

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

800921770005

Date In: 07/02/2021 17:21	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP 21007437/4	SAS e-filing		
Veh No: GRV 8748 m	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/06/2021 11:30	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: 87 7644D	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 repaler.

() 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

NA2103289	Invoice Preparation Checklist:	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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:-		
	ON*		
	*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 (N11 INC) against INC \$20		
	9) N12: Idao 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 07/07/2021 17:21 (SGT)
Date of Accident 27/06/2021 17:30 (SGT)
Exact Location of Accident Jurong West Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG8748M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner A&R ELECTRICAL & INSTRUMENTATION PTE. LTD.
Company Reg No 2XXXXX715R
Email Address admin@areipteltd.com.sg
Mobile Phone No (Phone) +65-97380245
Alternative Phone No (Office) +65-66843920

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 2953

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V06864/VCV/R00
Cover Note Number -

DRIVER

Name of Driver GOVINDARAJAN SHANTHAKUMAR
Passport No/FIN GXXXX110Q

Date Of Birth	27/10/1983
Occupation	Outdoor
Date Of Driving Pass	23/04/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87757662
Alt. Phone Number	-
Email Address	admin@areipteltd.com.sg
Address	5 SOON LEE STREET #05-41
Address complement	-
Postcode	627607
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210629/2016

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	SH7644D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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

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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' 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

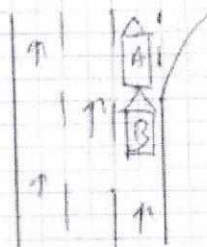
Sketch Plan

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

Jurong West Avenue 5

Witnessed by Reporting Centre Personnel

07/07/2021



A) GR 8748M

B) SH 7644D

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210629/2016

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



07/07/2021

Witnessed by Reporting Centre
Personnel

Date of Accident : 27/6/2021 Accident Time: 1730pm (24-HR-Format)
Accident Place : GER RUI SHOPPING MALL RD
Vehicle No. (Car Plate No.) : 666-8748M Make/Model: NISSAN CALDERA
Insurance Company : LIBERTY Policy No: SD21ND6364/NOV/2020
Owner or Company Name / IC No. : A R R ELECTRICAL & INSTRUMENTATION PTE LTD
Owner or Company Contact No. : 6624 3720 Owner's Hp 9938 0245 Company Tel 2013 7115R
DRIVER'S Name / IC No. : GOVINDARAJAN SHANTHAKUMAR
DRIVER'S Date Of Birth : 27/11/1983 DRIVER'S License Pass Date 23/04/14
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: ?
DRIVER'S Address : 5 SION LEE STREET, #05-41, PRIMA CENT
DRIVER'S Contact No./ Alt No. : 1) 8775 7662 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : arrr@arrip.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): 1
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): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>84 7644 D</u>	Vehicle No: _____
Vehicle Make/Model: <u>TOYOTA PRIMA</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

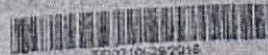
07/07/21 - Rasli

NRV



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649318
Tel No: 1800-2689999



T/20210629/2018

1 of 3

Report No. T/20210629/2018

Google Maps Gek Poh Sheng Ct

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/08/2021 10:55

Vide Report No.

Station Diary No.:
29

Informant's Particulars

Name of Informant: GOVINDARAJAN SHANTHAKUMAR	Address: 35 TUAS ROAD SINGAPORE 638496
ID Type / ID No.: FIN NO / G77611100	Contact No.: Home/Office: Mobile: 87757662
Nationality: INDIAN	Email:
Sex: Male	Age: 37
Date of Birth: 27/10/1983	Type of Informant: Driver
Race: Indian	Language: English
Occupation: DRIVER	Institution / School Name:
Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others:	Drink Drive: No	Date/Time of Accident: 27/06/2021 17:30	Type of Location: Straight Road
Location: JURONG WEST AVENUE 5			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	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
GBG8748M	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	No Damage	0
SH7644D	Car	TOYOTA		Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C.
790 Corporation Road SINGAPORE 646818
Tel No: 1800-2669999



T1202106292018

3 of 3
Report No: T1202106292018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOVINDARAJAN SHANTHAKUMAR	ID No.	G7761110Q
Related Vehicle	GBG8748M (Lorry)	Contact No.	87757662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SH7644D (Car)	Contact No.	91595947
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 27/06/2021 at about 1730hrs, I was driving my company vehicle V1/GBG8748M along Jurong West Ave 5. I had stopped V1 on the 2nd lane (outside Gek Poh Shopping Centre) to alight my workers. Before I moved off, I signalled my intention to move turn into the right lane (1st lane) as there was another lorry parked in front of V1.

I then moved V1 into the 1st lane. In midst of doing so, I heard a sound and felt a jerk coming from the rear of V1. I alighted and discovered V2/SH7644D had collided into V1's rear. V2 was driving on the 1st lane where he wanted to move into the right turn lane ahead.

V1 did not sustain any damages. V2 had sustained minor scratches to the front left bumper area which was slightly dislodged. No one was injured, no government property damaged. I was advised by my company to lodge a Traffic Accident Report for insurance claims. V1 is not installed with an in-car camera.

FILE CLEANING CHECKLIST-6186 87484



**SINGAPORE
POLICE FORCE**



T20210626018

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649618
Tel No. 1800-2588999

Report No. T20210626018

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 65474935 stating the report number as reference.

Signature Of Officer Recording The Report
J/
Sgt 3 THOMAS JOSEPH THONG WAI MAN

Signature Of Informant:

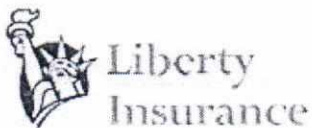
Signature Of Interpreter:
Not applicable

Date/Time
23/06/2021 10:55

Officer In Charge Of Case
TP / GIA /
SI TAN JECK LENG
Contact No. 85476164

Classification Of Case:

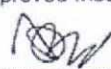
Authentication Stamp
Singapore Police Force



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
Tel: (65) 6221 8611
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (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

Certificate No	SD21V06864 /VCV /R00
Form	MZ300A
Date Of Issue	03-MAY-2021
1.Index Mark and Registration No. of Vehicle:	GBG8748M
2.Chassis number of Vehicle:	JN1SC2F24Z0860574
3.Name of Policyholder:	A&R ELECTRICAL & INSTRUMENTATION PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	27-MAY-2021 00:00 AM
5.Date of Expiry of Insurance:	26-MAY-2022 23:59 PM
6.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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover:	
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 Authorised Signature	
For information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Additional Accessories - Hood / Canopy - Sum Insured \$2000/-
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section 1 S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	VPLANNER LIMITED LIABILITY PARTNERSHIP

CSMT/CSMT/03-MAY-21

S1_CL_T1_T3_OE_Template2-Ver1.

03-MAY-21