

**NATIONAL Assessment Centre Services** *210829M0003*

Date In: *28/09/2021 16:00* Job description: *SAS e-thing* Date & Time Completed: *22/09/2021 08:30* Done by: *[Signature]*

Ref No: *NB11119210099394* E-mail: *[blank]*

Veh No: *SLK 926K* I-Motor Claim Form

U.O.A: *22/09/2021 08:30* I-Motor W/O (Vehicle: OO Slice, TP (hrs))

TP Reporting Only I-Photo Uploaded

TP Insurer: Assessment/Survey Report

App'l Report by *Box/Hand to Owner/Visit*

Preferred Wksp / INC Availn Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Mandatory: ( ) Veh No: *SMT 56974* INC ( ) / Non-INC ( )

Owner/Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): NI 0-20%; PI 21-79%; P+ 80-100%]

Year of Registration: ( ) Warranty: YRS ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

Walk-In Customer / Customer's information strictly confidential & strictly NO refer of repair

Total Loss Case / to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) / Invoice: YRS ( ) / NO ( ) / Towage Cost ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

( )

( )

*NA2103966*

Driver/Owner:	1) All Accident Insurance (OO)	
Contract No:	2) DA Damage Allowance (\$100)	INC F10
Damaged Part(s):	3) PT Following Up	\$120
	4) PT Follow through Survey	\$30
	5) PT Follow through Survey (Resurvey)	\$30
	6) PT Follow through Survey (Resurvey) (Car/Insurance claim) NO ONLY (Ver 10/11/10)	\$73
	7) PT Follow through Survey	\$160
	8) PT UC Additional Services	
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QC Checked by (Engin-Chief): *[Signature]*

Invoice dated: *[blank]*

Invoice dated: *[blank]*

# 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	22/09/2021 16:00 (SGT)
Date of Accident	22/09/2021 08:30 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8261K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAYALAGU SENTHILVEL
NRIC No	SXXXX305C
Email Address	allanlimcc75@gmail.com
Mobile Phone No	(Phone) +65-90282434
Alternative Phone No	+65-90282434

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00013242100
Cover Note Number	-

### DRIVER

Name of Driver	MAYALAGU SENTHILVEL
NRIC No	SXXXX305C

Date Of Birth .....	26/10/1976
Occupation .....	Indoor
Date Of Driving Pass .....	21/12/2002
Driving experience .....	18 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90282434
Alt. Phone Number .....	+65-90282434
Email Address .....	allanlimcc75@gmail.com
Address .....	BLK 16 TELOK BLANGAH CRESCENT #04-320
Address complement .....	-
Postcode .....	090016
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	9
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) .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210922/7011

#### 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 .....	SMT5697Y
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLJ7850Y  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SH9175C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number ..... SMA2857Y  
 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) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	SMF7382R
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number .....	SMZ1441M
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number .....	SKP3737Z
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number .....	SH7686H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

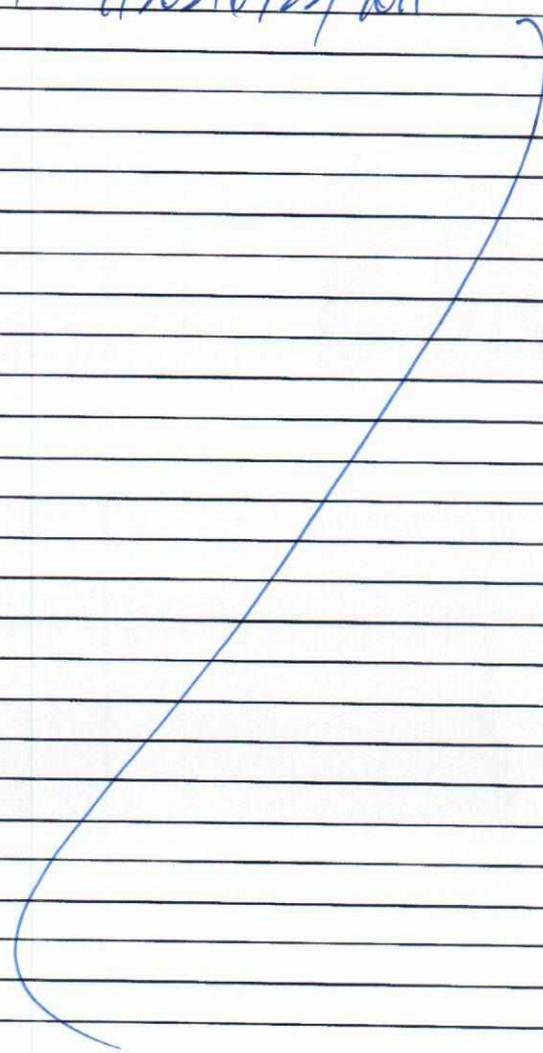
Name of injured person	MAYALAGU SENTHILVEL
Gender	Male
Phone No	(Phone) +65-90282434
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK8261K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**Describe Circumstances of the Accident**

