

NATIONAL Assessment Centre Services.

part 1 Jan 03

SN 09 2131 0002

Date In: 11/3/21 10:21	Job description	Date & Time Completed	Done by
Ref No MA/INC 2109 2695 1h4	SAS e-filing		
Veh No YL 8826 Y	E-mail (within 2hrs, A/C 2hrs)		
DDA 26/12/21 13:55	I-Motor Claim Form	MT/1122821 001	11/3/21 18:42
OD: (P) 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/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Toll: () Fax: ()

TP Particulars: Vch No: XD 6516 J. 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 repolier.

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

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

Comments: (INC 160111 6700 40160)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Location: ()

Weather: ()

Other: ()

Remarks: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

NA201856

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessor's Comments:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Item	Amount	Total
1) AR: Accident Reporting (\$30)		30
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$40/\$43	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For a claim against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NJ: Post Repair Inspection	\$23	
*NI: DV / Collect Excess Coordination	\$3	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: 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	01/03/2021 10:21 (SGT)
Date of Accident	26/02/2021 13:55 (SGT)
Exact Location of Accident	Tanah Merah Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL8826Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARIES MOTOR LEASING
Company Reg No	5XXXX998A
Email Address	tobytnngis@gmail.com
Mobile Phone No	(Phone) +65-97839483
Alternative Phone No	+65-97839483

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE83BEOSRDEA
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109575318-01
Cover Note Number	-

DRIVER

Name of Driver	SINGARAM PALANIMURUGAN
Work Permit No	GXXXX297W
Date Of Birth	08/07/1993
Occupation	Outdoor

Date Of Driving Pass	07/08/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90896853
Alt. Phone Number	-
Email Address	tobytngis@gmail.com
Address	2 YISHUN IND ST 1 #04-28
Address complement	-
Postcode	768159
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	LOH PENG SAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210226/2140

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	XD6516J
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	SINGARAM PALANIMURUGAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	YL8826Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOH PENG SAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	YL8826Y
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 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.

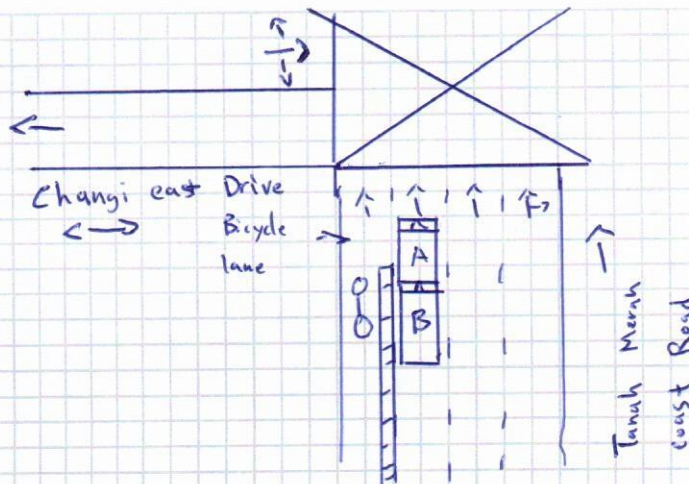
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: YL8826Y
Veh B: XD6516J

Describe Circumstances of the Accident

Refer to police report T/20210226/2140

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



SINGAPORE POLICE FORCE



T/20210226/2140

1 of 3

Report No. T/20210226/2140

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 22:19	Vide Report No.:	Station Diary No.: 122
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Informant's Particulars

Name of Informant: SINGARAM PALANIMURUGAN		Address: 2 YISHUN INDUSTRIAL STREET 1 #04-28 NORTH POINT BIZHUB SINGAPORE 768159	
ID Type / ID No.: FIN NO / G2046297W		Contact No.: Home/Office:	Mobile: 90896853
Nationality: INDIAN		Email:	
Sex: Male	Age: 27	Date of Birth: 08/07/1993	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2021 13:55	Type of Location: T-Junction
Location: TANAH MERAH COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
XD6516J	Lorry	MAN	TGS 26.360 6X4 BB	Orange		0
YL8826Y	Lorry	MITSUBISHI	FE83BEOSR DEA	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210226/2140

2 of 3

Report No T/20210226/2140

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Brief Details.

