

# NATIONAL Assessment Centre Services

Date In: 08/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/C7221010369/13	SAS e-filing		
Veh No: QBJ80485	E-mail (w/dia, 8am - 4P, 2hrs)		
DOA: 07/10/21 0730	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within 4P 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: QBR4079H	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Title:
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

NA2104157		<b>Invoice Preparation Checklist</b>		Amnt (\$)	Amnt (\$)
				1st Bill	Add Bill
<b>Claimant's Particulars :-</b>		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			
QC Checked by (Engr-In-Charge):		5) i-T: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD*			
		*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 (Non INC) against INC \$20			
		9) N12: Idac 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	08/10/2021 11:08 (SGT)
Date of Accident	07/10/2021 07:30 (SGT)
Exact Location of Accident	Woodlands Ave 9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8048J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEAM KS BUILDER PTE LTD
Company Reg No	2XXXXX025D
Email Address	admin@teamksbuilder.com
Mobile Phone No	(Phone) +65-82429699
Alternative Phone No	+65-82429699

#### 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	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00088752100
Cover Note Number	-

#### DRIVER

Name of Driver	SEBASTHIRAJ ANDREW ONICS ALWIN
Passport No/FIN	GXXXX720U

Date Of Birth	04/05/1995
Occupation	Outdoor
Date Of Driving Pass	27/02/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93234061
Alt. Phone Number	-
Email Address	admin@teamksbuilder.com
Address	45 WOODLANDS IND PARK E2
Address complement	-
Postcode	757469
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	Side Swipe
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MIA JALIL
Gender	Male

#### PASSENGER 2

Name	JWYEL
Gender	Male

#### PASSENGER 3

Name	RAMASAMY
Gender	Male

#### PASSENGER 4

Name	KANNAN MANIKANDAN
Gender	Male

#### PASSENGER 5

Name	PRAVIN ARUL
Gender	Male

#### PASSENGER 6

Name	JAYARAMAN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999

Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICCE REPORT:T/20211007/2025

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	GBK4099H
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)	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person	RAMASAMY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ8048J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

# 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' law yers/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 investigation(s) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Gh.s.

2/ym 08/10/11

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLANDS AVES

WOODLANDS AVES

↑

↑

↑

GAMBAS AVE

A - GBG 804 PJ  
B - GBK 4099H



Describe circumstances of the incident

PLEASE REFER TO POLICE REPORT. T/2021/007/2025

Declaration

I/We declare the foregoing particulars are true in every respect.



Gh.s.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20211007/2025

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

1 of 3

Report No. T/20211007/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/10/2021 13:05		Vide Report No.: L/20211007/0033		Station Diary No.: 118	
<b>Informant's Particulars</b>					
Name of Informant: SEBASTHIRAJ ANDREW ONICS ALWIN			Address: C/O 45 WOODLANDS INDUSTRIAL PARK E2 SINGAPORE		
ID Type / ID No.: FIN NO / G8623720U			Contact No.: Home/Office: Mobile: 93534061		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 04/05/1995	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2021 07:30	Type of Location: X-Junction
Location:  WOODLANDS AVENUE 9				
Lamp Post Number: 2/1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8048J	Lorry				Seriously Damaged	6
GBK4099H	Lorry				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211007/2025

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

2 of 3

Report No. T/20211007/2025

**CONTINUATION OF REPORT**

**Brief Details.**

On 07/10/2021 at about 0720hrs, I was driving the company lorry V1) GBJ8048J together with 6 other workers, along Woodlands Ave 9 towards Woodlands Ave 10. I was driving on the center lane of the 3-lane road. Moments later, I was approaching a cross junction of Woodlands Ave 9 and Gambas Avenue. The traffic light was green to my favor and I turn into the pocket. Subsequently, the green arrow appear to my favor, I check the oncoming traffic and it was clear, thus I continue turning right into Gambas Avenue. Suddenly, I felt an impact coming from my rear. I then stopped my vehicle and got down only to realize another lorry V2) GBK4099H had collided onto the rear left of my vehicle. One of my workers who sat at the rear of the lorry complained pain on his left arm.

My lorry V1, sustain damages on its left rear side while the other lorry, V2 sustain a broken left mirror, broken left passenger window and damages on its front left side.