I was driving on BCP towards Changi on lane 2. VEHICLE IN FRONT SUDDENLY STOP. I ALSO STOP MY VEHICLE TO A STATIONARY POSITION. WHILE STATIONARY I FELT A VERY GREAT IMPACT FROM MY VEHICLE REAR PORTION. THIS IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND HIT ONTO THE FRONT VEHICLE. WHEN I GOT DOWN MY VEHICLE, I REALISED THAT I WAS INVOLVED IN A 9 CAR COLLISION.

POLICE REPORT 7/20210922/7011



**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

  
Witnessed by Reporting Centre Personnel

Date of Accident : 22/9/2021 Accident Time: 08.30 (24-HR-Format)  
 Accident Place : ECP Jorob city changi  
 Vehicle No. (Car Plate No.) : SLK 8261K Make/Model: Mazda 2  
 Insurance Company : China Taiping Policy No: DMPCENW00013242100  
 Owner or Company Name / IC No. : Mayalagu Senthilvel 57663305C  
 Owner or Company Contact No. : — Owner's Hp 9028 2434 Company Tel  
 DRIVER'S Name / IC No. : As above  
 DRIVER'S Date Of Birth : 26/10/1976 DRIVER'S License Pass Date 21 Dec 2002  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : 81K Telok Blangah Crescent #04-320 (090016)  
 DRIVER'S Contact No./ Alt No. : 1) 9028 2434 2) —  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : allanlimcc75@gmail.com  
 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): Mayalagu Senthilvel

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SMT 5697 Y (Vehicle B) <sup>ntuc</sup></u>	Vehicle No: <u>SLJ 7850 Y (veh c)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Vehicle D: SH 9175C  
 Vehicle E: SMA 2857Y  
 Vehicle F: SMF 7382R  
 Vehicle G: SMZ 1441M  
 Vehicle H: SKP 3737Z  
 Vehicle T: PLI 7686H





**SINGAPORE  
POLICE FORCE**



T/20210922/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20210922/7011

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK8261K	Car	MAZDA	2	Brown	Seriously Damaged	0
SMA2857Y	Car					0
SMF7382R	Car					0
SMT5697Y	Car					0
SMZ1441M	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK8261K		Dmpcsnw00013242 100	26/01/2021	25/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MAYALAGU SENTHILVEL	ID No.	S7663305C
Related Vehicle	SLK8261K (Car)	Contact No.	90282434
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving on ECP towards Changi on lane 2. Vehs in front suddenly stop. I also stop my vehicle to a stationary position. While stationary, I felt a very great impact from my vehicle rear portion. This impact caused my veh to surged forward and hit onto the front veh. When I got down my vehicle, I realised that I was involved in a 9 car collision.



**SINGAPORE  
POLICE FORCE**



T/20210922/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210922/7011

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476178

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
22/09/2021 12:37

Classification Of Case:

Motor Private Car

MX1F

N SN

AN0008A

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	DMPCSNW00013242100	Engine No.: P520366273 Cha. No.:JM6DJ2HAA01100943
1. Index Mark and Registration Number of Vehicle	SLK8261K	AUTOSAFE *****
2. Name of Policy Holder	MAYALAGU SENTHILVEL	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/01/2021 (00:00:00)	Named Drivers Ex Sect. I    S\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25    S\$3,000.00 Ex Sect. I - Age >= 26    S\$500.00 * Age as at date of accident EX ON WINDSCREEN .    S\$100.00
4. Date of Expiry of Insurance	25/01/2022	
5. Persons or Classes of Persons entitled to drive* (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his permission.		
<p>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.</p>		
6. Limitations as to use:	<p>Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>	
<p>HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED * 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.</p>		

**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



Issued By: \_\_\_\_\_  
ALPINE FINANCIAL PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

\_\_\_\_\_  
Authorised Signatory

**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: SM08219M0003 Vehicle Registration No: SK8261K

Name (as shown in NRIC): MAYALAKU SATHIVAL NRIC/FIN/Passport No: SXXXX305C

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 90282434

Email Address: \_\_\_\_\_

Date of Accident: 22/09/2021 Time of Accident: 08:30

Place of Accident: ECP TOWARDS CHANGI

Insurance Company: CHINA TOWER

**(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:

DATE OF ACCIDENT TO 22/09/2021

Policyholder / Driver's Signature  
Date:

[Signature] 22/09/2021  
Reporting Centre Personnel's Signature  
Name: