

Date Recd	15.12	Job Description	Unit & Time Completed	Done by
Ref No	188/02220119474	SAS e-thing		
Job No	82175	1. Initial (by phone, email)		
P.O.A	15/11/2021 11.35	1. Motor Claim Form		
		1. Motor W/O (Winded on the TP form)		
		1. Photo Uploaded		
		Assessment Survey Report		
		Final Report by Max / Hand to Owner / W/ist		

Insured/Driver License(s) (	% (Not-Listed State(s) (WO) NI 0-20% PI 21-79% PI 80-100%)
Year of Registration(s) (	Women (YES ( ) NO ( )
License(s) (\$	License(s) \$1,000 ( ) \$2,000 ( )

( ) Written Description of Customer Information clearly identifiable & clearly NO Referral/ repetition  
( ) Total Loss Date (to e-mail insurer URGENTLY)  
Drive-In ( ) / Towed-In ( ) / Involves YES ( ) / NO ( ) / Towing Cost ( )

1) Apply for Transit Allowance ( ) / Courtesy Car ( )									
2) QO Check / Post Regular Inspection ( )									
3) Upload Recovery Photo (Regular Costs \$8000)	( )								

11/11/11

Sl. No.	Particulars	Amount	Total
1	1) All Golden Waterline (500)	500	500
2	2) DA Waterline (1000)	1000	1500
3	3) T1 Towing	100	1600
4	4) T1 Towing (1000)	1000	2600
5	5) T1 Towing (1000)	1000	3600
6	6) T1 Towing (1000)	1000	4600
7	7) T1 Towing (1000)	1000	5600
8	8) T1 Towing (1000)	1000	6600
9	9) T1 Towing (1000)	1000	7600
10	10) T1 Towing (1000)	1000	8600
11	11) T1 Towing (1000)	1000	9600
12	12) T1 Towing (1000)	1000	10600
13	13) T1 Towing (1000)	1000	11600
14	14) T1 Towing (1000)	1000	12600
15	15) T1 Towing (1000)	1000	13600
16	16) T1 Towing (1000)	1000	14600
17	17) T1 Towing (1000)	1000	15600
18	18) T1 Towing (1000)	1000	16600
19	19) T1 Towing (1000)	1000	17600
20	20) T1 Towing (1000)	1000	18600
21	21) T1 Towing (1000)	1000	19600
22	22) T1 Towing (1000)	1000	20600
23	23) T1 Towing (1000)	1000	21600
24	24) T1 Towing (1000)	1000	22600
25	25) T1 Towing (1000)	1000	23600
26	26) T1 Towing (1000)	1000	24600
27	27) T1 Towing (1000)	1000	25600
28	28) T1 Towing (1000)	1000	26600
29	29) T1 Towing (1000)	1000	27600
30	30) T1 Towing (1000)	1000	28600
31	31) T1 Towing (1000)	1000	29600
32	32) T1 Towing (1000)	1000	30600
33	33) T1 Towing (1000)	1000	31600
34	34) T1 Towing (1000)	1000	32600
35	35) T1 Towing (1000)	1000	33600
36	36) T1 Towing (1000)	1000	34600
37	37) T1 Towing (1000)	1000	35600
38	38) T1 Towing (1000)	1000	36600
39	39) T1 Towing (1000)	1000	37600
40	40) T1 Towing (1000)	1000	38600
41	41) T1 Towing (1000)	1000	39600
42	42) T1 Towing (1000)	1000	40600
43	43) T1 Towing (1000)	1000	41600
44	44) T1 Towing (1000)	1000	42600
45	45) T1 Towing (1000)	1000	43600
46	46) T1 Towing (1000)	1000	44600
47	47) T1 Towing (1000)	1000	45600
48	48) T1 Towing (1000)	1000	46600
49	49) T1 Towing (1000)	1000	47600
50	50) T1 Towing (1000)	1000	48600
51	51) T1 Towing (1000)	1000	49600
52	52) T1 Towing (1000)	1000	50600
53	53) T1 Towing (1000)	1000	51600
54	54) T1 Towing (1000)	1000	52600
55	55) T1 Towing (1000)	1000	53600
56	56) T1 Towing (1000)	1000	54600
57	57) T1 Towing (1000)	1000	55600
58	58) T1 Towing (1000)	1000	56600
59	59) T1 Towing (1000)	1000	57600
60	60) T1 Towing (1000)	1000	58600
61	61) T1 Towing (1000)	1000	59600
62	62) T1 Towing (1000)	1000	60600
63	63) T1 Towing (1000)	1000	61600
64	64) T1 Towing (1000)	1000	62600
65	65) T1 Towing (1000)	1000	63600
66	66) T1 Towing (1000)	1000	64600
67	67) T1 Towing (1000)	1000	65600
68	68) T1 Towing (1000)	1000	66600
69	69) T1 Towing (1000)	1000	67600
70	70) T1 Towing (1000)	1000	68600
71	71) T1 Towing (1000)	1000	69600
72	72) T1 Towing (1000)	1000	70600
73	73) T1 Towing (1000)	1000	71600
74	74) T1 Towing (1000)	1000	72600
75	75) T1 Towing (1000)	1000	73600
76	76) T1 Towing (1000)		



