

NATIONAL Assessment Centre Services. [Part 1 Jan 2003] SM 09211 D 000 C

Date In: 13/11/21 15:56	Job description	Date & Time Completed	Done by
Ref No: NAJ TMZ 21000 630/h4	SAS e-illing		
Veh No: GBB 856 M	E-mail (within 2hrs, AIC 2hrs)		
DDA: 13/11/21 07:25	I-Motor Claim Form		
Off: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Profound Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: GBC 9866 U 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: ()

Comments	INC () / Non-INC ()	By
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Diagnosis: _____

NA2100899

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Bug-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (w/c 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	_____ 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 13/01/2021 15:56 (SGT)
Date of Accident 13/01/2021 07:25 (SGT)
Exact Location of Accident Clementi Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB856M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TMJP ENGINEERING PRIVATE LIMITED
Company Reg No 2XXXXX174D
Email Address TMJPEENGINEERING@HOTMAIL.COM
Mobile Phone No (Phone) +65-91141209
Alternative Phone No +65-91141209

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Tokio Marine
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 20-MS005767-R01
Cover Note Number -

DRIVER

Name of Driver APPASAMY BALA SUBRAMANIAN
Work Permit No GXXXX311Q
Date Of Birth 16/03/1988

Date Of Driving Pass	29/06/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91141209
Alt. Phone Number	-
Email Address	TMJPENGINEERING@HOTMAIL.COM
Address	8 BURN RD
Address complement	-
Postcode	369977
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Govindan
Gender	Male

PASSENGER 2

Name	Lakhvir singh
Gender	Male

PASSENGER 3

Name	Rajiv gandhi
Gender	Male

PASSENGER 4

Name	Boopalan
Gender	Male

PASSENGER 5

Name	Murugesan
Gender	Male

PASSENGER 6

Name	Ganesan
Gender	Male

PASSENGER 7

Name	Parthiban
Gender	Male

PASSENGER 8

Name	Prabhakaran
Gender	Male

PASSENGER 9

Name Veerappan
 Gender Male

PASSENGER 10

Name Abduj
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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 GBC9866U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD5136P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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	APPASAMY BALA SUBRAMANIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	Govindan
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	Lakhvir singh
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	Rajiv gandhi
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 5

Name of injured person	Boopalan
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 6

Name of injured person	Murugesan
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M

Was this injured conveyed to hospital by ambulance? -
INJURED 7
Name of injured person Ganesan
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBB856M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 8
Name of injured person Parthiban
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBB856M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 9
Name of injured person Prabhakaran
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBB856M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 10
Name of injured person Veerappan
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBB856M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 11
Name of injured person Abduj
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBB856M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

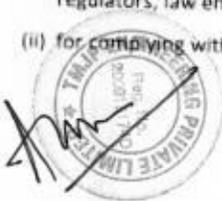
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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: 13/1/21

13:14

A. Rajabomani

Driver's Signature

(if driver is not the policyholder)

Date & Time: 13/1/21

13:14

H

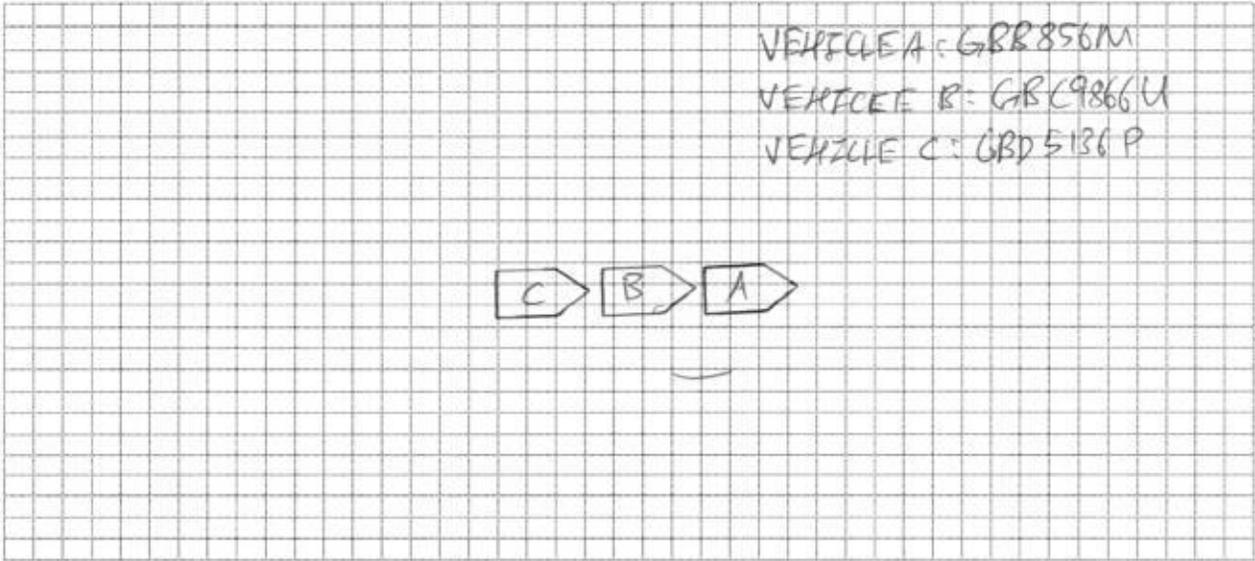
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:

CLEMENTI ROAD AVE 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CLEMENTI ROAD AVE 6. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE. AFTER I STEPPED OUT OF MY VEHICLE, I REALISED IT WAS A CHAIN COLLISION.

DECLARATION

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

Policyholder's Signature

Date & Time: 26/12/11

Driver's Signature

(if driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

Accident Reporting Draft

VEHICLE NO: GBB856M

MODEL: TOYOTA DYNA

AUTO/MANUAL

DATE OF ACCIDENT	13/1/2021	C.C: 2,982
TIME OF ACCIDENT	0725	HRS AM/PM
LOCATION OF ACCIDENT	CLEMENTI ROAD AVE 6	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	TMJP ENGINEERING PTE LTD	
CONTACT NO.	91141209	EMAIL: TMJPENGINEERING@HOTMAIL.COM
NRIC	200919174D	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	TOKIO MARINE	
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: APPASAMY BALA SUBRAMANIAN	
NRIC	G6733311Q	ANY PASSENGER: 10
DATE OF BIRTH	16/3/1988	Appasamy Bala Subramanian
OCCUPATION	OUTDOOR / INDOOR	Govindan
DATE OF DRIVING PASS		Lakshvir Singh
GENDER	MALE / FEMALE	Rajiv Gandhi
CONTACT NO.	91141209	EMAIL: TMJPENGINEERING@HOTMAIL.COM Bobalan
ADDRESS	8 BURN ROAD S(369977)	Murugesan
DOES DRIVER OWN OTHER VEHICLES	NO / IF YES: REG NO.	Ganesh
RELATIONSHIP	EMPLOYEE / IF NO:	Parthiban
WEATHER CONDITION	CLEAR / RAINY / OTHER: CLEAR	Prabha Karan
ROAD SURFACE	DRY / WET / OTHER: DRY	Veerappan
ANY INJURIES	NO / IF YES: YES	Abdulj
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	GBC9866U	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	GBD5136P	ANY PASSENGER:
VEHICLE D NO.		ANY PASSENGER:
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		