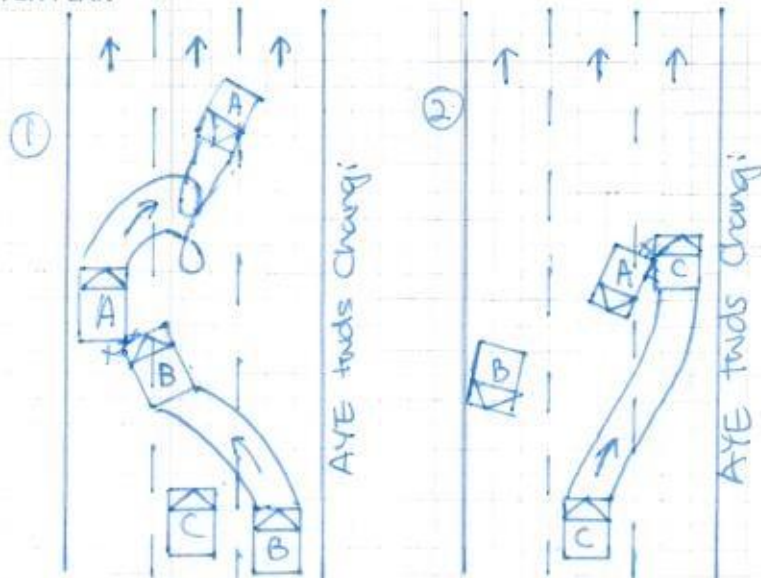
**Nordcom 1, 3 Gambas Crescent,
#08-13, Singapore 757088**

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



Veh A: GBD209X

Veh B: SJG1643H

Veh C: SHF557J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report NO: T/20200730/2049

PRESTIGE AUTOMOTIVE & ENGINEERING PTE LTD

UEN: 201023674M

Nordcom 1, 3 Gambas Crescent,
#03-73, Singapore 757088

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	GBD 209 X	Model / Make	Nissan Cabstar
Date of Accident	29/7/20		
Time of Accident	4.45 pm	HRS	
Location of Accident	AYE Towards Changi After Alexandra Exit		
Exact purpose use during accident	Work		
Name of Owner	Prestige Maintenance & Engineering PTE LTD		
Telephone No.	H/P: 9871 7060	Home:	Office:
NRIC	201023974m		
Address	3 Gambas Crescent #08-13 S (757088)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	China Taiping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCVSN30722919000		
Name of Driver	As Above If No, Issac s/o Jesuraju		
NRIC	S1628038J	Any Passengers: 1 male passenger only	
Date of birth	19/12/1963		
Occupation	(Outdoor)	/	Indoor
Driving License Pass Date	30 May 2018		
Gender	(Male) / Female		
Contact No.	H/P: 88757074	Home:	Office:
Address	Blk 124 Kim Tian Place #01-205		
Driver have any own vehicle	(No)	If yes, Reg No.	
Relationship	Employee,	If no, state Brother	
Weather condition	Clear	(Raining)	Other
Road Surface	Dry	(Wet)	Other
Any Injuries	No,	If Yes, Who? Issac s/o Jesuraju (Back, Chest, Neck, Shoulder, Waist Pain)	
Name And Contact No.	Arudas s/o Doraisamy (85804223, 89307293) (Neck, Right shoulder, Right Leg, Knee Pain)		
Name And Contact No.			
Police Report	No,	(If Yes,) Where?	
Vehicle B No.	SJG1643H	Any Passengers: No Passenger	
Name of Driver		Contact No.:	
Vehicle C No.	SHF557J	Any Passengers: Not Sure.	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Front, Rear and Side Portion.		
Camera Recorder	(Yes)/ No		
Email Address	issac.jesuraju123@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20200730/2049

1 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20200730/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 13:13	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: ISSAC S/O JESURAJU			Address: APT BLK 124 KIM TIAN PLACE #01-205 SINGAPORE 160124		
ID Type / ID No.: NRIC NO / S1628038J			Contact No.: Home/Office: Mobile: 88757074		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 19/12/1963	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2020 16:25	Type of Location: EXPRESSWAY
Location: Along Road 1 AYER RAJAH EXPRESSWAY ALONG AYE TOWARDS BT MERAH				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBD209X	Lorry	NISSAN	CABSTAR	Gold	Seriously Damaged	1
SGJ1643H	Car	TOYOTA		Red	Seriously Damaged	0
SHF557J	Car	RENAULT		Red	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/20200730/2049

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20200730/2049

CONTINUATION OF REPORT

Passenger			
Name	ARUDAS S/O DORAISAMY	ID No.	S1497522E
Related Vehicle	GBD209X (Lorry)	Contact No.	85804223
Hospital/Clinic	HL FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/07/2020	Date Discharge	29/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ISSAC S/O JESURAJU	ID No.	S1628038J
Related Vehicle	GBD209X (Lorry)	Contact No.	88757074
Hospital/Clinic	HL FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/07/2020	Date Discharge	29/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TEO LAI CHENG	ID No.	S7426210D
Related Vehicle	SGJ1643H (Car)	Contact No.	97388729
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	MOHD SHAH BIN ABDULLAH @ TAN HWEE HIN	ID No.	S1345638J
Related Vehicle	SHF557J (Car)	Contact No.	96969198
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



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20200730/2049

CONTINUATION OF REPORT

Brief Details.

On 29th July 2020 at around 4.25pm, I was travelling along AYE heading towards Bt Merah. I was driving my gold lorry, GBD209X, Nissan Cabstar and was with my relative, Arudas S/O Doraisamy, S1497522E, Hp: 85804223. I was at the left most lane at that point of time. Also, the road was wet due to rain.

While driving along AYE, suddenly, I felt a very strong impact from the back of my lorry. The impact cos my lorry to spin towards the center lane. While spinning, a red Renault TransCab taxi, SHF557J, had hit onto the left rear side of my lorry. I discovered that a red Toyota car, with the car registration number SGJ16743H (what I could recall as the car's plate number had came off the car by then) had collided to the rear of my lorry.

When it was safe, my lorry, the taxi as well as the car then shifted to the road shoulder where we exchanged particulars. The lady driver, Ms Teo Lai Cheng, S7426210D, Hp: 97388729 explained to me and the taxi driver, Mr Mohd Shah Bin Abdullah @ Tan Hwee Hin, S1345638J, Hp: 96969198, that she had lost control of her car due to the bad weather and because of that, her car had swerved and hit onto the back of my lorry causing it to spin.

I felt pain on my neck and back due to the collision and my relative felt pain on his neck and knees due to the collision.

Subsequently, LTA arrived, I passed my details to the LTA officer and left as me and my relative was rushing to go to Singapore General Hospital as my mother had passed away.

Later on Traffic Police contacted me, to send photos of the damage to my lorry. I then went to the doctor at HL Family Clinic & Surgery at Blk 111Jalan Bt Merah #01-1704 with my relative and both my relative and me received 5 days of MC each. My MC number is MC/106024 and my relative's MC number is MC/106025.

I then came to Police Station to lodge a Traffic Accident Report.



**SINGAPORE
POLICE FORCE**



T/20200730/2049

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20200730/2049

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 /

Staff Sgt AHMAD AIDIL BIN JUMARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2020 13:13

Officer In Charge Of Case:

TP / GIT / alex_chong@spt.gov.sg
Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168

Motor Commercial

MZ300/C

E SN

AN0650A

Cov. Type C

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)

CERTIFICATE No.	DMCVSN30722919000	Engine No.	ZD30337154K
		Cha. No.	JN1SC2F24Z0855655
1. Index Mark and Registration Number of Vehicle	GBD209X	AUTOSAFE	=====
2. Name of Policy Holder	PRESTIGE MAINTENANCE & ENGINEERING PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/09/2019	Excess Sect I	S\$350.00
		EX ON WINDSCREEN	S\$100.00
4. Date of Expiry of Insurance	01/11/2020		
5. Persons or Classes of Persons entitled to drive*			
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.			
6. Limitations as to use:			
(1) Use in connection with the Policyholder's business.			
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.			
(3) Use for social, domestic or pleasure purposes.			
The Policy does not cover			
(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.			
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.			

HIRE PURCHASE CO. : GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HPOWNER

* 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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Ho Li Hwa Irene
Authorised Officer

_____ 
Authorised Signatory