

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN0921A000B

Date In: 25/10/2021	Job description	Date & Time Completed	Done by
Ref No: NA/TM/21011975/V	SAS e-filing		
Veh No: 6Y7377C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/10/2021 15:30	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 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: WD 4031	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%. P: 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

NA2104423	Invoice Preparation Checklist	Am't (\$) Int. Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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 \$0		
	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 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	25/10/2021 18:02 (SGT)
Date of Accident	24/10/2021 15:30 (SGT)
Exact Location of Accident	29 Kaki Bukit Industrial Terrace, Singapore 416109
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY7377C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A STOP SOLUTION
Company Reg No	-
Email Address	CITIZENPOWER555@GMAIL.COM
Mobile Phone No	(Phone) +65-96908499
Alternative Phone No	+65-96908499

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L300
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	3000

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	21-MR000712-R01
Cover Note Number	-

#### DRIVER

Name of Driver	AROCKIYASAMY AROCKIYARAJ
Work Permit No	GXXXX063P

Date Of Birth	15/06/1981
Occupation	Outdoor
Date Of Driving Pass	25/03/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84344423
Alt. Phone Number	-
Email Address	CITIZENPOWER555@GMAIL.COM
Address	23 DICKSON ROAD #03-309
Address complement	-
Postcode	209507
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	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20211024/2078

#### 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	WD4031
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
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	YP9420G
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	AROCKIYASAMY AROCKIYARAJ
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG
Injured person in which vehicle?	GY7377C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	ABDUL RAHMAN MUTHU MUHAMEDU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD
Injured person in which vehicle?	GY7377C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

VEHICLE NO: 64 7377 C

MAKE &amp; MODEL : MITSUBISHI L300

AUTO / MANUAL

DATE OF ACCIDENT	24 / 10 / 21	*C.C.
TIME OF ACCIDENT	1530	AM / PM
LOCATION OF ACCIDENT	29 IKARI BUKIT INDUSTRIAL TERRACE.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	A STOP SOLUTION.	
EMAIL:	CITI ZENPOWER SSS@GMAIL.COM	Office: / MOBILE: 9690 8499
NRIC	53260071A	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	TK MARINE.	
TYPE OF COVERAGE	Comprehensive / Third Party / <u>Third Party Fire &amp; Theft</u>	
POLICY NO.	21-MR000712 - R01	
NAME OF DRIVER	AS ABOVE / IF NO: AROCKIYASAMY AROCKIYARAJ.	
NRIC	6713063P.	
DATE OF BIRTH	15 / 06 / 81.	
ANY PASSENGER	YES / NO : 1	
NAME OF PASSENGER	ABDUL RAHMAN MUTHU MUHAMEDU.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	25 / 03 / 20.	
GENDER	Male / Female	
CONTACT NO.	Mobile: 84344423 Office: Home:	
EMAIL:		
ADDRESS	23 DICKSON ROAD #03-309 S(209507).	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER: -	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? DRIVER & PASSENGER.	
CONTACT NO.	-	
POLICE REPORT	No / If yes: Where? ROCHOR NPC.	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	WD 4031 Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	YP 9420 G 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?	YES / NO.	
WAS THERE ANY AUDIO RECORDED?	YES / NO.	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO.	
**WORKSHOP:	REVOLUTION AUTOMOTIVE.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO.	