- 1) On 26 February 2021 at about 1355hrs, I was driving a vehicle with the registration number (YL8826Y) with a passenger at the T- Junction of Tanah Merah Coast Road towards Changi East Drive on the 3rd lane from the right on a 4 lane road.
- 2) My vehicle was stationary at the T-Junction while waiting for the Traffic Light. After a few seconds, I felt an impact from the back.
- 3) I checked on the accident and found out that there was another lorry driver with the registration number (XD6516J) had knocked onto the back of my vehicle and he claimed that it was due to brakes failure.
- 4) The passenger and I had went to the Clinic and was given 3 days of medical certificate.
- 5) I checked on my vehicle and found out that the back of my vehicle was dented in.

Lorry Driver : XD6516J

* G8062168Q / Sanydurai Krishnamoorthy / 8797 8321



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20210225/2146

3 of 3

Report No. T/20210225/2146

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

L/

Sgt 1 GAN WEI LEONG, ALASTAIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/02/2021 22:19

Officer In Charge Of Case:
TP / AEIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Classification Of Case

Authentication Stamp
NP168



Signature

Singapore Police Force



SINGARAM PALANIMURUGAN
QUALICO CONSTRUCTION PTE LTD
10 ANSON ROAD
#05-16 INTERNATIONAL PLAZA
SINGAPORE 079903

Card Registration Completed
Please show your employer this letter if all documents have been uploaded correctly. We will deliver the card to the authorised recipients in 4 to 5 working days. We will also notify them via SMS the day before delivery.

035582088181220

For Immigration Use (To clear by FIN)
G2046297W

03 FEB 2021

01 Feb 2021

Please make an appointment for card registration

Dear SINGARAM PALANIMURUGAN

We have received a request to issue your Work Permit on 01 Feb 2021. Please make an appointment at <https://services.mom.gov.sg/appointment> to visit our MOM Services Centre - Hall C by **08 Feb 2021** for the card registration.

Bring this letter, your original travel document and appointment letter along for the appointment. On that day, we will capture your fingerprints, take your photograph and register you for a SingPass account. We will deliver your card to the authorised recipient(s) 4 to 5 working days after we have registered your card and verified the documents submitted online.

We will SMS the authorised recipient(s) at least 1 working day before the delivery.

This notification letter allows you to work and stay in Singapore until you get your card. This letter is valid from 01 Feb 2021 to 03 Mar 2021.

Yours sincerely



Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME
SINGARAM PALANIMURUGAN
FIN
G2046297W
WORK PERMIT NO.
0 35582088
DATE OF APPLICATION
18 Dec 2020
DATE OF ISSUE
01 FEB 2021
WORK PERMIT EXPIRY DATE
01 Oct 2021
DATE OF BIRTH
08 Jul 1993
SEX
MALE
NATIONALITY/CITIZENSHIP
INDIAN
PLACE / STATE / PROVINCE OF BIRTH
TAMIL NADU
TRAVEL DOCUMENT NO.
J3605344
TRAVEL DOCUMENT EXPIRY DATE
01 Nov 2021
YOUR EMPLOYER'S NAME
QUALICO CONSTRUCTION PTE LTD
SECTOR
CONSTRUCTION
OCCUPATION
CONSTRUCTION WORKER-CUM-DRIVER

▲ IMPORTANT

- If you do not visit the MOM Services Centre - Hall C for the card registration, your Work Permit may be revoked.
- Please keep this notification letter with you until you get your card. If you need to leave or enter Singapore, please show this letter to the immigration officer.

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

26/02/2021 09:02

Vehicle No.(For Motor)

YL8826Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109575318-01	5109575318-01-000001	ARIES MOTOR LEASING	53321998A	GFM	Comprehensive	YL8826Y	YL8826Y	14/05/2020	13/05/2021

Continue

Shan Hu
Picture my folder

Date of Accident : 26/02/2021 Accident Time: 1355 (24-HR-Format)
Accident Place : Junction of Tanah Merah Coast Road & Changi East Drive
Vehicle No. (Car Plate No.) : YL8826Y Make/Model: Mitsubishi Fuso
Insurance Company : NTUC Policy No: 5109575318-01-00001
Owner or Company Name / IC No. : Aries Motor leasing
Owner or Company Contact No. : 9783 9483 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Singaram Palanimurugan (G2046297W)
DRIVER'S Date Of Birth : 08 Jul 1993 DRIVER'S License Pass Date 07 Aug 2013
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : North point bizhub Yohun #04-28 768159
DRIVER'S Contact No./ Alt No. : 1) 90896853 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Toby Tay is @gmail.com
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): 02
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>XD 6516 J</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

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

Loh Peng San (M)