

# NATIONAL Assessment Centre Services

Date In: 02/06/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/6A221006336/13	E-mail (Within 5 hrs. A/C 2hrs):		
Veh No: GBG370SU	i-Motor Claim Form		
D.O.A: 01/06/21 1745	i-Motor W/O (Within: OD 2hrs; TP 4hrs)		
OD: (P) Reporting Only	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: GV9119J	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

NA2103061	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) NI: 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 (Non 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	02/06/2021 14:07 (SGT)
Date of Accident	01/06/2021 17:25 (SGT)
Exact Location of Accident	883A Woodlands Street 82, Singapore 731883
Additional Location Information	MSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3705U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SHIN KHAI CONSTRUCTION PTE LTD
Company Reg No	2XXXXX471K
Email Address	PAT@SHINKHAI.COM
Mobile Phone No	(Phone) +65-87543132
Alternative Phone No	+65-87543132

### 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
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MOMVC000007992-01-000
Cover Note Number	-

### DRIVER

Name of Driver	CHINNATHAMBI KRISHNARAJ
Passport No/FIN	GXXXX745Q

Date Of Birth	07/05/1985
Occupation	Outdoor
Date Of Driving Pass	17/06/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-83005019
Alt. Phone Number	-
Email Address	SUESH26@GMAIL.COM
Address	BLK 744 BEDOK RESERVOIR RD
Address complement	#01-3027
Postcode	470744
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

PLS REFER TO THE POLICE REPORT:T/20210601/2088

#### 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	GV9119J
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)	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

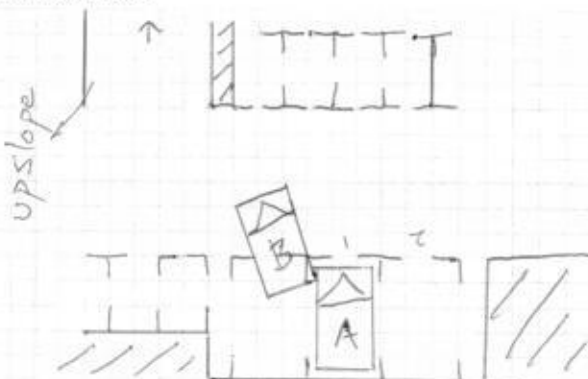


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



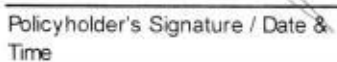
Block 883A Woodlands St. 82 MSCP.  
(Deck (A)). Lot No. 1

A: GBG 370 SU

B: GV 9119 J

As per police report:  
Report No: T/20210601/2088

We declare the foregoing particulars are true in every respect.



Signature (If driver is not the owner)

sym 02/06/21



**SINGAPORE  
POLICE FORCE**



T/20210601/2088

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

1 of 3

Report No: T/20210601/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/06/2021 20:28	Vide Report No.: L/20210601/0102	Station Diary No.: 55
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**Informant's Particulars**

Name of Informant: CHINNATHAMBI KRISHNARAJ			Address: APT BLK 744 BEDOK RESERVOIR ROAD #01-3027 SINGAPORE 470744		
ID Type / ID No.: FIN NO / G7873745Q			Contact No.: Home/Office: Mobile: 83005019		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 07/05/1985	Type of Informant: Vehicle Owner		
Race: Indian			Language:	Institution / School Name:	
Occupation: SITE SUPERVISOR			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/06/2021 17:25	Type of Location: MULTI-STORY CARPARK
Location:  WOODLANDS STREET 82				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3705U	Lorry	TOYOTA	DYNA 3.0 MANUAL	Blue	Seriously Damaged	0
GV9119J	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver		0





**SINGAPORE  
POLICE FORCE**



T/20210601/2088

Police Station Of Origin:

Edmos NPP

82 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No. 1800-4438999

2 of 3

Report No. T/20210601/2088

CONTINUATION OF REPORT

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Vehicle Owner**

Name	CHINNATHAMBI KRISHNARAJ	ID No.	G7873745Q
Related Vehicle	GBG3705U (Lorry)	Contact No.	83005019
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 01/06/2021, I was working at the said location doing some building upgrade and had park a lorry belonging to my company (GBG3705U) at the MSCP of Blk 883A Woodlands St 82, Deck 1A. Lot number 1. Suddenly I was informed by my colleague that the lorry which I drove was hit by a lorry (GV9119J) and subsequently drove off to the upper deck of the MSCP. I also noticed that the barrier which was located at the entrance of the MSCP was broken which I was informed that the same lorry had hit onto it.

There was a passerby at the said location which he then called for the police. Police and ambulance at scene and the driver of the lorry (GV9119J) was conveyed by the ambulance. I was given a case card and was advised to lodge a report. I wish to state there is a CCTV at the entrance of the said MSCP. I wish to further state that my colleague and I are not injured.





**SINGAPORE  
POLICE FORCE**



T/20210601/2088

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 3

Report No: T/20210601/2088

**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 1 NORISHAM BIN KAMIZAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/06/2021 20:28

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168

VEHICLE NO:	GBG3705U		MAKE & MODEL:	Toyota Dyna.		AUTO / MANUAL
DATE OF ACCIDENT:	01/06/2021		CC:	3.0		
TIME OF ACCIDENT:	17:25 HRS					
LOCATION OF ACCIDENT:	Block 883A Woodlands St. 82 MSCP.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Shin Khai Construction Pte Ltd					
TEL NO:	H/P: 87543132		OFFICE:	HOME:		
NRIC:	200722471K					
ADDRESS:	243 Kaki Bukit Ave 1 Shun Li Industrial Park					
EMAIL:	Pat@shinkhai.com S(416056)					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	Great American.					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	MOMVC 000007992-01-000					
NAME OF DRIVER:	AS ABOVE / IF NO: Chinnathambi Krishnaraj					
NRIC:	G78737450		ANY PASSENGER:	No		
DATE OF BIRTH:	07/05/1985		LICENCE PASSED DATE:	17/06/2009		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 83005019		OFFICE:	HOME:		
ADDRESS:	81K 744 Bedok Reservoir Road #01-3027 S(470744)					
EMAIL:	suesh26@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Employee.					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	-					
NAME & CONTACT:	-					
POLICE REPORT:	NO / IF YES, WHERE? Eunus NPP					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	GV9119J		ANY PASSENGERS: -			
NAME OF DRIVER:	-		CONTACT NO: -			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	-		WITNESS CONTACT: -			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Front & Front Left portion.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO						
WORKSHOP PARTICULAR:	N-S1 Automotive.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Leland.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC00298 GST REG. NO.: M90370081T  
3 TEMASEK AVENUE, #15-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

**Policy Details**

Certificate Number	: MOMVC000007992-01-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Shin Khai Construction Pte Ltd	Chassis Number	: KDY2318026981
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 1KD2654916
Hire Purchase	: N/A	Registration Number	: GBG3705U
Period of Insurance	: From 11/08/2020 (00:00) To 10/08/2021 (23:59) (Both Dates Inclusive)		

**Persons or Classes of Persons entitled to Drive**

a) 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 or so has been Vehicle 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

**Limitations as to Use**

a) Use in connection with Policyholder's business

b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

a) Use for Hire and Reward

b) Use for racing, pace making, reliability trial or speed testing

\* 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

Excess (Section 1) : SGD 650.00

Excess (Section 2) : N/A

Windscreen Excess : SGD 100.00

Additional Excess : Please refer overleaf

**Driver Details**

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : Inso Insurance Agency

Date of Issue : 07/07/2020

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**

Authorised Signatory

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