

# NATIONAL ASSESSMENT Centre Services, **SNIP 215000V**

Date: **08/11/2021** 16:44  
 Ref No: **NBA/C71210/1976/V**  
 Val No: **568K**  
 DOA: **06/11/2021** 11:41

Job description	Date & Time Completed	Done by
SAS e-thing		
E-mail (by email, A19111)		
1-Motor Claim Form		
1-Motor W/O (Within 30 days, TP 4011)		
1-Photo Uploaded		
Assessment Survey Report		
Assessment by Tax/Hand to Owner/Driver		

(1) TP / Reporting Only

TP Insured

Preferred Wksp / NO Assn / Wksp / QW /  
 TP Insured / Val No: **GRB 9191L** NO / Non-NO /  
 Owner / Driver /  
 Policy No / Period / Cover Type /

Continued by / Date /  
 Insured/Driver Liability ( % ) (Note: Est Slows (WO) N10-20% P121-79% P180-100% )  
 Year of Registration /  
 License / Loading \$1,000 / \$2,000 /

( ) Walk-In Customer / Customer Information strictly Confidential & solely NO Ref of report  
 ( ) Total Loss Case / to e-mail Insurer URGENTLY  
 Drive-In / Towed-In / Involves VAS / NO / Towing Cost /

- 1) Apply for Transport Allowance / Courtesy Car /
- 2) QO Check / Post Repair Inspection /
- 3) Upload Recovery Photo (Repair Cost > \$3,000) /

Injury /

Driver/Owner	1) All Additional Work (50%)	
Continued No	2) All Repair Allowance (\$100)	
Continued Portion	3) All Towing Fee	
QC Checked by (Engineer/Chitro)	4) All Towing Fee with Survey	
	5) All Towing Fee with Survey (Recovery)	
	6) All Towing Fee with Survey (Recovery) (with 10% discount)	
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	100) All Towing Fee with Survey	



# 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 ..... 08/11/2021 16:44 (SGT)  
Date of Accident ..... 06/11/2021 11:45 (SGT)  
Exact Location of Accident ..... Woodlands Ave 12, Singapore  
Additional Location Information ..... TOWARDS SLE NEAR LAMP POST 21  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN5618R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AGILE ACCOMM PTE. LTD.  
Company Reg No ..... 2XXXXX293W  
Email Address ..... regineeeee37@gmail.com  
Mobile Phone No ..... (Phone) +65-83814021  
Alternative Phone No ..... (Office) +65-65158923

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00070682102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RANGASAMY GOUNDER SAMYNATHAN  
Passport No/FIN ..... GXXXX071R

Date Of Birth	05/03/1977
Occupation	Outdoor
Date Of Driving Pass	11/08/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83814021
Alt. Phone Number	-
Email Address	regineeeee37@gmail.com
Address	1 TUAS SOUTH STREET 12
Address complement	-
Postcode	636946
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	12
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	DHAR CHANDAN KUMAR
Gender	Male

#### PASSENGER 2

Name	PALANIYAPPAN MURUGESAN
Gender	Male

#### PASSENGER 3

Name	HOSSAIN DILDAR
Gender	Male

#### PASSENGER 4

Name	MALAIRASU KARUPPAIYA
Gender	Male

#### PASSENGER 5

Name	SUTRADHAR SAGOR
Gender	Male

#### PASSENGER 6

Name	BHUIYAN MD SOHEL
Gender	Male

#### PASSENGER 7

Name	HOSSAIN SABUJ
Gender	Male

#### PASSENGER 8

Name	NYI MOE MOE NAING
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Gender .....	Male
PASSENGER 9	
Name .....	MYO ZAW WIN
Gender .....	Male
PASSENGER 10	
Name .....	PORAN SHAH
Gender .....	Male
PASSENGER 11	
Name .....	RAJENDRAN VINOTH
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02
	Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211106/2066

#### 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 .....	GBG9191L
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
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 .....	GBB2205D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
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 .....	RANGASAMY GOUNDER SAMYNATHAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	DHAR CHANDAN KUMAR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	PALANIYAPPAN MURUGESAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 4

Name of injured person .....	HOSSAIN DILDAR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 5

Name of injured person .....	MALAIRASU KARUPPAIYA
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Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 6	
Name of injured person .....	SUTRADHAR SAGOR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 7	
Name of injured person .....	BHUIYAN MD SOHEL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 8	
Name of injured person .....	HOSSAIN SHABUJ
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 9	
Name of injured person .....	NYI MOE MOE NAING
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YN5618R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 10	
Name of injured person .....	MYO ZAW WIN
Gender .....	Male





Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	YN5618R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 11

Name of injured person	PORAN SHAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	YN5618R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 12

Name of injured person	RAJENDRAN VINOTH KUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	YN5618R
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' 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;

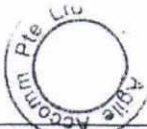
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



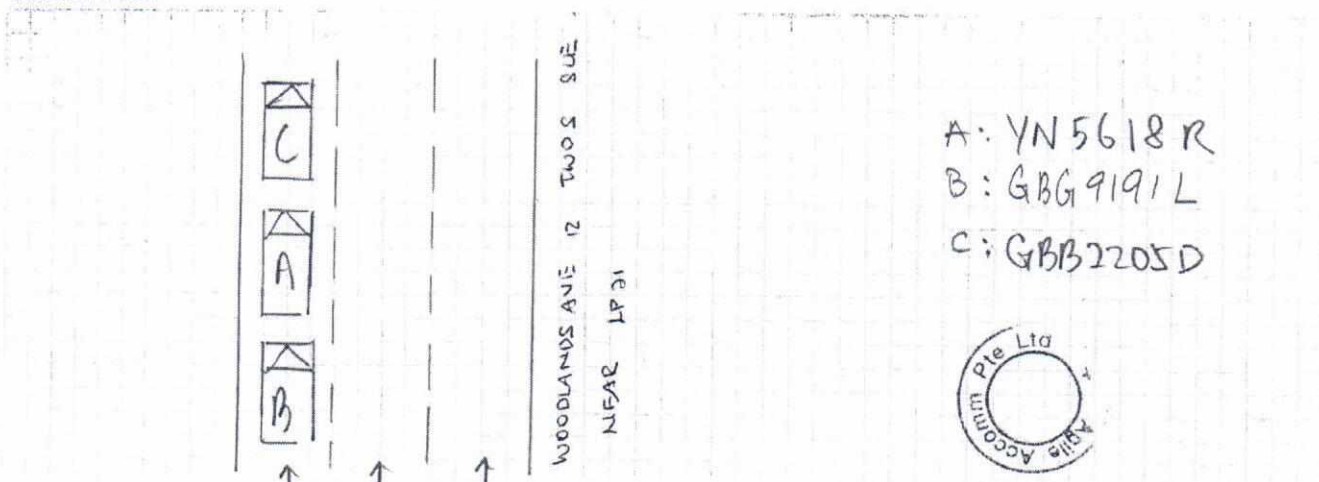
Policyholder's Signature / Date & Time

R. S. S. S. S.

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 POLICE REPORT ATTACHED T/20211106/2066.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

R. Sankar

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

Witnessed by Reporting Centre Personnel



Date of Accident : 6/11/2021 Accident Time: 1145 (24-HR-Format)  
Accident Place : WOODLANDS AVE 12 TWOS SLE NEAR CLP 217  
Vehicle No. (Car Plate No.) : UH 5618R Make/Model: CANTER FEB21ER DEB(CBU)  
Insurance Company : CHINA TAIPING Policy No: DMCV8NW00070682102  
Owner or Company Name /IC No. : AGILE ACCOMM PIE LTD - (200912293W)  
Owner or Company Contact No. : 6515 8923 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : RANGASAMY GOUNDER SAMYNATHAN (A2341071R)  
DRIVER'S Date Of Birth : 0510311977 DRIVER'S License Pass Date 11/08/2020  
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:  
DRIVER'S Address : 1 TVAS SOUTH STREET 12 (S) 636946  
DRIVER'S Contact No./ Alt No. : 1) 83814021 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : REGINEEEEE37@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): 12  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): YES

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

Vehicle. No: (B) ABG 9191L

Vehicle. No: (C) ABG 2265 D

Vehicle Make \Model: TOYOTA DYNA

Vehicle Make \Model: TOYOTA DYNA

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

**\* NEW – Passenger's name & gender:**

REFER POLICE REPORT ATTACHED

ALL MALE , 11 PASSENGERS





**SINGAPORE  
POLICE FORCE**



T/20211106/2066

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 6

Report No. T/20211106/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2021 16:34	Vide Report No.: L/20211106/0110	Station Diary No.: 66
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**Informant's Particulars**

Name of Informant: RANGASAMY GOUNDER SAMYNATHAN			Address: 1 Tuas South Street 12 SINGAPORE 636946		
ID Type / ID No.: FIN NO / G2341071R			Contact No.: Home/Office: Mobile: 83814021		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 05/03/1977	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SHIPYARD WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2021 11:45	Type of Location: X-Junction
Location:  WOODLANDS AVENUE 12  Lamp Post Number: 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBB2205D	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver		0
GBG9191L	Lorry	TOYOTA	DYNA 150 5MT	Silver		1
YN5618R	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	11



**SINGAPORE  
POLICE FORCE**



T/20211106/2066

2 of 6

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20211106/2066

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	PALANIYAPPAN MURUGESAN	ID No.	G2166781T
Related Vehicle	YN5618R (Lorry)	Contact No.	90354975
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
<b>Passenger</b>			
Name	HOSSAIN DILDAR	ID No.	G6735575Q
Related Vehicle	YN5618R (Lorry)	Contact No.	89054248
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
<b>Passenger</b>			
Name	MALAIRASU KARUPPAIYA	ID No.	G8836451T
Related Vehicle	YN5618R (Lorry)	Contact No.	83791679
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





**SINGAPORE  
POLICE FORCE**



T/20211106/2066

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 6

Report No. T/20211106/2066

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	SUTRADHAR SAGOR	ID No.	G8837709K
Related Vehicle	YN5618R (Lorry)	Contact No.	80419440
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
<b>Passenger</b>			
Name	BHUIYAN MD SOHEL	ID No.	G2543355L
Related Vehicle	YN5618R (Lorry)	Contact No.	83014295
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
<b>Driver</b>			
Name	RANGASAMY GOUNDER SAMYNATHAN	ID No.	G2341071R
Related Vehicle	YN5618R (Lorry)	Contact No.	83814021
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/11/2021	Date Discharge	06/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	NYI MOE MOE NAING	ID No.	G6923941U
Related Vehicle	YN5618R (Lorry)	Contact No.	84025159
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



**SINGAPORE  
POLICE FORCE**



T/20211106/2066

4 of 6

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20211106/2066

<b>Passenger</b>			
Name	MYO ZAW WIN	ID No.	G7936733N
Related Vehicle	YN5618R (Lorry)	Contact No.	84322068
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
<b>Passenger</b>			
Name	PORAN SHAH	ID No.	G7902408U
Related Vehicle	YN5618R (Lorry)	Contact No.	96149740
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
<b>Passenger</b>			
Name	RAJENDRAN VINOTH KUMAR	ID No.	G7617660X
Related Vehicle	YN5618R (Lorry)	Contact No.	94673248
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
<b>Passenger</b>			
Name	DHAR CHANDAN KUMAR	ID No.	G7503895Q
Related Vehicle	YN5618R (Lorry)	Contact No.	81169253
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/11/2021	Date Discharge	06/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20211106/2066

6 of 6

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20211106/2066

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

E /

Sgt 1 CHAN JUN JIE

Signature Of Informant:

*R. Sanyal*

Signature Of Interpreter:

Not applicable

Date/Time:

06/11/2021 16:34

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SN.168

Authentication Stamp

NP168



PASSENGER LIST.

Rajendran Vinodh Kumar - G7617660X - 94673248 (14 DAYS HL)  
 Poran Shah - G7902408U - 96149740 (4 DAYS MC).  
 Myo Zaw Win - G7936733N - 84322068 (3 DAYS MC) /

January

/ Nyi Moe Moe Naing - G6923941U - 84025159 (3 DAYS MC)

Hossain <sup>SHABUJ</sup> Sabuj - G2342746Q - 86497441 (3 DAYS MC) /

/ Bhuiyan MD Sehel - G2543355L - 83014295 (3 DAYS MC) /

/ Sutra dhar Sagar - G8837709K - 80419440 (3 DAYS MC) /


/ Mpleisaru Korupaiya - G8836451T - 83791679 (3 DAYS MC) /

/ Hossain Dildar - G6735575 Q - 89054248 (3 DAYS MC) /

/ Palaniyappan Murugesan - G2166781T - 90354975 (3 DAYS MC) /

/ BA DHAR CHANDAN KUMAR - G7503845Q (3 DAYS MC) /

/ (DRIVER) RANGASAMY GOUNDER SAMYNATHAN (3 DAYS).

 08/11/2021



Motor Commercial

MZ300/C

R 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.

DMCVSNW00070682102

Engine No.: 4P10B20074

Cha. No.: FEB21EA00533

1. Index Mark and Registration  
Number of Vehicle

YN5618R

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

AGILE ACCOMM PTE. LTD.

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment31/07/2021  
(00:00:00)Excess Sect I. S\$450.00  
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

30/07/2022

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.

\* 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

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