Traffic Police and Ambulance was at scene, one of the worker who complained of pain was conveyed to Khoo Teck Puat Hospital as he suffered lacerations on his left arm.

I do not have any in-vehicle camera in my lorry but there is a camera at the vicinity of the traffic junction and also an in-vehicle camera in the other lorry.





SINGAPORE  
POLICE FORCE



T/20211007/2025

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

3 of 3

Report No. T/20211007/2025

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

L /

Sgt 3 MOHAMED FAEZ BIN  
MOHAMED SAHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NG BEIFENG

Contact No.: 65476845

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/10/2021 13:05

Classification Of Case:



VEHICLE NO: <u>J 0</u> <u>GBK 8491</u>		MAKE & MODEL <u>TOYOTA DYNA</u>	
DATE OF ACCIDENT		<u>07 / 10 / 21</u>	
TIME OF ACCIDENT		<u>0730</u> AM / PM	
LOCATION OF ACCIDENT		<u>WOODLAND AVE 9.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT		<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER		<u>TEAM KS BUILDER PTZ LTD.</u>	
EMAIL: <u>ADMIN@TEAMKSBuilder.com</u>		Office:	MOBILE: <u>82429699</u>
NRIC		<u>201711025D.</u>	
CLAIM TYPE		<u>OD</u> / THIRD PARTY / <u>REPORTING ONLY</u>	
FLEET POLICY		<u>YES</u> / <u>NO</u> ?	
INSURANCE CO.		<u>CIN TRADING</u>	
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.		<u>DMCVSNW00088752100</u>	
NAME OF DRIVER		<u>AS ABOVE</u> / IF NO: <u>SEBASTHIAN ANDREW ONICS ALWIN.</u>	
NRIC		<u>G8623720.</u>	
DATE OF BIRTH		<u>09 / 05 / 95.</u>	
ANY PASSENGER		<u>YES</u> / NO: <u>6</u> . (M) <u>MIA JAIL</u> , (M) <u>JWEL</u> , (M) <u>DAMASAMY</u>	
NAME OF PASSENGER		<u>(M) KANNAN MANIKANDAN</u> , (M) <u>PRAVIN ARUL</u> , (M) <u>DHARMAPAN</u>	
GENDER OF PASSENGER		<u>MALE</u> / FEMALE	
OCCUPATION		<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS		<u>27 / 02 / 20</u>	
GENDER		<u>Male</u> / Female	
CONTACT NO.		Mobile: <u>93234661</u>	Office: Home:
EMAIL		<u>"</u>	
ADDRESS		<u>45 WOODLAND INDUSTRIAL PARK E2</u>	
DOES DRIVER HAVE OTHER VEHICLES?		<u>NO</u> / If yes, Reg No: <u>IN11777</u>	
RELATIONSHIP		<u>Employee</u> / If No:	
WEATHER CONDITION		<u>Clear</u> / Raining / Other:	
ROAD SURFACE		<u>Dry</u> / Wet / Other:	
ANY INJURIES		<u>No</u> / If yes, Who? <u>(1) DAMASAMY</u>	
CONTACT NO.			
POLICE REPORT		<u>No</u> / If yes, Where? <u>WOODLANDS WEST NPC.</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?		<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.		<u>GBK 9099H</u> Any Passenger:	
NAME			
CONTACT NO			
VEHICLE C NO		Any Passenger:	
VEHICLE D NO		Any Passenger:	
VEHICLE E NO		Any Passenger:	
VEHICLE F NO		Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO			
WAS THERE ANY VIDEO CAPTURE?		<u>YES</u> / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?		<u>YES</u> / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?		<u>YES</u> / <u>NO</u>	
**WORKSHOP:			
Have you been approach by unknown person soliciting (s) /			



Motor Commercial

MZ300/C

N SN

AN0597A

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.

DMCVSNW00088752100

Engine No.: 1KD2854297

Cha. No.: KDY2318038573

1. Index Mark and Registration  
Number of Vehicle

GBJ8048J

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

TEAM KS BUILDER PTE. LTD.

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

19/08/2021  
(00:00:00)

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

4. Date of Expiry of Insurance

18/08/2022

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.: 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.

**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: ABS INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory