

NATIONAL Assessment Centre Services. (wef 1 Jan'05) SN 09214F0004

Date In: 15/4/21 14:10	Job description	Date & Time Completed	Done by
Ref No: NA/CIT 21004767/h4	SAS e-filing		
Veh No: GBE 7180G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/4/21 18:40	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: GBE 795P	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%; R: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac 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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	15/04/2021 14:10 (SGT)
Date of Accident	13/04/2021 18:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7180G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MERGER PTE LTD
Company Reg No	2XXXXXX423N
Email Address	AIKEN@MERGERBUILDS.COM
Mobile Phone No	(Phone) +65-67858638
Alternative Phone No	+65-67858638

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500
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
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00087282000
Cover Note Number	-

DRIVER

Name of Driver	SUBRAMANIYAN VENKATESAN
Work Permit No	GXXXX933K

Date Of Birth	10/02/1986
Occupation	Outdoor
Date Of Driving Pass	04/01/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97853690
Alt. Phone Number	-
Email Address	AIKEN@MERGERBUILDS.COM
Address	201E TAMPINES ST 23 #04-94
Address complement	-
Postcode	527201
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210415/2047

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	GBE795P
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	SUBRAMANIYAN VENKATESAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBG7180G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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**.
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:

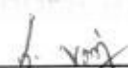
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

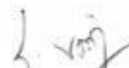
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

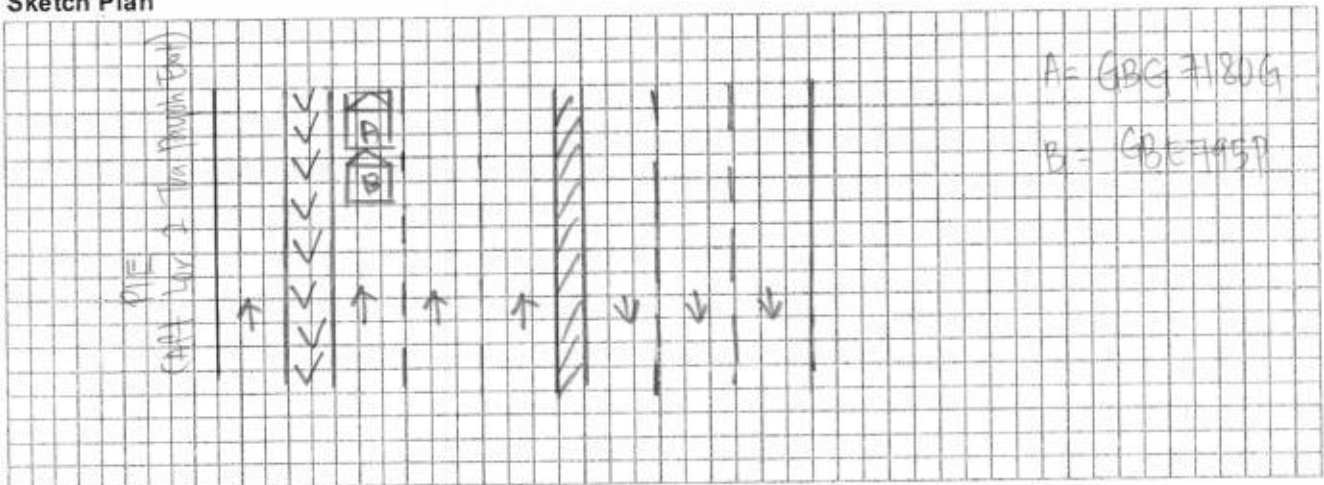
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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

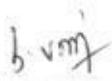
On 13/4/2021, I was travelling along AE towards Changi.

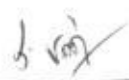
As there was heavy traffic, vehicle in front of me has slowed down and stopped. Thus I slowed down my vehicle and keep a safe distance with the vehicle in front of me. Suddenly, I felt an impact on my rear and realised that vehicle B has collided on my vehicle.


As a result, my car sustained damages on the rear portion.

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/20210415/2047

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210415/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2021 12:43	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: SUBRAMANIYAN VENKATESAN			Address: APT BLK 182 WOODLANDS INDUSTRIAL PARK 5 #03-21 SINGAPORE 757513		
ID Type / ID No.: FIN NO / G7924933K			Contact No.: Home/Office: Mobile: 97853690		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 10/02/1986	Type of Informant: Driver		
Race: Hindustani			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2021 18:40	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBE795P	Lorry	TOYOTA	DYNA 3.0 M	White		0
GBG7180G	Lorry	KIA	K2500 6MT	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210415/2047

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210415/2047

CONTINUATION OF REPORT

Driver			
Name	SUBRAMANIYAN VENKATESAN	ID No.	G7924933K
Related Vehicle	GBG7180G (Lorry)	Contact No.	97853690
Hospital/Clinic	KL TAY CLINIC & SUGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/04/2021	Date Discharge	14/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the 13/04/2021 at about 1840hrs, I was driving vehicle GBG7180G along PIE towards Changi, after Lor 2 Toa Payoh on the left most lane. As there was heavy traffic vehicle and the road surface was damp (due to rain earlier), a vehicle in front of me had slowed down and stopped. Hence, I slowed down my vehicle and kept a safe distance with it. Suddenly, I felt an impact on the rear and I discovered that vehicle GBE795P had collided onto the rear of my vehicle. We got down to make a check and no one required any immediate medical assistance. We decided to go for our insurance claim, I did not asked for his particulars and left the scene. On the 14/04/2021, I felt some pain on the back of my neck and back area and went to seek medical attention at KL Tay Clinic & Surgery was given a total of 3 days MC. Thus, I am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20210415/2047

3 of 3

Report No. T/20210415/2047

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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:

G /
Sgt 3 KOH WEN RUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/04/2021 12:43

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

Motor Commercial

MZ300/C

N SN

AN0573A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00087282000

Engine No.: D4CBH235412

Cha. No.:KNCSJX76LH7165908

1. Index Mark and Registration
Number of Vehicle

GBG7180G

AUTOSAFE
=====

2. Name of Policy Holder

MERGER PTE LTD

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

12/10/2020

Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11/10/2021

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: PRIVILEGE CAPITAL PTE LTD
Authorised Officer

Authorised Signatory

VEHICLE NO: GBG7180G		MAKE & MODEL: Kia K250i		AUTO / MANUAL	
DATE OF ACCIDENT		13 / 04 / 2021		*C.C.	
TIME OF ACCIDENT		6.40 AM / PM			
LOCATION OF ACCIDENT		Along PIE (Apt Lor 2 Toa Payoh Exit)			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		Manger Pte Ltd Email: aiken. @mangerbuilds.com			
TELP NO		Manger (Aiken)		Mobile: 96219578 Office: 67858638 Home:	
NRIC		201501423N			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY		YES / NO ?			
INSURANCE CO.		China Taping Insurance (Singapore) Pte Ltd			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		DMCVSNW00087282000			
NAME OF DRIVER		AS ABOVE / IF NO. Subramaniam Venkatesan			
NRIC		(FIN) G7924933X			
DATE OF BIRTH		10 / 02 / 1986			
ANY PASSENGER		YES / NO :			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		04 / 01 / 2019			
GENDER		Male / Female			
CONTACT NO.		Mobile: 97853690		Office: Home:	
EMAIL		Aiken. @mangerbuilds.com			
ADDRESS		201E Tampines St 23, #04-94 Singapore 527201			
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?			
CONTACT NO.					
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?			
VEHICLE B NO.		GBE795P		Any Passenger: 5	
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			

free.sion.autodrive@gmail.com.