

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 24/02/2022 15:34	Job description	Date & Time Completed	Done by
Ref No: NA/TMI 22001790/m4	SAS e-filing		
Veh No: YP 9951R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/02/2022 18:45	i-Motor Claim Form		
OD (1P) 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: SKP 3883J	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 2200516

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		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt 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 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:			

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	24/02/2022 15:34 (SGT)
Date of Accident	23/02/2022 18:45 (SGT)
Exact Location of Accident	Loyang Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9951R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KM CONSTRUCTION CO. (S) PTE. LTD.
Company Reg No	1XXXXX291C
Email Address	zihui.cheng@kmconstruction-cs.com
Mobile Phone No	(Phone) +65-81398818
Alternative Phone No	+65-81398818

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4009

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS011584-R02
Cover Note Number	-

DRIVER

Name of Driver	CHINNAIAH MURUGESAN
Passport No/FIN	GXXXX870Q

Date Of Birth	13/06/1991
Occupation	Outdoor
Date Of Driving Pass	26/02/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-81389687
Alt. Phone Number	-
Email Address	nazim@kmconstruction-cs.com
Address	54 KAKI BUKIT INDUSTRIAL TERRACE
Address complement	#03-01
Postcode	416134
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 on 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE POLICE REPORT : T/20220224/2040

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	HAVEN'T RETRIEVE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP3883J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LIM WEI JUN MALCOM
NRIC No	SXXXX643H
Contact Number	(Phone) +65-90919891
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	CHINNIAH MURUGESAN
Gender	Male
Phone No	(Phone) +65-81389687
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YP9951R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.



Policyholder's Signature / Date & Time

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

R 24/02/2022

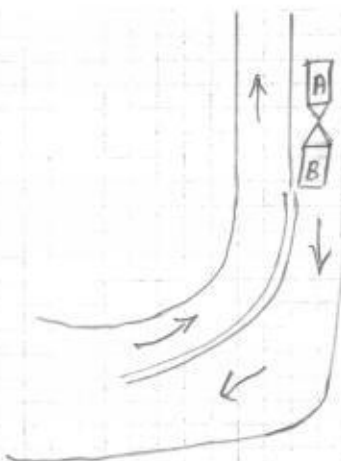
Witnessed by Reporting Centre Personnel

Sketch Plan

A = YP 9951R

B = SKP 3883J

Layang Drive



Describe Circumstances of the Accident

— Pls refer to the police report: T/20220224/2040. —

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220224/2040

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20220224/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2022 13:23	Vide Report No.: G/20220223/0196	Station Diary No.: 42
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Informant's Particulars

Name of Informant: CHINNAIAH MURUGESAN			Address: 54 KAKI BUKIT INDUSTRIAL TERRACE #03-01 SINGAPORE 416134		
ID Type / ID No.: FIN NO / G6945870Q			Contact No.: Home/Office: Mobile: 81398818		
Nationality: INDIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 13/06/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry: 24/02/2025		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2022 19:45	Type of Location: Straight Road
Location: LOYANG DRIVE				
Lamp Post Number: 6/1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance; Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP3883J	Car				Seriously Damaged	0
YP9951R	Lorry				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220224/2040

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20220224/2040

CONTINUATION OF REPORT

Driver			
Name	CHINNAIAH MURUGESAN	ID No.	G6945870Q
Related Vehicle	YP9951R (Lorry)	Contact No.	81398818
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 24/02/2025
Date Treatment	23/02/2022	Date Discharge	23/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above-mentioned date, time and location, I was involved in a head on collision with another vehicle.

I was driving my company lorry (V1) along Loyang Drive towards the end on a two lane, two way road. Whilst travelling there was a slight right bend ahead, when I suddenly saw a blue sedan car (V2) coming towards me travelling on my lane but in the opposite direction. Before I could react V2 had already hit me head on.

The driver of V2 exited the vehicle and informed that he had lost control of his vehicle. Traffic police came to scene, I was feeling unwell and was conveyed by an Ambulance.

Both vehicles sustained serious damages to the front portions.



**SINGAPORE
POLICE FORCE**



T/20220224/2040

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20220224/2040

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:
G / SGT 3 FUN YIK CHUEN,
ELDON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/02/2022 13:23

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

ACCIDENT STATEMENT (6:45pm)

ACCIDENT DATE: (23 / 02 / 2022) (DD/MM/YYYY), TIME: (18 : 45) (HH:MM)

LOCATION: Loyang Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP9951R
 b) INSURANCE COMPANY: Tokio Marine
 c) POLICY NUMBER: 21-MS011584-R02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hino (XZU710R) ~~Auto~~ Manual (4009cc)
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KM Construction Co. (S) Pte. Ltd. [MALE / FEMALE]
 B) NRIC/FIN/PASSPORT: 199908291C CONTACT: 8139 8818
 C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chinnaiah Murugesan [MALE / FEMALE]
 b) NRIC/FIN/PASSPORT: G 69458700 CONTACT: 8138 9687
 c) ADDRESS: 54 Kaki Bukit Industrial Terrace #03-01 (S) 416134

* d) DATE OF BIRTH: (13 / 06 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/02/2015

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) convey by ambulance

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: Geylang N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP 3883J MODEL:
 b) DRIVER'S NAME: Lim Wei Jun Malcom
 c) NRIC/FIN/PASSPORT: S9210643H CONTACT: 9091 9891

9. THIRD PARTY VEHICLE

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

(driver email)

(owner email)

Email = nazim@kmconstruction-cs.com / zihui.cheng@kmconstruction-cs.com

Fax =

Video = Yes
 (Haven't retrieve)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

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



TOKIOMARINE
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-MS011584-R02 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** YP9951R **Chassis No.:** JHHUCV3H20K027810
2. **Name of Policyholder** KM CONSTRUCTION CO. (S) PTE. LTD.
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 07/11/2021
4. **Date of Expiry of Insurance** 06/11/2022
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: 2332DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 750
	Windscreen Excess SGD 100
Financial Interest:	MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature