

# NATIONAL Assessment Centre Services

Date In: 18/02/2022 15:45	Job description	Date & Time Completed	Done by
Ref No: Nm/Tml 22001605/Umt	SAS e-filing		
Veh No: GBA 9701 Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/02/2022 14:30	i-Motor Claim Form		
OD: <u>TP</u> 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 5179E	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
	Mobile Reporting

NA 2200470 / NA 2200471	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TP: 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	18/02/2022 15:45 (SGT)
Date of Accident	15/02/2022 14:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY AND HEADING TO JURONG TOWN HALL EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9701Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANTARA KOH PTE LTD
Company Reg No	1XXXXX474W
Email Address	yangping@antarakoh.com.sg
Mobile Phone No	(Phone) +65-83108655
Alternative Phone No	+65-83017427

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	21-MS003932-R02
Cover Note Number	-

#### DRIVER

Name of Driver	MATHIYAZHAKAN NIVASAN PRAKASH
Passport No/FIN	GXXXX804W



Date Of Birth	03/06/1989
Occupation	Outdoor
Date Of Driving Pass	10/01/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98955183
Alt. Phone Number	-
Email Address	jakpl@antarakoh.com.sg
Address	27 PIONEER ROAD TUAS VIEW DORMITORY
Address complement	-
Postcode	628500
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	4
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?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220216/2066

#### 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	XD5179E
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	XD2212L
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	YM5314Y
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	MATHIYAZHAKAN NIVASAN PRAKASH
Gender	Male
Phone No	(Phone) +65-98955183
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG AND HEAD (SLIGHT)
Injured person in which vehicle?	GBA9701Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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;

(ii) 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 law yers/law firms), w hich 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=GBA 9701Y  
B=XD 5179E  
C=XD 2212L  
D=YM 5314Y

AYER RAJAH EXPRESSWAY.



**Describe Circumstances of the Accident**

— Refer to the police report (T/20220216/2066). —

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

m. n. k.

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

Re 18/2/2022

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20220216/2066

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 3

Report No. T/20220216/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/02/2022 16:12	Vide Report No.:	Station Diary No.: 31
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**Informant's Particulars**

Name of Informant: MATHIYAZHAKAN NIVASAN PRAKASH			Address: 27 PIONEER ROAD TUAS VIEW DORMITORY SINGAPORE 628500		
ID Type / ID No.: FIN NO / G2473804W			Contact No.: Home/Office: Mobile: 98955183		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 03/06/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry: 01/12/2025		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2022 14:30	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA9701Y	Lorry				Seriously Damaged	0
XD2212L	Lorry				Seriously Damaged	0
XD5179E	Lorry				Slightly Damaged	0
YM5314Y	Lorry				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220216/2066

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20220216/2066

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MATHIYAZHAKAN NIVASAN PRAKASH	ID No.	G2473804W
Related Vehicle	GBA9701Y (Lorry)	Contact No.	98955183
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 01/12/2025
Date Treatment	15/02/2022	Date Discharge	15/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location, I was driving on Lane 4 of the four lane expressway along AYE towards the direction of City and heading to Jurong Town Hall Exit. As the traffic towards Jurong Town Hall Exit was not moving, I stopped behind a lorry YM5314Y. While waiting to move off, I felt an impact from behind and my vehicle suddenly moved forward. The impact had hit the rear of the lorry YM5314Y which was in front of me. The impact had caused the front portion of my vehicle to be crushed and I managed to exit the vehicle by the driver's door window as the glass had smashed. I was unable to move around for a few minutes due to pain on my leg and had informed my supervisor of the accident who had come down to the accident location to assist me by taking photos of the damaged to all vehicles involved. In total, four vehicles were involved in the chain collision and the last vehicle is XD2212L which had collided with the 3rd vehicle XD5179E. LTA Enforcement and EMAS recovery were also at accident location after the accident. I am not sure if the rest of the drivers are injured. My lorry GBA9701Y front portion was smashed was towed after the accident and I had went to Ng Teng Fong General Hospital to seek treatment as I had pain on my leg and head. There is no in-car camera installed in my lorry and I am not sure if the other vehicles involved had any in-car camera installed in their vehicle.





**SINGAPORE  
POLICE FORCE**



T/20220216/2066

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3

Report No. T/20220216/2066

**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:  
J / SGT 3 MUHAMMAD FAIS BIN  
ABDUL WAHAB

Signature Of Informant:

*M. N. W.*

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/02/2022 16:12

Officer In Charge Of Case:  
TP / AEIT /  
INSP (1) BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

NP168



Date of Accident : 15/02/2022 Accident Time: 14:30PM (24-HR-Format)  
 Accident Place : AYER RAJAH EXPRESSWAY  
 Vehicle No. (Car Plate No.) : GBA 9701Y Make/Model: Nissan Cabstar 3.0 (m) (253cc)  
 Insurance Company : Tokio Marine Policy No: 21-M8003932-R02  
 Owner or Company Name /IC No. : Antara Koh Pte Ltd (197400474W)  
 Owner or Company Contact No. : 8310 8655 → DHR Manager Owner's Hp 8301 7427 Mr Beh (Store Manager) Company Tel  
 DRIVER'S Name / IC No. : Mathiyazhkan Nivasan Prakash (G2473804W)  
 DRIVER'S Date Of Birth : 03/06/1989 DRIVER'S License Pass Date 10/01/2018  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 27 Pioneer Rd S(628500)  
 DRIVER'S Contact No./ Alt No. : 1) 9895 5183 2)  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Yang ping@antarakoh.com.sg ; akpl@antarakoh.com.sg  
 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): 1 Driver  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): YES (1 Driver) (Leg and Head)

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

Vehicle No: XD 5179E MS1G (veh B)	Vehicle No: XD 2212L (veh C)
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

vehicle no: YM 5314Y (veh D)

## Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 10290014M, 1151 Ang Mo Kio, M7-000023-1

100 Coleman Street, #05-01 Tokio Marine Centre Singapore 069046

Tel: 6221 6111 / 6221 4335 / 6224 0895 E: [tokio@tokiomarine.com.sg](mailto:tokio@tokiomarine.com.sg) / [www.tokiomarine.com](http://www.tokiomarine.com)A member of the  
Tokio Marine GroupTOKIO 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-MS003932-R02 (Comm Vehicle Carry Own Goods)

- |  |                    |                                |
|--|--------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | GBA9701Y           | Chassis No.: JN1SC2F24Z0800297 |
| 2. Name of Policyholder  | ANTARA KOH PTE LTD |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 23/04/2021         |                                |
| 4. Date of Expiry of Insurance   | 22/04/2022         |                                |

## 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 to 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 4 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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 whatever 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: 0953DDB

Insurance Plan:

Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature