

NATIONAL Assessment Centre Services

Date In: 31/08/11	Job description	Date & Time Completed	Done by
Ref No: NA/KIP21009141/3	SAS e-filing		
Veh No: GBL7853P	E-mail (within 8hrs, MP: 2hrs)		
D.O.A: 28/07/11 0645	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: GBL30089	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

NA2103831	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / TP Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:	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	31/08/2021 16:15 (SGT)
Date of Accident	28/07/2021 06:45 (SGT)
Exact Location of Accident	2 Tampines Pl, Singapore 528821
Additional Location Information	TAMPINES ROAD OUTSIDE TAMPINES DORMITORY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7853P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LY ENVIRONMENTAL SERVICES PTE LTD
Company Reg No	1XXXXX237K
Email Address	thangabalu101@gmail.com
Mobile Phone No	(Phone) +65-94857115
Alternative Phone No	+65-94857115

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V01308/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	KITTU THANGABALU
Passport No/FIN	GXXXX842R

Date Of Birth	15/05/1994
Occupation	Outdoor
Date Of Driving Pass	03/03/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81155317
Alt. Phone Number	-
Email Address	thangabalu101@gmail.com
Address	516 OLD CHOA CHU KANG RD
Address complement	#07-166 SUNGAI TGH LODGE
Postcode	698907
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 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	GBL3008Y
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.
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

TAMPINES ROAD
OUTSIDE DORMITORY ENTRANCE

A - GBD7853P

B - GBL3008Y



Describe Circumstances of the Accident

Pls refer to the police report: T/20210812/2080

Declaration

We declare the foregoing particulars are true in every respect.


[Signature] 31/8/21
Policyholder's Signature / Date &
Time

[Signature] 31/8/21
Driver's Signature (if driver is not the policyholder) / Date
& Time

[Signature] 31/08/21
Witnessed by Reporting Centre
Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0928V0006 Vehicle Registration No: 4B07853P
Name (as shown in NRIC): KITIA THANGABALU NRIC/FIN/Passport No: GXXXX842R
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 516 OLD CCK RD #07-166 SUNGEI TGH LODGE Singapore (698907)
Contact (Tel): _____ Mobile No.: 81155317
Email Address: _____
Date of Accident: 28/08/21 Time of Accident: 06:45
Place of Accident: 2 TAMPINET PLACE
Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND MONTH OF ACCIDENT: 28/07/21

Policyholder / Driver's Signature
Date:

Alynn 31/08/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



**SINGAPORE
POLICE FORCE**



T/20210812/2080

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210812/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2021 18:36	Vide Report No.:	Station Diary No.: 104
--	------------------	---------------------------

Informant's Particulars

Name of Informant: KITTU THANGABALU	Address: 516 OLD CHOACHU KANG ROAD #07-166 SUNGEI TENGAH LODGE SINGAPORE 698907		
ID Type / ID No.: FIN NO / G3866842R	Contact No.: Home/Office: 81155317		Mobile:
Nationality: INDIAN	Email:		
Sex: Male	Age: 27	Date of Birth: 15/05/1994	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: ASSISTANT SUPERVISOR	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/07/2021 06:45	Type of Location: Straight Road
Location: TAMPINES PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
GBD7853P	Lorry				No Damage	0
GBL3008Y	Van				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210812/2080

2 of 3

Report No. T/20210812/2080

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Name		KITTU THANGABALU	ID No.	G3866842R
Related Vehicle		GBD7853P (Lorry)	Contact No.	81155317
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	

Brief Details.

On 27/07/2021 at around 1940hrs I parked my vehicle at bearing the plate number of GBD7853P along Tampiness road located outside Tampines Dormitory, 2 Tampines PL, Singapore 528821. There was no place for me to park and I parked my lorry there. I parked my vehicle in front of a van bearing the plate number GBL3008Y and left my lorry there.

On 06/08/2021 at 1604hours my company Ly Landscape & Development Pte Ltd informed me about the accident that had happened but did not ask me to make a police report.

On 28/07/2021 at around 0645hrs I went to retrieve my vehicle and drove my vehicle. I made a reverse and did not notice anything happen and I drove off. There was no damage to my lorry and there was no police or ambulance called. No government property was damaged. On 10/08/2021 at around 1421hours I received a call from the traffic police namely Kaleeswari HP:6547 6902 and was told to proceed to the nearest police station to make a police report. I am here to make a police report about this matter.



**SINGAPORE
POLICE FORCE**



T/20210812/2080

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20210812/2080

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:

J /

SC2 ZHAN YUE SHENG, JACKSON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

L. Thambak

Date/Time:

12/08/2021 18:36

Classification Of Case:

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 07 / 21) (DD/MM/YYYY), TIME: (06 : 45) (HH:MM)

LOCATION: JAMPINES PLACE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD7853P
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 94857115
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KITTU THANGABALU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3866862R CONTACT: 81155317
 c) ADDRESS: 516 OLD CHUAN CHU KANG RD
 #107-166 SUNGAI TENGAH LODGE 698907

*d) DATE OF BIRTH: (15 / 05 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/02/21

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: GBL30084 MODEL:
 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:

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = thangabalu101@gmail.com

fax =

video =

27/08/21
 waiting for company stamp
 & the driver



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6226 3360

Certificate of Insurance

THE 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
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No SD21V01308 /VCV /R00
Form MZ300A
Date Of Issue 15-JAN-2021
1. Index Mark and Registration No. of Vehicle: GBD7853P
2. Chassis number of Vehicle: JTFAT35Y30K204458
3. Name of Policyholder: LY ENVIRONMENTAL SERVICES PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act: 08-JAN-2021 15:56 PM
Date of Expiry of Insurance: 07-JAN-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 or 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 - Sum Insured \$2,000)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I: \$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$53000, Windscreen Excess: \$5100
FINANCE COMPANY:	HITACHI CAPITAL ASIA PACIFIC PTE LTD
PRODUCER NAME:	NET LINK COMMERCIAL PTE LTD

SCJC 20210115

Ver.1.260705