

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

Date Inc: 24/02/21	Job description	Date & Time Completed	Done by
Ref No NA/LIP21002590/13	SAS e-filing		
Veh No GBK67220	E-mail (within 3hrs, AIC 2hrs)		
DDA 23/02/21 1820	I-Motor Claim Form		
OT: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: *

Fax: *

TP Particulars:

Veh No: SFV68665

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: (/

Controls: (INC Ref No: 07084010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: *

Date/Time: *

Action: *

NA2101705

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1:

Ref: 2/3:

Invoice Ref No: 07084010	Amount (\$)	Amount (\$)
1) AI: Accident Reporting (\$30)	30	
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For a full invoice against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + EMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*NS: Courtesy Car / Tpt Allowance \$5		
*NG: Repair Co-ordination \$10		
*NT: Post Repair Inspection \$25		
*NB: 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	24/02/2021 17:53 (SGT)
Date of Accident	23/02/2021 18:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS AFTER SIMEI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6722D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DRK CONSTRUCTION(S)PTE LTD
Company Reg No	2XXXXX305D
Email Address	RAVI@DRKCONSTRUCTION.COM.SG
Mobile Phone No	(Phone) +65-66330341
Alternative Phone No	(Office) +65-66330341

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
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	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	C0109870

DRIVER

Name of Driver	KARMEGAM KUMARAPPA
Passport No/FIN	GXXXX955N
Date Of Birth	12/05/1977
Occupation	Outdoor

Date Of Driving Pass	17/11/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81395291
Alt. Phone Number	-
Email Address	RAVI@DRKCONSTRUCTION.COM.SG
Address	12 JALAN LEMBAH KALLANG
Address complement	#03-04 CONCORDE BUILDING
Postcode	339568
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	Side Swipe
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SELVARASU SATHIYARAJ
Gender	Male

PASSENGER 2

Name	ARUMUGAM MURUGAN
Gender	Male

PASSENGER 3

Name	UDAIYAPPAN MURUGAN
Gender	Male

PASSENGER 4

Name	SELVARASU PULIKUTHI
Gender	Male

PASSENGER 5

Name	CHANDRAN STALIN
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

PLS REFER TO THE ATTACHED 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 SFV6866S
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YQ2704D
 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 KARMEGAM KUMARAPPA
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK6722D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SELVARASU SATHIYARAJ
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK6722D

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	UDAIYAPPAN MURUGAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK6722D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 4	
Name of injured person	ARUMUGAM MURUGAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK6722D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 5	
Name of injured person	SELVARASU PULIKUTHI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK6722D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 6	
Name of injured person	CHANDRAN STALIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK6722D
Were seat belts worn?	-
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.
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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 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.

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.

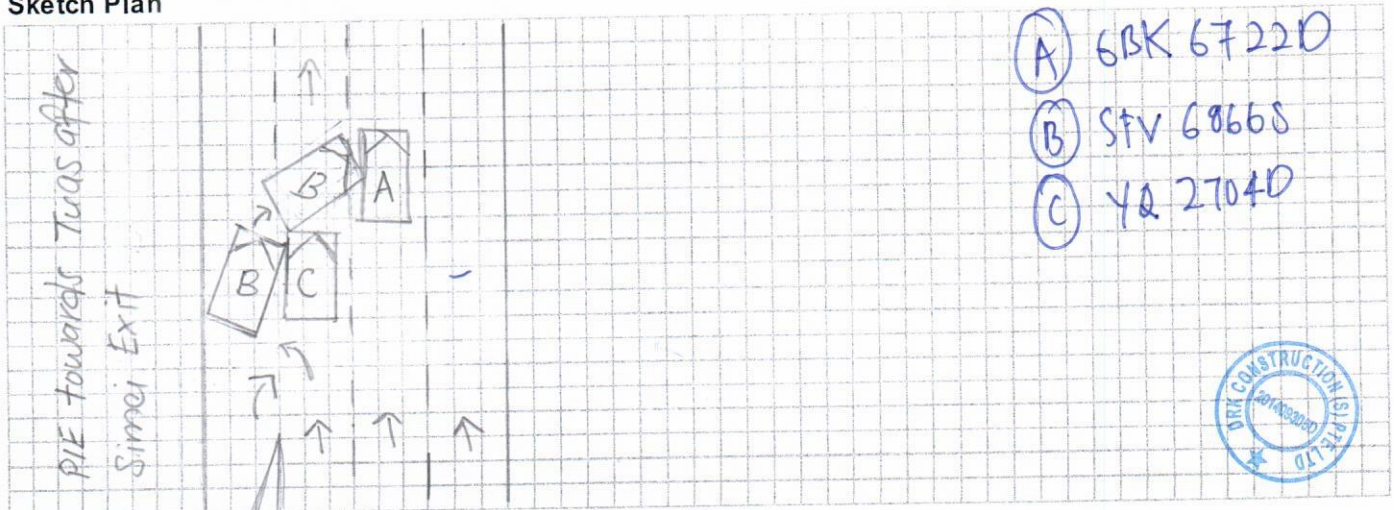


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 23.02.2021 at about I was travelling along
PIE towards Tuas after Simei Exit on second lane, out of
sudden vehicle B hit onto my vehicle A while trying to
and
avoid other collision I brake my vehicle & stop. Due to the
impact & sudden stop me & my 5 passengers injured. I
alighted & realised that 3 vehicles involved in the
accident.

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

Witnessed by Reporting Centre
Personnel

Date of Accident : 23.02.2021 Accident Time: 1820 HRS (24-HR-Format)
 Accident Place : KIE Towards Tuas After Sine Exit
 Vehicle No. (Car Plate No.) : SBK 6722D Make/Model: KIA K2500 6MT
 Insurance Company : Liberty Policy No: _____
 Owner or Company Name /IC No. : PRK Construction (S) Pte Ltd (201409305D)
 Owner or Company Contact No. : 66330341 Owner's Hp 81395291 Company Tel _____
 DRIVER'S Name / IC No. : Karmesan Kumarappa (87045955N)
 DRIVER'S Date Of Birth : 12.05.1977 DRIVER'S License Pass Date 17.11.2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling ☒ Employee \ Others: _____
 DRIVER'S Address : 12 Jalan Lembah Kallang #03-04 Concorde Building
 DRIVER'S Contact No./ Alt No. : 1) 81395291 2) _____
 DRIVER'S Occupation : INDOOR ☒ OUTDOOR (e.g. working inside or outside office)
 Email Address : Ravi@PRKconstruction.com.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): 6 pax include driver
 Was there any video Captured by car camera: YES ☐ NO ☒
 Exact purpose for which vehicle was being used at the time of accident: Private use ☐ Work purpose ☒
 Any Injury (If YES, Pls state): all injured

Other Party Driver's Particular (if any)

Vehicle No: <u>SFV 6866S</u>	Vehicle No: <u>YQ 2704D</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- ① Selvarasu Sathiyaraj - m
- ② Udaiyappan Murugan - m
- ③ Arumugam Murugan - m
- ④ Selvarasu Pulikuthi - m
- ⑤ Chandran Stalin - m

Motor Cover Note

Name of Producer: KH AGENCY PTE. LTD. (A1924)	Cover Note No.: C0109870
Date of Issue: 06 Oct 2020	Quotation/ Proposal/ Policy No.: QUOTATION NO. #31977

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	DRK CONSTRUCTION(S) PTE. LTD.	To: 05 Oct 2021 23:59
Period of Insurance:	From: 06 Oct 2020 11:01	
Registration No.:	NEW	
Make and Model:	KIA -K2500 EURO 6	
Type of Body:	LORRY	
Capacity/Tonnage:	2	
Year of Manufacture/Registration:	2020/2020	
Chassis No.:	KNCSJX76LL7465305	
Engine No.:	D4CBL071750	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:	UNITED OVERSEAS BANK LIMITED	
Type of Plan:	Comprehensive	
Excess:	AS AGREED	

The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Risks) Rules, 1959 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 06 Oct 2020 11:01

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3
51 Club Street #03-00 Liberty House Singapore 069428 | Tel: 1800-LIBERTY (542 3789) | Fax: (+65) 6223 6434

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	305D
Vehicle Details	
Vehicle No.:	GBK6722D
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2021
Vehicle Make:	KIA
Vehicle Model:	K2500 6MT
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	D4CBL071750
Chassis No.:	KNCSJX76LL7465305
Maximum Power Output:	-
Open Market Value:	\$17,448.00
Original Registration Date:	08 Oct 2020
First Registration Date:	08 Oct 2020
Transfer Count:	0
Actual ARF Paid:	\$873.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,644.00
COE Rebate Amount:	\$25,361.00
Total Rebate Amount:	\$25,361.00

The information contained herein is correct as at 24 Feb 2021

OK