

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

810921800005

Date In: 13/03/2021 14:20	Job description	Date & Time Completed	Done by:
Ref No: NA/C1121003328/14	SAS e-filing		
Veh No: GBB 5791S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/03/2021 06:45	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBB 33228	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: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	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	Actions

NA2101920	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

at 1:	
at 2 / 3:	

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 13/03/2021 14:20 (SGT)
Date of Accident 13/03/2021 06:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS BEFORE BKE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5191S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NEW SEASON CONTRACTORS PTE. LTD.
Company Reg No 2XXXXX230Z
Email Address nsc3738@gmail.com
Mobile Phone No (Phone) +65-84268021
Alternative Phone No +65-87920292

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? Yes
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00078572000
Cover Note Number -

DRIVER

Name of Driver ARUMUGAM ANBUPANDI
Passport No/FIN GXXXX132K
Date Of Birth 20/07/1994
Occupation Outdoor

Date Of Driving Pass	16/01/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87920292
Alt. Phone Number	-
Email Address	nsc3738@gmail.com
Address	478A MAC PERSON ROAD
Address complement	-
Postcode	368192
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	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
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

PLEASE REFER TO SKETCH PLAN

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	GBB3322S
Vehicle Manufacturer	Mitsubishi
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)	-

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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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

PIE TOWARDS JUALS BEFORE BKE EXIT



(A) GBR 5191S

(B) GBB 3322S

Describe Circumstances of the Accident

ON 13.03.2021 AROUND 06:45 AM

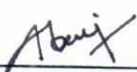
I DRIVE LORRY GBIC 5191S ON PIE TOWARDS TUAS
BEFORE BICE EXIT IN FRONT OF MY LORRY, ONE
LORRY NUMBER GBB 3322S TAKES BRAKE suddenly
and I am not to stop my vehicle due
to wet road surface and hits on his Lorry.

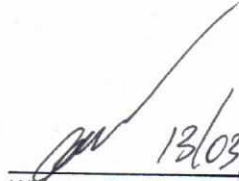
Declaration

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


13/03/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 03 / 2021) (DD/MM/YYYY), TIME: (06 : 45) (HH:MM)

LOCATION: P1E TOWARDS TUALS BEFORE BICE EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 5191 S
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMCVSNW00078572000
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA DYNA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: NEW SEASON CONTRACTORS PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ROC-2010222302 CONTACT: 84268021
 c) ADDRESS: 478A, MALPHERSON ROAD SINGAPORE 368192

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ARUMUGAM ANBUPANDI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2567132K CONTACT: 87920292
 c) ADDRESS: 478A, MALPHERSON ROAD, SINGAPORE 368192

* d) DATE OF BIRTH: (20 / 07 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 16/01/2020
 f) YEARS OF DRIVING EXPERIENCE: 1 year 2 months

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8B 3322 S MODEL: MIT. SUBISHI
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

WORKER (M)

* No of passenger
 (Including driver)
 (5)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = nsc3738@gmail.com

Fax = +65 6935 2977

VIDEO =

ORIGINAL

THE SCHEDULE

Agency : AN0676A Class of Policy : Motor Commercial Vehicle Policy No. : DMCVSNW00078572000
 Account : AN0676A Issued on : 28/08/2020 in SINGAPORE
 Client : 3222506 Acceptance Date : 25/08/2020

Period of Insurance : 28/08/2020 to 27/08/2021 , both dates inclusive

Insured's Name : NEW SEASON CONTRACTORS PTE. LTD.

Address : 478A MACPHERSON ROAD
 Singapore 368192

Business/Occupation : OTHERS

Premium	:	Basic Annual Premium	:	S\$1,928.03
		Windscreen @ \$2,000.-	:	S\$ 100.00
		Total Annual Premium	:	S\$2,028.03
		Less Disc.	:	S\$0.00-
		Premium Due	:	S\$2,028.03
		Premium GST	:	S\$141.96
		Total Due	:	S\$2,169.99

Risk No.1	Motor Commercial Vehicle		
Make/Model	: Toyota DYNA 150 5MT	Registration	: GBK5191S
Body Type	: Lorry With Canopy	Engine No.	: 1KDB041042
Chassis No.	: JTFAT35Y10K215345	Tonnage	: 1.71
Certificate Ref.	: MZ300/C	Year of Manuf/Regn	: 2020/2020
Type of Cover	: Comprehensive		
Financial Interest	: MAYBANK SINGAPORE LIMITED AS HP OWNER		

Sum Insured:Market value at the time of loss

Excess Sect I . : S\$350.00

EX ON WINDSCREEN . : S\$100.00

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I or II or both if the vehicle has been modified without prior notice/declaration to the Company.

Subject otherwise to the terms, exceptions and conditions of the Policy.

Continued on page 2