

NATIONAL Assessment Centre Services

Date In: 26/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/GAI 22000917/m4	SAS e-filing		
Veh No: YP 5952P	E-mail (within 3hrs, AD 2hrs)		
D.O.A: 25/01/2022 13:50	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: XD 368 J	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

NA 2200266	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	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	26/01/2022 14:17 (SGT)
Date of Accident	25/01/2022 13:50 (SGT)
Exact Location of Accident	Turf Club Ave, Singapore
Additional Location Information	JUNCTION WOODLANDS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5952P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHIN KHAI CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX471K
Email Address	pat@shinkhai.com
Mobile Phone No	(Phone) +65-87543132
Alternative Phone No	+65-87543132

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	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MOMVC000008934-00-000
Cover Note Number	-

DRIVER

Name of Driver	SUBRAMANIAN SUNDARA RAJAN
Passport No/FIN	GXXXX074K

Date Of Birth	03/06/1987
Occupation	Outdoor
Date Of Driving Pass	24/04/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82663970
Alt. Phone Number	-
Email Address	ssr.eee68@gmail.com
Address	27, KAKI BUKIT CRESCENT
Address complement	-
Postcode	416258
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	5
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)	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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD OVERRIDE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD368J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN7686E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PC5934S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 4

Vehicle Registration Number	XD9421D
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



Accident report SN09221Q0003

Name of injured person	SUBRAMANIAN SUNDARA RAJAN
Gender	Male
Phone No	(Phone) +65-82663970
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YP5952P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN 09221 Q 0003 Vehicle Registration No: YP5952P
Name (as shown in NRIC): Subramanian Sundara Rajan NRIC/FIN/Passport No: G 2889074K
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 27, Kaki Bukit Crescent Singapore (416258)
Contact (Tel): _____ Mobile No.: 8266 3970
Email Address: pat@shinkhai.com
Date of Accident: 25/01/2022 Time of Accident: 13:50
Place of Accident: Turf Club Ave junction Woodlands road.
Insurance Company: Great American

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1) Type of policy: Comprehensive

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Renee
NRIC/FIN No.: _____
Date: 27/01/2022

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN 09221@0003 Vehicle Registration No: YP 5952P
Name (as shown in NRIC): Subramanian Sundaram ^{Rajan} NRIC/FIN/Passport No: G2889074K
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 27, Kaki Bukit Crescent Singapore (416258)
Contact (Tel): _____ Mobile No.: 8266 3970
Email Address: _____
Date of Accident: 25/01/2022 Time of Accident: 13:50
Place of Accident: Turf Club Ave junction woodlands road
Insurance Company: Great American

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Add in policy type of coverage: Comprehensive

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Pence
NRIC/FIN No.: _____
Date: 26/01/2022

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.

SHIN KHAI CONSTRUCTION PTE LTD

27 Kaki Bukit Crescent

Singapore 416258

Tel: 6441 8818 Fax: 6441 8819

Policyholder's Signature / Date &
Time

Sketch Plan

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

Witnessed by Reporting Centre
Personnel

26/01/2022

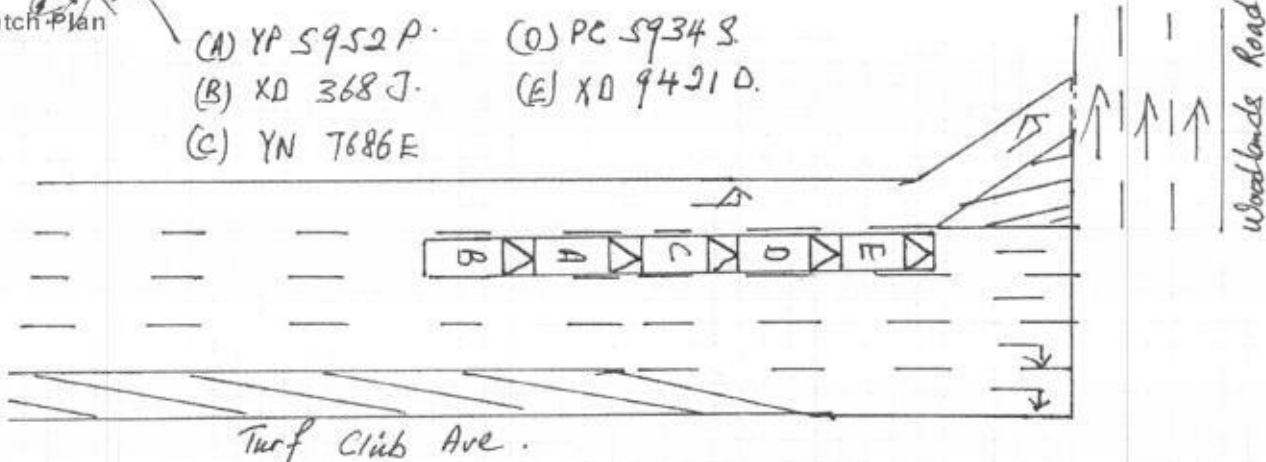
(A) YP 5952 P.

