

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MA 20071396

Date In: 21/08/2020 12:18	Job description	Date & Time Completed	Done by
Ref No: NBA/MA 20008793/1	SAS e-filing		
Veh No: GBA 3751K	E-mail (E-jobs sheet, A/C sheet)		
O.O.A. 20/08/2020 13:40	I-Motor Claims Form		
(O) TP / Reporting Only	I-Motor W/O (with/without OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
Preferred Wksp / INC Assign Wksp / QW: (Assessment/Survey Report		
TP Particulars:	Ass't Report by Fax / Hand to Owner/Witness		
Owner / Driver: (Tel: (Fax: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates: (Times: (
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 Refor of reprior.			
() 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 > \$3000] ()			
Injury: ()			

MA 200713	Driver/Owner:		1) Alt: Accident Reporting (\$30)		
Contact No:			2) DA: Damage Assessment (\$100) INC (\$10)		
Damage Portion:			3) TP: Towing Fee \$40/45		
OC Checked by (Engr-In-Charge):			4) PT: Follow-Through Survey \$120		
			5) PT: Follow-Through Survey (Resurvey) \$30		
			For claiming against INC Only (ver 10 Jan 2000)		
			6) TR: Re-inspection \$75		
			7) NI: Idea DA + SMRT Survey \$160		
			8) NTUC Additional Services		
			OR:		
			• NS: Courtesy Car / Tpt Allowance \$3		
			• NG: Repair Coordination \$10		
			• NI: Post Repair Inspection \$25		
			• NO: DV / Collect Excess Coordination \$3		
			• TE (NI): TP Fee INC against INC \$10		
			• NI: Idea 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	21/08/2020 12:18
Date Of Accident	20/08/2020 13:40
Exact Location Of Accident	JUNCTION OF HENDERSON ROAD/TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3751K
Insured/Policyholder	
Name Of Registered Owner	388 PTE LTD
Co Reg No	2XXXXX419K
Email Address	INFO@388PL.COM.SG
Mobile Phone No	(LOCAL) +65-94556741
Alternative Phone No	OFFICE-94556741

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070102981
Cover Note Number	

Driver

Name of Driver	TAMILPANDI SIVA SUBASH
Passport No/FIN	GXXXX912K
Date Of Birth	10/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2014
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94556741
Fax Number	
Contact Number	OTHERS-94556741
EMail Address	INFO@388PL.COM.SG

Address	48 TOH GUAN ROAD EAST #02-123 ENTERPRISE HUB
Postcode	
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 ON 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	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : SATISH GENDER: : MALE
Passenger 2	NAME: : NAVEEN GENDER: : MALE
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 SKETCH AND POLICE REPORT T/20200820/2087	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SMR2882J
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)

SKETCH PLAN

IMPORTANT NOTICE

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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.

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pte ltd

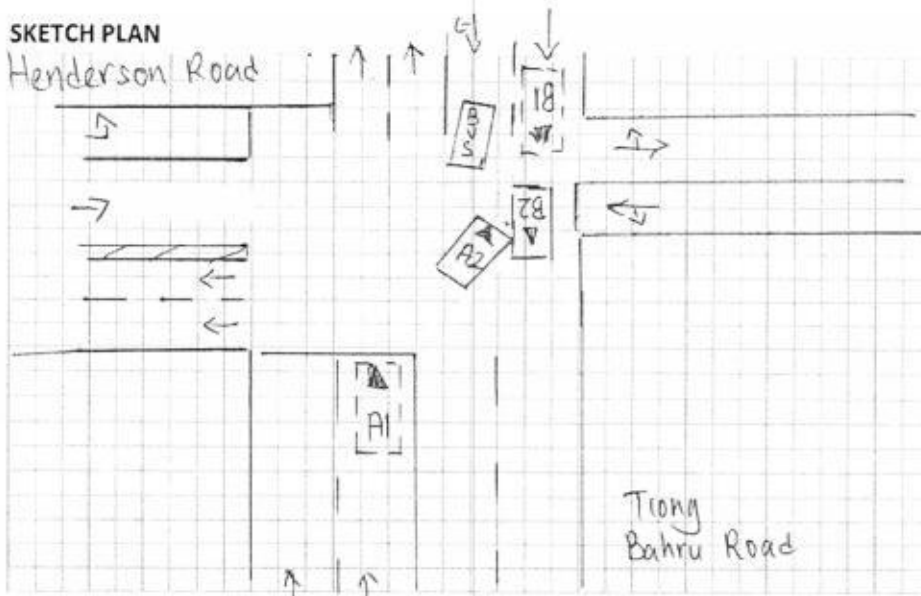
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *21/08/2020*
NRIC/FIN No.: *1084 110703*

