

NATIONAL Assessment Centre Services

| | | | |
|----------------------------|--|------------------------|----------|
| Date In: 18/10/21 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/CTI21010705/103 | E-mail (within Max. 48 hrs): | | |
| Veh No: 48608994 | i-Motor Claim Form | | |
| DOA: 15/10/21 1770 | i-Motor W/O (Within 48 hrs. TP 4hrs) | | |
| (OD) TP Reporting Only | 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: 52073090 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2104253

Invoice Preparation Checklist

Am't (\$)
1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Int 1:

Int 2/3:

- AR: Accident Reporting (\$30)
- DA: Damage Assessment (\$100); INC (\$80)
- TF: Towing Fee \$40/\$45
- FT: Follow-Through Survey \$120
- RT: Follow-Through Survey (Resurvey) \$30
- TR: Re-inspection \$75
- NI: Idnc DA + SMRT Survey \$160
- NTUC Additional Services:-
- OH*
- *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
- N12: Idnc Mobile 10

Invoice dated

Free Charge

Invoice dated

Free Charge

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 | 18/10/2021 17:51 (SGT) |
| Date of Accident | 15/10/2021 17:20 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBE4899Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | Yes |
| Name Of Registered Owner | ISO DELIGHT PTE. LTD. |
| Company Reg No | 2XXXXX960G |
| Email Address | admin@iso-delight.com |
| Mobile Phone No | (Phone) +65-89282127 |
| Alternative Phone No | +65-89282127 |

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? | Yes |
| 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 | DMCVSNW00117102002 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|---------------------|
| Name of Driver | GNANASEKARAN RAMESH |
| Passport No/FIN | GXXXX216M |

| | |
|--|---------------------------|
| Date Of Birth | 10/05/1985 |
| Occupation | Outdoor |
| Date Of Driving Pass | 21/12/2019 |
| Driving experience | 1 YEAR AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89282127 |
| Alt. Phone Number | - |
| Email Address | rameshit85@gmail.com |
| Address | BLK 240 HOUGANG STREET 22 |
| Address complement | #05-37 |
| Postcode | 530240 |
| 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 | Paya Lebar Neighbourhood Police Post |
| Police Station Address | Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211016/2037

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 | SLU7329D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TANG ENG CHUEN |
| NRIC No | SXXXX073B |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-93698336 |
| 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 | SMW3937C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | WANG HONGWEI |
| NRIC No | SXXXX008G |
| Contact Number | (Phone) +65-91138372 |
| 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 willful 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.



G. R. D. / 18-10-21

Shym 18/10/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE

AC 45 4A

A - GBE48499

B - SL47329D

C - SMW3937C

Describe Circumstances of the Accident

Pls refer to the police report: 17/2021/016/2037

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

G. R. D. / 18-10-21
Driver's Signature (If driver is not the policyholder) / Date & Time

Slym 18/10/21
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20211016/2037

1 of 4

Report No. T/20211016/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/10/2021 13:45

Vide Report No.:
E/20211015/0119

Station Diary No.:
22

Informant's Particulars

Name of Informant:
GNANASEKARAN RAMESH

Address:
APT BLK 240 HOUGANG STREET 22 #05-37 SINGAPORE
530240

ID Type / ID No.:
FIN NO / G5220216M

Contact No.:
Home/Office: Mobile: 89282127

Nationality:
INDIAN

Email:

Sex:

Age:
36

Date of Birth:
10/05/1985

Type of Informant:
Driver

Race:
Indian

Language:

Institution / School Name:

Occupation:
Lorry Driver

Driving Licence Information:
Class: 2B,3

Date of Expiry:

General Information of the Accident

| | | | | |
|--|----------------------|-----------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 15/10/2021 17:20 | Type of Location: |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: | Traffic Control: | Traffic Volume: | | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|---------------------|-----------------|
| GBE4899Y | Lorry | | | | Slightly Damaged | 0 |
| SLU7329D | Car | | | | | 1 |
| SMW3937C | Car | | | | | 0 |



SINGAPORE POLICE FORCE

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20211016/2037

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Report No. T/20211016/2037

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | | |
| Driver | | Use of Pedestrian Crossing: NA | |
| Name | GNANASEKARAN RAMESH | ID No. | G5220216M |
| Related Vehicle | GBE4899Y (Lorry) | Contact No. | 89282127 |
| 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 |
| Driver | | | |
| Name | Tang Eng Chuen | ID No. | S7145073B |
| Related Vehicle | SLU7329D (Car) | Contact No. | 9369 8336 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | Wang Hong Wei | ID No. | S8262008G |
| Related Vehicle | SMW3937C (Car) | Contact No. | 91138372 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 15/10/2021 at about 1721hrs, I was driving along CTE in my vehicle, GBE 4899Y and I was alone at the point of time. As I was driving, I needed to exit Braddell road and I checked my left mirrors and it was clear. Before I knew it, I turned back in front and noticed that there was another vehicle, SLU 7329D that suddenly stopped. As I did not have enough time, I cant stop my vehicle and collided onto that vehicle in front.

I then came down and check on the other driver. Soon after, ambulance were called in and the passenger of SLU 7329U was conveyed to the hospital. In addition, this accident also involved another vehicle, SMW



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20211016/2037

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Report No. T/20211016/2037

CONTINUATION OF REPORT

3937 which was the first vehicle in front. I wish to state that other than the passenger, no one else complained of any injuries sustained. My vehicle suffered damages on the front bumper of the lorry.

I am lodging this report for record and insurance purposes.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20211016/2037

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Report No. T/20211016/2037

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
F /
Sgt 2 ONG YU HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/10/2021 13:45

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



Signature:

SN 085

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 15/10/21 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: CTE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9BE48994
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMCVSNW00117102002
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA (M) 3.0
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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: 150 DELIGHT PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GNANASEKARAN RAMESH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G5220216M CONTACT: 89282127
c) ADDRESS: _____

* d) DATE OF BIRTH: 10/05/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/12/2019

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: SLU7329D MODEL: _____
b) DRIVER'S NAME: TAN EN CHUAN
c) NRIC/FIN/PASSPORT: S7145073B CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMW3937C MODEL: _____
e) DRIVER'S NAME: WANG HONGWEI
f) NRIC/FIN/PASSPORT: S8262008G CONTACT: _____

admin@150-delight.com

Email = rameshit85@gmail.com

fax =

video = NO

Motor Commercial

MZ300/C

R SN

AN0650A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00117102002

Engine No.: 1KD2561302

Cha. No.: KDY2318021917

1. Index Mark and Registration
Number of Vehicle

GBE4899Y

2. Name of Policy Holder

ISO DELIGHT PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment21/12/2020
(00:00:00)Excess Sect I . S\$350.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

20/12/2021

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.

* 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: BELL AUTO PTE LTD
Authorised Officer

Authorised Signatory