# 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	24/11/2021 15:43 (SGT)
Date of Accident	15/11/2021 11:35 (SGT)
Exact Location of Accident	25 Claymore Rd, Singapore 229543
Additional Location Information	BLK A BASEMENT CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8217J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JS MARINE ENGINEERING PTE LTD
Company Reg No	2XXXXX171Z
Email Address	jsmarine@jsmemail.com
Mobile Phone No	(Phone) +65-90029204
Alternative Phone No	(Office) +65-62500733

## 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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00067642103
Cover Note Number	-

## DRIVER

Name of Driver	THIRUNAVUKARASU MATHIAZHAGAN
Passport No/FIN	GXXXX752T

Date Of Birth	30/05/1997
Occupation	Outdoor
Date Of Driving Pass	20/04/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97792049
Alt. Phone Number	-
Email Address	samy@jsmemail.com
Address	BLK 655B JURONG WEST STREET 61 #03-42
Address complement	-
Postcode	642655
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

* Postcode	-
Insurance Company Name	-
- Nature Of Damage	-
Details of property damaged in accident	BASEMENT CARPARK CEILING
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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

24/11/21

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

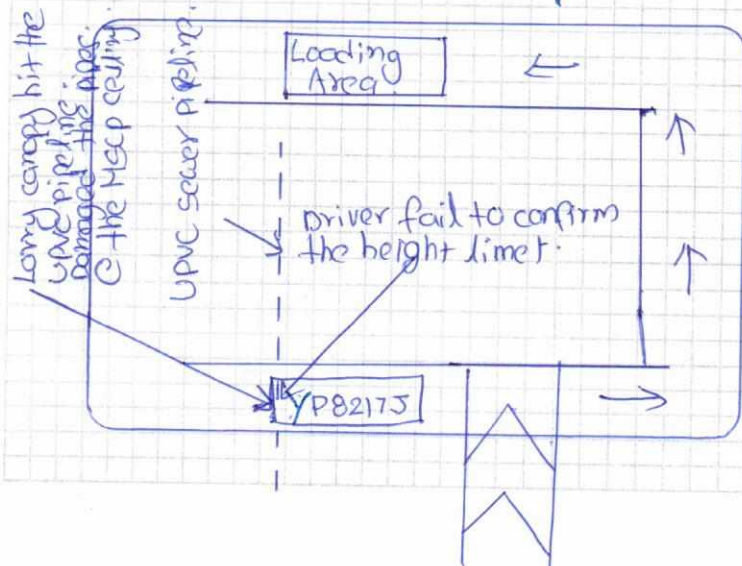
24/11/2021 1330 hrs

Witnessed by Reporting Centre Personnel

24/11/2021

### Sketch Plan

25 CLAYMORE ROAD, THE CLAYMORE RESIDENTIAL COMPLEX



### Describe Circumstances of the Accident

On 15/11/2021, at 11:35 am JS Marine Engineering driver fail to confirm the height limit  
Movers lorry XP0217J damaged UPVC sewer pipes @ Blk A Basement  
carpark of 25 claymore Road, The claymore.

The lorry canopy hit the ceiling upvc sewer pipeline and damaged 05 nos  
of the upvc pipes.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time 14:00 hrs.

Driver's Signature (If driver is not the policyholder) / Date  
& Time 24/11/2021 13 30 hrs

Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 11 / 2021) (DD/MM/YYYY), TIME: (11:35: am) (HH:MM)

LOCATION: @ Blk A Basement carpark of 25 claymore Road, The claymore

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 8217J  
 b) INSURANCE COMPANY: China Taping Insurance (Singapore) Pte Ltd  
 c) POLICY NUMBER: DHCVSALW00067642103  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mitsubishi FEB21 ERASDED with canopy  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: company working shipping Material  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: JS Marine Engineering Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2006191712 CONTACT: HP 90029204 Tel: 6250 0733  
 c) ADDRESS: 7500 Lee Street, #03-42, ISORE / Singapore 627608

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Thirunavukarasu. Mathiyazhagan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G185997521 CONTACT: 97792049  
 c) ADDRESS: Blk 654 # 02-544 Jurong West Street 61  
Singapore 642655

\* d) DATE OF BIRTH: (30 / 05 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20/04/2021

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: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(Including driver)  
(01)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

samy@jsmemail.com  
 Email = jsmarine@jsmemail.com

VIDEO



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0679A

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.

DMCVSNW00067642103

Engine No.: 4P10C78102

Cha. No.: FEB21EA21676

1 Index Mark and Registration  
Number of Vehicle

YP8217J

AUTOSAFE  
\*\*\*\*\*

2 Name of Policy Holder

JS MARINE ENGINEERING PTE LTD

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

28/06/2021  
(00:00:00)

Excess Sect I . S\$550.00  
EX ON WINDSCREEN . S\$100.00

4 Date of Expiry of Insurance

27/06/2022

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 AS HP OWNER

\* 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: ABWIN 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