SKETCH PLAN

Henderson Road



V.A) GBG3751K

V.B) SMR2882J

Trong
Bahru Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling along the Junction of Trong Bahru Road & Henderson Road. Traffic was green in my favour hence I proceed straight ahead. As I approach the junction, I noticed there was a bus coming close to my vehicle, upon seeing, I panic and swerve my vehicle towards the right. Unfortunately there was a vehicle coming straight towards my direction, as such my vehicle collided against that said vehicle. Shortly I got out of my vehicle and check if the driver had any injuries. The ambulance and traffic police then came to the scene and the driver of SMR2882J and 2 of his passenger was conveyed. The traffic police officer took my in-car camera SD card and gave me a slip then advise me to file a police report. I called my tow truck and my vehicle was towed away.

Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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pte ltd

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.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/08/2020 (dd/mm/yy) Time of Accident: 13:40 (24-HR-FORMAT)
Vehicle No.: GBG 3751 K Vehicle Make & Model: TOYOTA DYNIA 150 5MT
Exact location of Accident: JUNCTION OF HENDERSON ROAD & TIONG BAHRU ROAD
Policyholder's Name / IC No.: 388 PTE LTD 201328419K
Driver's Name / IC No.: TAMILPANDI SIVA SUBASH G8327912K (As Above) ☐
Driver's Contact No.: 9455 6741 Company Contact No.: _____
Driver's Address: 48 Toh Guan Rd East #02-123 Enterprise Hub
Insurance Company: AIG Email address (if any): INFO@388PL.COM.SG
Relationship between Owner & Driver: EMPLOYEE 10/06/1989 24/07/2014
or Others specify: _____

What do you wish to claim? (Please TICK one only)

☒ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 03

Passenger Name : SATISH

Gender : Male

Passenger Name : NAVEEN

Gender : Male

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMR 2882 J

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20200820/2087

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

1 of 3

Report No. T/20200820/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2020 17:31	Vide Report No.: D/20200820/0062	Station Diary No.: 64
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Informant's Particulars

Name of Informant: TAMILPANDI SIVA SUBASH			Address:	
ID Type / ID No.: FIN NO / G8327912K			Contact No.: Home/Office:	Mobile: 94556741
Nationality: INDIAN			Email:	
Sex: Male	Age: 31	Date of Birth: 10/06/1989	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: PLUMBER SUPERVISOR			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: 20/08/2020 13:40	Type of Location: X-Junction
Location: HENDERSON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3751K	Van				Slightly Damaged	2
SMR2882J	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200820/2087

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Report No. T/20200820/2087

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

CONTINUATION OF REPORT

Driver				
Name	TAMILPANDI SIVA SUBASH		ID No.	G8327912K
Related Vehicle	GBG3751K (Van)		Contact No.	94556741
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	
Driver				
Name	Unknown		ID No.	NIL
Related Vehicle	SMR2882J (Car)		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	

Brief Details.

On 20/08/20 at about 1435hrs, I was driving my vehicle (GBG3751K) along the Junction of Tiong Bahru Road & Henderson Road. Traffic was green in my favour hence I proceeded straight ahead. As I approached the junction, I noticed that there was a bus that was about to turn right at the opposite direction. Upon seeing, I panic and swerved my vehicle towards the right. There was also another vehicle (SMR2882J) coming straight into my direction. As such, my vehicle collided against the said vehicle.

Upon collision, I came out of my vehicle to check if the driver had any injuries. Ambulance and police came shortly and both the passenger of SMR2882J were being conveyed. Traffic Police also took down my vehicle SD Card. I then called my tow truck and waited for my vehicle to be towed away.

I am lodging this report for police investigation purposes.



**SINGAPORE
POLICE FORCE**



T/20200820/2087

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/20200820/2087

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 HO BOON KIAT, DARON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

SN 070

SIGNATURE

Signature Of Informant:

Date/Time:

20/08/2020 17:31

Classification Of Case:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : 388 PTE LTD
Period of Insurance : 28 Jul 2020 To 27 Jul 2021
Engine No. : 1KD2732673
Chassis No. : JTFAT35Y80K208537

Vehicle No. : GB63751K
Policy No. : 2070102981
Endorsement No. : 2070102981Z
Issued Date : 07 Jul 2020

6863751K

2070

\$1386.13

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton (Lorry)
Engine Capacity/Tonnage : 1.7 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Off Peak Car
Market Value : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

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 \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 and/or has less than 2 years' driving experience.

Age 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 towing 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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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: UOB LIMITED

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), Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

30540021

LINK INSURANCE AGY-TOYOTA CV

153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BK 13/10