## 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.

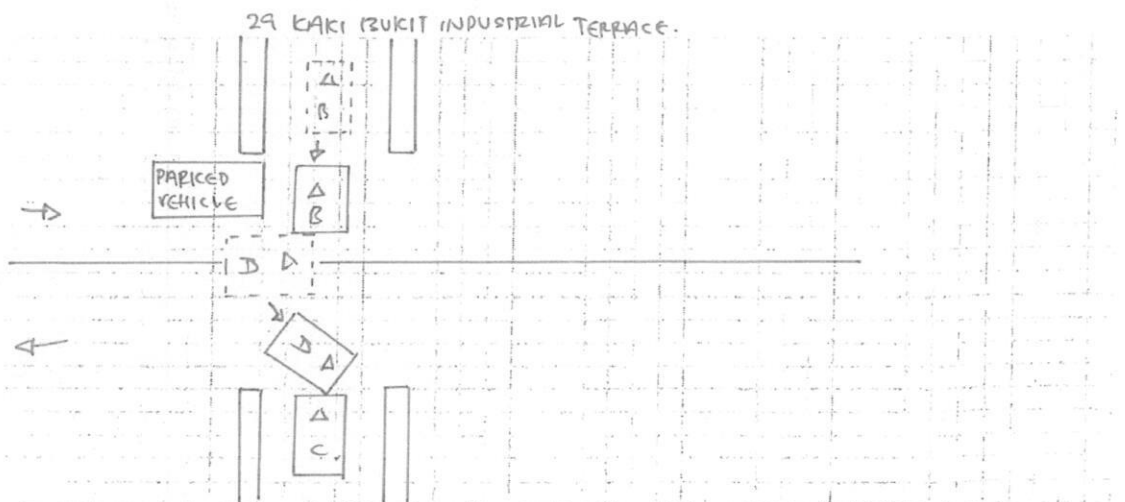
### A STOP SOLUTION

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



PLEASE REFER TO POLICE REPORT.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

And





# SINGAPORE POLICE FORCE



T/20211024/2078

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 4

Report No. T/20211024/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2021 21:42	Vide Report No.:	Station Diary No.: 85
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**Informant's Particulars**

Name of Informant: AROCKIYASAMY AROCKIYARAJ			Address: APT BLK 23 Dickson Road #03-309 SINGAPORE 209507		
ID Type / ID No.: FIN NO / G7131063P			Contact No.: Home/Office: Mobile: 84344423		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 15/06/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: AIRCON INSTALLATION WORKER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2021 15:30	Type of Location: Straight Road
Location:  KAKI BUKIT INDUSTRIAL TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Rear to side Collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY7377C	Van	MITSUBISHI	L300	White	Slightly Damaged	1
WD4031	FORKLIFT					0
YP9420G	Lorry	HINO	XZU710R	White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20211024/2078

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20211024/2078

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	ABDUL RAHMAN MUTHU MUHAMEDU	ID No.	F7992106T
Related Vehicle	GY7377C (Van)	Contact No.	86164727
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	AROCKIYASAMY AROCKIYARAJ	ID No.	G7131063P
Related Vehicle	GY7377C (Van)	Contact No.	84344423
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	LIN SHUI BING	ID No.	G8191028L
Related Vehicle	WD4031 (FORKLIFT)	Contact No.	94882540
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	HASAN MAHABUB	ID No.	G7932548T
Related Vehicle	YP9420G (Lorry)	Contact No.	91030123
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/20211024/2078

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20211024/2078

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/10/2021, at about 1530hrs, I was travelling at a straight road along 29 Kaki Bukit in my van GY7377C. Whilst outside 29 Kaki Bukit Industrial Estate, one forklift (WD4031) suddenly reversed out of the road on my left and collided onto my left front bumper. Due to the impact, my van headed right side and collided onto a parked lorry (YP9420G). I got down the vehicle to assess the situation. Subsequently, I called for police assistance. The three party exchanged particulars and no ambulance attended to us. The police told us to lodge insurance claim individually and left scene. No report number was given to me. I went to Mount Alvernia Hospital with my passenger, as I experience pain in my left ankle and my passenger experienced pain in his forehead. I was given 5 days MC and my passenger was given 3 days MC. No threat or assault took place.

There were dents on the left and right side of my front bumper. The lorry (YP9420G) suffered scratches and dents on his front right bumper.



**SINGAPORE  
POLICE FORCE**



T/20211024/2078

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20211024/2078

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

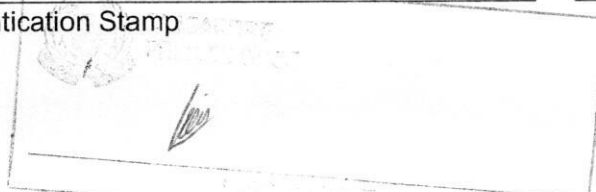
**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report  
A /  
Sgt 2 TJHI TJUNG LIEON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
24/10/2021 21:42

Classification Of Case:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MZ300

**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)**

**Policy No.:** 21-MR000712-R01 (Comm Vehicle Carry Own Goods)

- |   |                 |                                       |
|---|-----------------|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | GY7377C         | <b>Chassis No.:</b> JMAJNP15V6A000222 |
| <b>2. Name of Policyholder</b>  | A STOP SOLUTION |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 05/02/2021      |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 04/02/2022      |                                       |

**5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**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 Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

**Account:** 2009DDA

<b>Insurance Plan:</b>	Third Party, Fire & Theft
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Financial Interest:</b>	LAKE VIEW CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature