

NATIONAL Assessment Centre Services

Date In: 20/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/C7121009795/13	SAS e-filing		
Veh No: GBK9695D	E-mail (within 2hrs. XP: 2hrs)		
P.O.A: 18/09/21 1740	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: GBF7681H	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

NA9104007	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	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		
	5) i-T: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idue DA + SMRT Survey \$160		
	8) NTUC Additional Services		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idue 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	20/09/2021 17:09 (SGT)
Date of Accident	18/09/2021 17:40 (SGT)
Exact Location of Accident	Simei Ave, Singapore
Additional Location Information	TOWARDS TAMPINES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9695D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE LTD
Company Reg No	2XXXXX814Z
Email Address	general@cce.com.sg
Mobile Phone No	(Phone) +65-97292996
Alternative Phone No	+65-97292996

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NHR87
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	1898

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00006152100
Cover Note Number	-

DRIVER

Name of Driver	MUTHUNAIDU SATHISH
Passport No/FIN	GXXXX201Q

Date Of Birth	30/04/1983
Occupation	Outdoor
Date Of Driving Pass	27/03/2009
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97292996
Alt. Phone Number	-
Email Address	general@cce.com.sg
Address	BLK 76 LORONG LIMAU
Address complement	#04-11
Postcode	320076
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Bedok Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002419999
Alt. Police Station Phone No	(Fax) +65-64431687
Police Station Address	Blk 15 Bedok South Road #01-117 Singapore 460015
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	GBF7681H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU9896T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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.

M-P

Policyholder's Signature / Date & Time



M-P

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

2/10/21

Witnessed by Reporting Centre Personnel

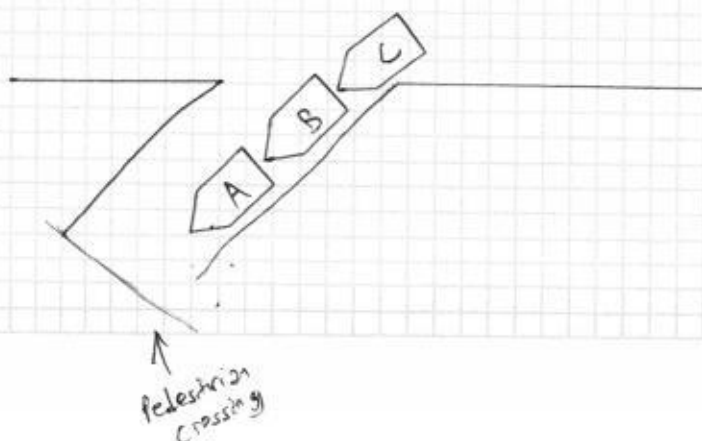
Sketch Plan

SIMEI AVE TOWARDS TAMPINES

A: GBK 9695D

B: GBF 7681H

C: SJU 9896T





**SINGAPORE
POLICE FORCE**



T/20210918/2085

1 of 3

Report No. T/20210918/2085

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2021 19:18	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: MUTHUNaidu SATHISH		Address: APT BLK 76 LORONG LIMAU #04-11 SINGAPORE 320076	
ID Type / ID No.: FIN NO / G7480201Q		Contact No.: Home/Office: Mobile: 97292996	
Nationality: INDIAN		Email:	
Sex: Male	Age: 38	Date of Birth: 30/04/1983	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: SITE ENGINEER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/09/2021 17:40	Type of Location: Straight Road
Location: SIMEI AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7681H	Van				Seriously Damaged	0
GBK9695D	Lorry				Slightly Damaged	0
SJU9896T	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE

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Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999



T/20210918/2085

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Report No. T/20210918/2085

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company			
GBK9695D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	MCV202100008CN	08/01/2021	07/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUTHUNAIDU SATHISH	ID No.	G7480201Q
Related Vehicle	GBK9695D (Lorry)	Contact No.	97292996
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 18/09/2021 at around 1740hrs, I was driving my lorry along Simei Ave towards Tampines. At the junction near to Changi General Hospital, I wanted to turn left to enter PIE (Tuas). There was a big vehicle in front of me. The big vehicle stopped as there is a zebra crossing at the entrance of the slip road to PIE. I stopped my lorry behind the vehicle.

The van behind my lorry managed to stop. A car behind the van did not manage to stop in time and knocked onto the rear of the van. The van moved forward and knocked onto the rear of my lorry. I did not knock the vehicle in front of my lorry.

I asked for the particulars of the van and car driver but both of them refused to give to me. I only took down their vehicle numbers. Ambulance came to scene and conveyed both van and car driver to Changi General Hospital. I am not injured. Police did not come to the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No. 1800-2419999



T/20210918-2085

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Report No. T/20210918/2085

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/

Sr Staff Sgt AHMAD RIDZWAN
BIN MD YAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/09/2021 19:18

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Reporting Draft

VEHICLE NO: GBK9695D

MODEL: ISUZU ~~NHR87~~

AUTO MANUAL

DATE OF ACCIDENT	18/9/2021	C.C: 1,898
TIME OF ACCIDENT	1740	HRS AM/PM
LOCATION OF ACCIDENT	SIMEI AVE TOWARDS TAMPINES	
EXACT PURPOSE USE DURING ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	CHAN & CHAN ENGINEERING PTE LTD	
CONTACT NO.	97292996	EMAIL: GENERAL@CCE.COM.SG
NRIC	200407814Z	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : MUTHUNAIDU SATHISH	
NRIC	G7480201Q	ANY PASSENGER: 0
DATE OF BIRTH	30/4/1983	
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS	27/3/2009	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	97292996	EMAIL: GENERAL@CCE.COM.SG
ADDRESS	25 MANDAI ESTATE #03-02 INNOVATION PLACE S(729930)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY	
ANY INJURIES	<u>NO</u> / IF YES:	
CONTACT NO.		
POLICE REPORT	NO / IF <u>YES</u>	NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) NO / <u>YES</u>
VEHICLE B NO.	GBF7681H	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	SJU9896T	ANY PASSENGER:
VEHICLE D NO.		ANY PASSENGER:
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?		
	NO / YES	

Motor Commercial

MZ300/C

N SN

AN0101A

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, 1950 (Malaysia)

CERTIFICATE No.

DMCVSNW0006152100

Engine No. RZ4E119G78

Cha. No. JAANHR87EL7100115

1. Index Mark and Registration
Number of Vehicle

GBK9895D

2. Name of Policy Holder

CHAN & CHAN ENGINEERING PTE LTD

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

25-01-2021
(00 00 00)

Excess Sect I SS500.00

EX ON WINDSCREEN SS100.00

4. Date of Expiry of Insurance

25-01-2022

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. : HONG LEONG FINANCE 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

ITRUST PTE LTD
212 HOUGANG ST21
#02-349

SINGAPORE 530212
TEL : 6-686 0883 FAX : 6236 0295
EMAIL : itrust@singnet.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

(Signed By)

Lim Lee Choo
Authorised Officer