(D) PC 5934 S.

(B) XD 368 J.

(E) XD 9421 D.

(C) YN 7686 E.



Describe Circumstances of the Accident

On 25/01/2022 at @ 1350 hrs, I stopped my vehicle (YP 5952 P) along Turf Club Ave junction Woodlands Road on the 2nd lane from the left due to red light. Suddenly, a truck (XD 368 J) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicles ahead of me. I got down from my vehicle and found it was a chain collision involving 5 vehicles.

Declaration

We declare the foregoing particulars are true in every respect.

SHIN KAI CONSTRUCTION PTE LTD

27 Kaki Bukit Crescent
Singapore 416258

Tel: 6441 8818 Fax: 6441 8819


Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

 26/01/2022

VEHICLE NO:	YP 5952 P	MAKE & MODEL:	Mit. Canter.	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	25 / 01 / 2022	CC:	2998	
TIME OF ACCIDENT:	1350 HRS			
LOCATION OF ACCIDENT:	Turf Club Ave junction Woodlands Road.			
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="radio"/> EMPLOYMENT <input type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE			
NAME OF OWNER:	Shen Khai Construction Pte Ltd.			
TEL NO:	H/P: 8754 3132	OFFICE:	HOME:	
NRIC:	200722471 K.			
ADDRESS:	27, Kaki Bukit Crescent (S) 416 258.			
EMAIL:	pat@shinkhai.com.			
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES / NO ?			
INSURANCE COMPANY:	Great American.			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party / Third Party Fire & Theft			
POLICY NO:	momvc000008934-00-000			
NAME OF DRIVER:	AS ABOVE / IF NO: Subramanian Sundara Rajan.			
NRIC:	G 2889074 K.	ANY PASSENGER:	N.A.	
DATE OF BIRTH:	03 / 06 / 1987	LICENCE PASSED DATE:	24 / 04 / 2018.	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR <input type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 8266 3970	OFFICE:	HOME:	
ADDRESS:	27, Kaki Bukit Crescent (S) 416 258			
EMAIL:	ssr.eee.68@gmail.com.			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO <input type="radio"/> YES, REG NO:		INSURER:	
RELATIONSHIP:	Employee.			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR <input type="radio"/> RAINING <input type="radio"/> OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY <input type="radio"/> WET <input type="radio"/> OTHER:			
ANY INJURIES:	NO <input type="radio"/> YES, WHO?			
NAME & CONTACT:	Subramanian Sundara Rajan.			
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHO?			
VEHICLE B REG NO:	XD 368 J	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:	YN T686 E	ANY PASSENGERS:	01 (M).	
VEHICLE D REG NO:	PC 5934 S.	ANY PASSENGERS:	N.A.	
VEHICLE E REG NO:	XD 9421 D	ANY PASSENGERS:	N.A.	
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES <input type="radio"/> NO 30 Card Override.			
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES <input type="radio"/> NO			
ACCIDENT PORTION:	Front and Rear Portion.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES <input checked="" type="radio"/> NO	
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1900
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVC000008934-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Shin Khai Construction Pte. Ltd.	Chassis Number	: FEB21EA21264
NCD Entitlement	: 15% No Claim Discount	Engine Number	: 4P10C43786
Hire Purchase	: Maybank Singapore Limited	Registration Number	: YP5952P
Period of Insurance	: From 07/04/2021 (00:00) To 06/04/2022 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) 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 or so has been Vehicle 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

Limitations as to Use

- a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing

* 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

Excess (Section 1)	: SGD 700.00
Excess (Section 2)	: N/A
Windscreen Excess	: SGD 100.00
Additional Excess	: Please refer overleaf

Driver Details

Named Driver 01 : Any person who is driving on the policyholder's order or with their permission

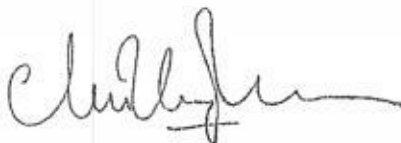
Name of Intermediary : Insko Insurance Agency

Date of Issue : 23/03/2021

I/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)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

jchen