

# NATIONAL Assessment Centre Services.

(part 1 Jan 2003)

SM 0920 CF 0001

Date In: 15/12/20 09:25	Job description	Date & Time Completed	Done by
Ref No: NA/C2220013973/44	SAS e-filing		
Veh No: GBH 3734 E	E-mail (within 3hrs, A/C 2hrs)		
DDA: 14/12/20 08:20	I-Motor Claim Form		
(1) (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Produced Wkap / INC Assign Wkap / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SFS 9847 T	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 repolar.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 0001) (C718 0010)	Date Claimed: ( )	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	Action

NA2100696	Invoice/Claimation Checklist
Driver/Owner:	1) AIR: Accident Reporting (\$30); INC (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Verifiers Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
	For claimant against INC Only (waf 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: 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 (NI): TP (Non INC) against INC \$20
	9) NI2: Idao 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 Submission ..... 15/12/2020 09:25 (SGT)  
Date of Accident ..... 14/12/2020 08:20 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH3734E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... APP ENGINEERING PTE LTD  
Company Reg No ..... 1XXXXX042C  
Email Address ..... WINNIE.CHU@APPENGRG.COM.SG  
Mobile Phone No ..... (Phone) +65-64256633  
Alternative Phone No ..... (Office) +65-64256633

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00031242000  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MANICKAM MAHADEVAN  
NRIC No ..... SXXXX181I  
Date Of Birth ..... 28/06/1972  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/06/1996
Driving experience .....	24 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98580747
Alt. Phone Number .....	-
Email Address .....	KONIAPP@GMAIL.COM
Address .....	633 VEERASAMY RD #05-118
Address complement .....	-
Postcode .....	200633
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	VAITHIYANATHAN RAMGOPAL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201214/7028

#### 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 .....	SFS9847T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	VAITHIYANATHAN RAMGOPAL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBH3734E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 2

Name of injured person .....	MANICKAM MAHADEVAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBH3734E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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.:

A: GBH3734E  
B: SF59B47T

slip Road Plc ext of towards Toh Tuck Ave

Refer to police report no: T/20201214/7028 - no incident

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

Mr. Anderson

Mr. McLean







# SINGAPORE POLICE FORCE



T/20201214/7028

1 of 3

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

Report No. T/20201214/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/12/2020 14:37	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MANICKAM MAHADEVAN			Address: 633 VEERASAMY ROAD #05-118 SINGAPORE 200633		
ID Type / ID No.: NRIC NO / S7268181I			Contact No.: Home/Office: Mobile: 98580747		
Nationality: INDIAN			Email: KONIAPP@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 28/06/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION 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: 14/12/2020 08:20	Type of Location: SLIP ROAD PIE EXIT 27 TWDS TOH TUCK AVE
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH3734E	Van	NISSAN	NV200			1
SFS9847T	Car					0



**SINGAPORE  
POLICE FORCE**



T/20201214/7028

2 of 3

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

Report No. T/20201214/7028

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBH3734E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000312 42000	08/05/2020	07/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	VAITHIYANATHAN RAMGOPAL		ID No.	G6132321Q
Related Vehicle	GBH3734E (Van)		Contact No.	83487721
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	14/12/2020		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	MANICKAM MAHADEVAN		ID No.	S7268181I
Related Vehicle	GBH3734E (Van)		Contact No.	98580747
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/12/2020		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I (GBH3734E) was stopped stationary at slip road PIE exit 27 towards Toh Tuck Ave to check main road traffic before driving out.

Suddenly, I felt a huge impact from behind. Veh "b" (SFS9847T) collided into the rear portion of my vehicle and caused damages.

After the incident, I and my passenger felt discomfort and went to Healthway Medical Clinic to seek medical treatment and was given 3 days MC by a doctor for both of us.



Motor Commercial

MZ300VC

N SN

AN0409A

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. DMCV5NW00031242000

Engine No.: K9KE626D438002

Chs. No.: VSKYBAM20Z0158458

1. Index Mark and Registration  
Number of Vehicle

OBH3734E

AUTOSAFE

2. Name of Policy Holder

APP ENGINEERING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations  
Ordinance or Enactment

08/05/2020

Excess Sect 1 \$5450.00  
EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

07/05/2021

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.

\* 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).

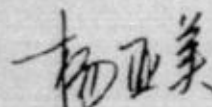
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Ho Li Hwa Irene

Authorised Officer



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
11 Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaip

VEHICLE NO: GBH 334E	MAKE & MODEL : Nissan Nu 200	AUTO / MANUAL
DATE OF ACCIDENT	14 / 12 / 2020	*C.C. 1461
TIME OF ACCIDENT	0618 AM / PM	
LOCATION OF ACCIDENT	Slip road Pte Dam 27 towards Joh Tick Ave	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	APP engineering Pte Ltd	Email: winnie.chu@appengrg.com.sg
TELP NO	Mobile:	Office: 6425-6633 Home:
NRIC	198300042C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00031242000	
NAME OF DRIVER	AS ABOVE / IF NO: Manickam Mahadevan	
NRIC	S7268181T	
DATE OF BIRTH	28 / 06 / 1972	
ANY PASSENGER	YES / NO : 01	
NAME OF PASSENGER	Vaithyanathan Ramgopal	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	24 / 06 / 1996	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9868-0747	Office: Home:
EMAIL	Koniapp@gmail.com	
ADDRESS	Blk 633 Veerasamy Road #05-118 S(200633)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? ① Manickam Mahadevan	
CONTACT NO.	② Vaithyanathan Ramgopal	
POLICE REPORT	No / If yes, Where? H2 Wbr Ave 3	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SFS98477	Any Passenger: NIL
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

I authorized IPAC of paya ubi to email the G/A report to New Hock Teck motor pte ltd