

NATIONAL Assessment Centre Services

Ref No: 8208799000

8208799000

Date In: 09/09/2021 16:31	Job description	Date & Time Completed	Done by
Ref No: N/A/C 71210095024	SAS e-thing		
Veh No: GBF 128V	E-mail (by date time, A/G 4hrs)		
U.O.A: 08/09/2021 21/18	I-Motor Claim Form		
	I-Motor W/O (within 60 days, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/VLISP		

(1) TP Reporting Only

TP Insurer:

Preferred Wisp / INC Assessor Wisp / AW:

TP Kind/Category:

Veh No:

SHB 130C

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 ()

() Walk-In Customer: Customer's information strictly Confidential & strictly NO Referral of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: VRS () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo [Repair Cost > \$3,000] ()

Injury:

N/A 2103839

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Additional Insurance (00)	INC (0)
2) DA Damage Assessment (\$100)	\$100
3) TP Following Up	\$120
4) TP Follow-up through Survey	\$30
5) TP Follow-up through Survey (Survey)	\$30
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100) TP Follow-up through Survey (Survey)	\$30

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	09/09/2021 16:31 (SGT)
Date of Accident	08/09/2021 21:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (EXIT JALAN EUNOS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1289Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DOUBLE-TRANS PTE LTD
Company Reg No	1XXXXX888E
Email Address	viknesh@samco.com.sg
Mobile Phone No	(Phone) +65-86123163
Alternative Phone No	+65-91091225

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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00008852101
Cover Note Number	-

DRIVER

Name of Driver	KALIMUTHU RAMANATHAN
Passport No/FIN	FXXXX257T

Date Of Birth	13/05/1975
Occupation	Outdoor
Date Of Driving Pass	27/03/1997
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91091225
Alt. Phone Number	-
Email Address	viknesh@samco.com.sg
Address	BLK 632 BEDOK RESERVOIR ROAD #01-814
Address complement	-
Postcode	470632
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GANAPATHI DEIRAKUMAR
Gender	Male

PASSENGER 2

Name	RAJENDRAN SATHISHKUMAR
Gender	Male

PASSENGER 3

Name	KARUPPIAH CHIDAMPARAM
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 AND ATTACHMENT

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	SHB130C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NGAM CHEOW MENG
NRIC No	SXXXX374F
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	KALIMUTHU RAMANATHAN
Gender	Male
Phone No	(Phone) +65-91091225
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF1289Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RAJENDRAN SATHISHKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF1289Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	GANAPATHI DEIVAKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF1289Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	KARUPPIAH CHIDAMPARAM
Gender	Male
Phone No	-



Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF1289Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

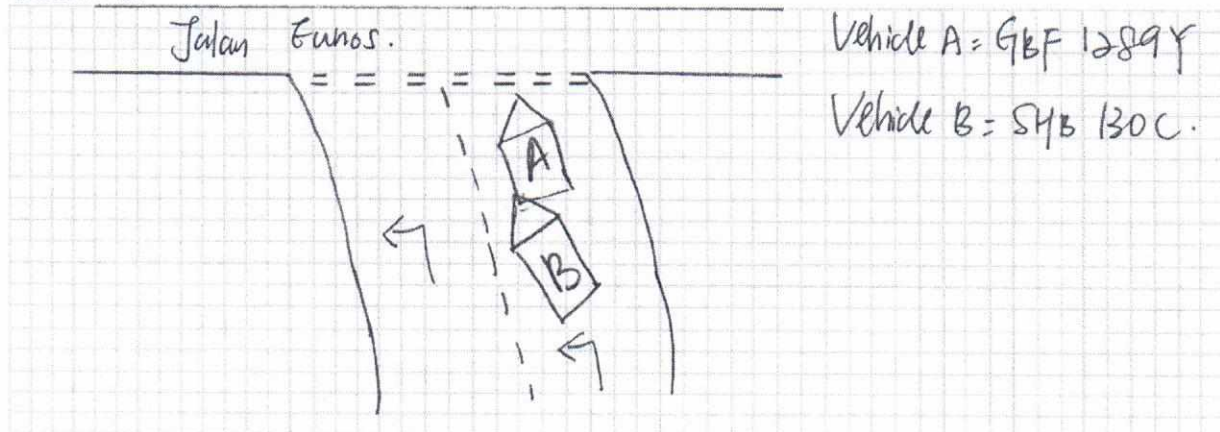


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to the attachment.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

K. Ramana

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

Witnessed by Reporting Centre Personnel

09/09/2021

On 08/09/2021 Wednesday at about 21.15 hrs along PIE towards Changi [Exit Jalan Eunos].

I was stationery in front of the Yellow Box, waiting for traffic to clear. Out of sudden, I felt an impact from behind. Due to the impact, my lorry had been pushed forward.

Before I alighted from my lorry, I check on my co-worker's well-being who were sitting in front of the lorry. During the incident, all of us were wearing seatbelts. When I alighted, I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to rear portion of my vehicle. One of my co-workers were sitting in the cabin too during the accident occurred.

TP were call and Ambulance paramedic were on site to assist on the accident Claim. The female passenger in Vehicle B was being treated by Paramedic on site. The TP IO – Mr. Ismail 6547 61085 gave me a card with card mentioned: - G/20100908/0221.

After the incident, all of us were feeling neck pain, lower back pain and headaches resulting from the Collision. My managers will be bringing us down for medical treatment.

Passenger detail: -

- 1) RAJENDRAN SA THISHKUMAR [WORK PERMIT NO: 0 36435380]
FRT PASSENGER
- 2) GANAPATHI DEIVAKUMAR [WORK PERMIT NO: 0 33165196]
FRT PASSENGER
- 3) KARUPPIAH CHIDAMPARAM [FIN NO: G 8475972X]
REAR CABIN PASSENGER

Vehicle A : GBF 1289Y

Vehicle B : SHB 130C

am 09/09/2021

K. Ramana

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 08/09/2021 (dd/mm/yy) Time of Accident: 21:15 (24-HR-FORMAT)
Vehicle No.: GBF1289Y Vehicle Make & Model / Engine (cc): TOYOTA DYNA 150 Manual Private Hire: (Y/N)
Exact location of Accident: PTE tuds Chungi (Exit Jin Euns)
Policyholder's Name / IC No.: DOUBLE - TRANS PTE LTD ROC/UEN (Company) 199001888E
Driver's Name / IC No.: Kalimuthu Ramanathan (F7990857T) (As Above) ☐
Driver's Contact No.: 91091225 Company Contact No / Owner Contact No: 86123163
Driver's Address: Blk 632 Bedok Reservoir Road # 01-814 (S) 470632
Owner Email address: viknesh@samco.com.sg Insurance Company: CHINA TAIPING
Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 04

*Passenger Name: Ganapathi Deivakumar

Gender: Male / Female x ()

*Passenger Name: Rajendran Sathishkumar

Gender: Male / Female x ()

Karuppiyah Chidamparam

Male

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver & 3 passengers

Injuries Sustain: _____ Injured Person in Which Vehicle: GBF1289Y

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: NETAM CHEOW MENA (S1661374F) Vehicle No: SHB130C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376

Motor Commercial

MZ300/C

R SN

BR0057A

Cov. Type: C

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 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNA00008852101

Engine No.: 1KD2579515

Cha. No.: JTFAT35YX0K205767

1. Index Mark and Registration
Number of Vehicle

GBF1289Y

2. Name of Policy Holder

DOUBLE-TRANS PTE LTD

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

01/01/2021
(00:00:00)

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

4. Date of Expiry of Insurance

31/12/2021

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.

HIRE PURCHASE CO.; MITSUBISHI UFJ LEASE (SINGAPORE) PTE LTD

* 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: Tan Jia Hwei
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com