

# NATION 4 Assessment Centre Services

SN0822310004

Date In: 01/03/2022 17:11	Job Description	Date & Time Completed	Done by
Ref No: XBA/EG122001930/4	SAS e-filing		
Veh No: YQ 3084	E-mail (within 2hrs. Aft. 2hrs.)		
DOA: 28/02/2022 13:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (within 24 hrs. 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 927TD	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%, R: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Blue Mobile		
	*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: Blue 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	01/03/2022 17:11 (SGT)
Date of Accident	28/02/2022 13:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS NEAR JURONG FLYOVER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3018U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TREE CULTURE LANDSCAPING PTE LTD
Company Reg No	2XXXXX418D
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-90264189
Alternative Phone No	(Office) +65-68414936

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4a
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	2999

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ21-001679
Cover Note Number	-

### DRIVER

Name of Driver	K MNOMOKAN
NRIC No	SXXXX319A

Date Of Birth	03/02/1962
Occupation	Outdoor
Date Of Driving Pass	15/02/1962
Driving experience	60 YEARS
Gender	Male
Mobile Number	(Phone) +65-90264189
Alt. Phone Number	-
Email Address	ktmotorwerk@hotmail.com
Address	34 LORONG MARICAN
Address complement	-
Postcode	417305
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	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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220301/7005

#### 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	XD9277D
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	GBC7533T
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	K MNOMOKAN
Gender	Male
Phone No	(Phone) +65-90264189
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YQ3018U
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 willful 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.

TREE CULTURE LANDSCAPING PTE LTD

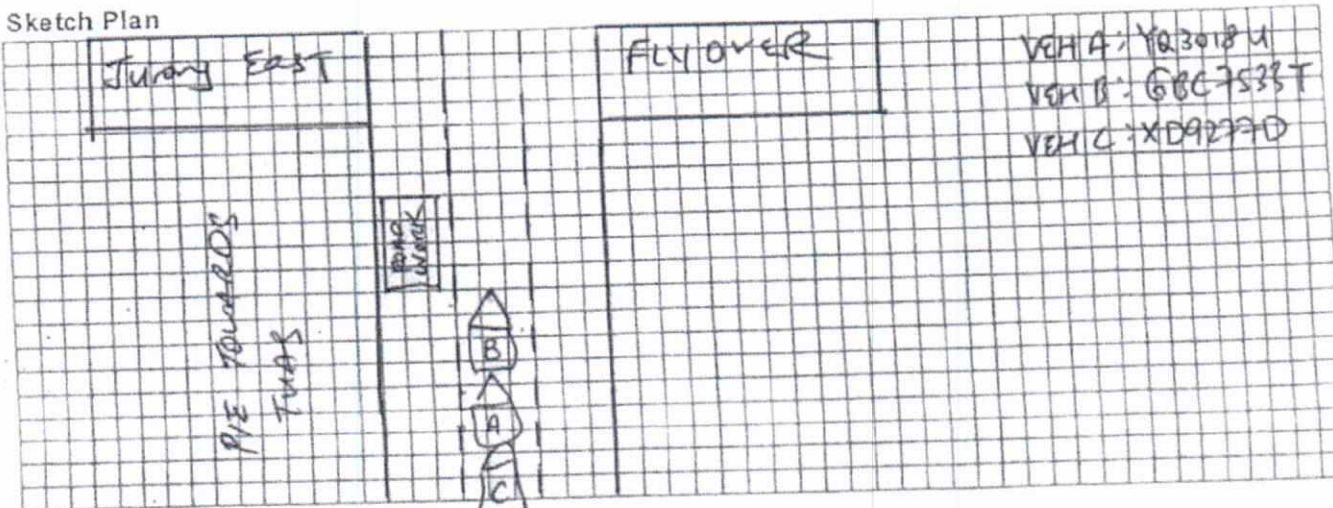
REG. NO. 201903418D

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Sketch Plan



**Describe Circumstances of the Accident**

Please refer to police report T/20220301/7005 -

**Declaration**

We declare the foregoing particulars are true in every respect.

