

NATIONAL Assessment Centre Services

Date In: 17/02/2022 13:31	Job description	Date & Time Completed	Done by
Ref No: NA/UOI 22001540/m4	SAS e-filing		
Veh No: GBH 4011B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/02/2022 14:20	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: PA 8244R	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 2200467

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iT : Follow-Through Survey (Resurvey) \$30		
Lat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Lat 2/3:	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	17/02/2022 13:31 (SGT)
Date of Accident	16/02/2022 14:20 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4011B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AKRAH ENGINEERING PTE LTD
Company Reg No	2XXXXX054W
Email Address	ramasamy@akrah.com.sg
Mobile Phone No	(Phone) +65-82208858
Alternative Phone No	+65-82208858

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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120052152001
Cover Note Number	-

DRIVER

Name of Driver	KASI PALANIVEL
Passport No/FIN	FXXXX463N

Date Of Birth	11/07/1976
Occupation	Outdoor
Date Of Driving Pass	08/07/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83091648
Alt. Phone Number	-
Email Address	ramasamy@akrah.com.sg
Address	782D WOODLANDS CRESCENT WOODLANDS MEADOW
Address complement	-
Postcode	734782
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	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

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

I WAS TRAVELLING ON SERANGOON ROAD AND SUDDENLY VEHICLE B WHICH IS INFRONT OF ME BRAKE SO I FOLLOWED BRAKE BUT WAS UNABLE TO STOP ON-TIME HENCE BANG ONTO THE VEHICLE B REAR PORTION.

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	PA8244R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	CHUA TIANG CHANG
NRIC No	SXXXX671B
Contact Number	(Phone) +65-89045332
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = GBH 4011B

B = PA 8244R

Serangoon Road



Describe Circumstances of the Accident

suddenly which is

⁵⁰ I was travelling on Serangoon Road and vehicle B, in front of me ~~was~~ brake
~~so~~ i followed brake but, ~~it~~ bang onto the vehicle B rear portion.
was unable to stop on-time hence

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Kai 17/02/22

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

R 17/02/2022

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT (2:20pm)

ACCIDENT DATE: 16 / 02 / 2022 (DD/MM/YYYY), TIME: 14 : 20 (HH:MM)

LOCATION: Serangoon Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 4011B
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM120052152001
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Dyna Auto/Manual (2982cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: employment
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: AKRAH ENGINEERING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201133054W CONTACT: 8220 8858
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KASI PALANIVEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F7716463N CONTACT: 8309 1648
 c) ADDRESS: 782D Woodlands Crescent Woodlands Meadow (S) 734782

* d) DATE OF BIRTH: 11 / 07 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 08/07/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After rain

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PA 8244 R MODEL: _____
 b) DRIVER'S NAME: Chua Tiang Chang
 c) NRIC/FIN/PASSPORT: S10366718 CONTACT: 8904 5332

9. THIRD PARTY VEHICLE

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

Email = ramasamy@akrah.com.sg

fax = _____

VIDEO = NO

* No of passenger
 (including driver)
(2)

1. Colleague (m)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

UOI

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)

ORIGINAL

CERTIFICATE NO.	DHOM120052152001	Excess:	\$500/-SECTION 1 \$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBH4011B		
Name of Insured	AKRAH ENGINEERING PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 17 May 2021 to 16 May 2022
Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# 1KD2801957
Chassis# JTFAT35YX0K210614

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

Provided that the person 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.

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

For the Company

FCTTS Date : 10/05/2021