**TREE CULTURE LANDSCAPING PTE LTD**

**REG. NO. 201903418D**

Policyholder's Signature / Date &  
Time

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

*[Signature]* 01/03/2022  
Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20220301/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220301/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2022 11:38		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: K MNOMOKAN			Address: 34 LORONG MARICAN SINGAPORE 417305		
ID Type / ID No.: NRIC NO / S1543319A			Contact No.: Home/Office:		Mobile: 90264189
Nationality: SINGAPORE CITIZEN			Email: k.mnomokan03@gmail.com		
Sex: Male	Age: 60	Date of Birth: 03/02/1962	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: OPERATION MANAGER			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2022 13:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
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	Conditio	No of
GBC7533T	Van					0
XD9277D	Trailer					0
YQ3018U	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20220301/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220301/7005

**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	K MNOMOKAN	ID No.	S1543319A
Related Vehicle	YQ3018U (Lorry)	Contact No.	90264189
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, i was traveling along PIE towards Tuas (Near Jurong Flyover). I was in the center lane as there was road works on the left side of the expressway. Suddenly Veh C (XD9277D) hit hard onto my rear portion of my vehicle causing my vehicle to hit the front vehicle (GBC7533T). After the accident, i was feeling breathless and unwell, so i went to the polyclinic and was given 3 days MC.





**SINGAPORE  
POLICE FORCE**



T/20220301/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220301/7005

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
01/03/2022 11:38

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 28/02/2022 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: PIE TOWARDS TUAL NEAR JAWY FLYER

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ3018U  
 b) INSURANCE COMPANY: EQ Insurance  
 c) POLICY NUMBER: DMCPHQ21-001679  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: ISUZU NHR85  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 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: TREE CULTURE LANDSCAPING PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2019 03418D CONTACT: 6841 4936  
 c) ADDRESS: 61 Ubi Road 1, Oxley Bizhub  
(S) 408 727

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: K MNOMOKAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1543319A CONTACT: 90264189  
 c) ADDRESS: 34 Lorong Marican

\*d) DATE OF BIRTH: 03/02/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 15.07.1983

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

6. WAS ANYBODY INJURED (YES/NO) YES

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

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE (UBI)

## 3. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD9277D (REAR) MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 4. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC7533T (FRONT) MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passengers  
 (including driver)  
(1)

\*No of passengers  
 (including driver)  
(1)

\*No of passengers  
 (including driver)  
(1)

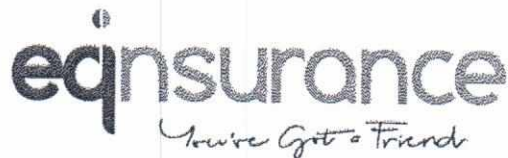
Email: Ktmotorwerk@hotmail.com

VIDEO =



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
 reg no. 1978-00490-N



## COMMERCIAL VEHICLE PRIVATE (SCH I ) SCHEDULE

Page 1 of 7

Agency	A000423	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I )	Policy Number	DMCPHQ21-001679
Account	A000423	Issued on	27/04/2021 in Singapore		
Client	0188791	Acceptance Date	23/04/2021	Replacing Cover Note	46889

Period of insurance from 1507 hours on 23/04/2021 to 2400 hours on 25/04/2022

Insured's Name     TREE CULTURE LANDSCAPING PTE LTD  
 Address             BLK/HOUSE NO.61 #02 - 18  
                            UBI ROAD 1  
                            OXLEY BIZHUB  
                            SINGAPORE 408727

Business/Occupn     Construction

Premium	Basic Annual Premium	SGD1,662.81		
	Premium after NCD	SGD1,662.81	Premium Due	SGD1,676.48
			Premium GST	SGD117.35
			Total Due	SGD1,793.83

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I )			
1. Registration	YQ3018U	Make/Model	ISUZU NHR85AUE4	
Type of Cover	Comprehensive	No. of seats	2	Body Type
Engine No.	4JJ1925853	Capacity cc	0	Yr of Manuf/Regn
Chassis No.	JAANHR85EA7100074			NCB%
		Tonnage	2.13	Certificate Ref.
				LCVP1
Sum Insured: Market Value at the time of loss	SGD0.00			
Section 1	SGD750.00			
YEID-All Claims	Additional	SGD3,000.00		

### COMMERCIAL VEHICLE COMPREHENSIVE (Classic Plan) Ver.10

For information on Motor Claims Framework (MCF), please visit GIA websites  
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010\_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,  
 Exclusions as printed herein and/or attached hereto:-

#### EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the  
 Certificate of Insurance. You will have to pay the Excess for every claim made  
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have  
 to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2

