

# NATIONAL Assessment Centre Services

Date In: <b>07/03/22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/11122002120/13</b>	SAS e-filing		
Veh No: <b>4Q5158K</b>	E-mail (within 5hrs. AP: 2hrs)		
D.O.A: <b>06/03/22 0615</b>	i-Motor Claim Form		
OD: TP <b>Reporting Only</b>	i-Motor W/O (Within 9D: 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: <b>9B62269T</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Title: ( )
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. ( )

<b>Remarks:-</b> (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

<b>NA2200636</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100), INC (\$80)		
<b>Contact No:</b>	3) TP : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only. (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2/3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	O1!*		
	*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 (In-a INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 ..... 07/03/2022 19:12 (SGT)  
Date of Accident ..... 06/03/2022 06:15 (SGT)  
Exact Location of Accident ..... 10 Toh Guan Rd E, Singapore 608838  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ5158K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHINA STAR BUILDING CONSTRUCTION PTE LTD  
Company Reg No ..... 2XXXXX267R  
Email Address ..... wjj.csbc@gmail.com  
Mobile Phone No ..... (Phone) +65-87226689  
Alternative Phone No ..... +65-87226689

#### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R 14FT WIDE CAB 5T  
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 ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MCV0000807\_01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... PRAKASAM SELVAKUMAR  
Passport No/FIN ..... GXXXX377W

Date Of Birth	07/05/1983
Occupation	Outdoor
Date Of Driving Pass	04/05/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87471269
Alt. Phone Number	-
Email Address	wjj.csbc@gmail.com
Address	10 UBI CRESCENT
Address complement	#07-51 UBI TECHPARK LOBBY
Postcode	408564
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
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

PLS REFER TO THE ATTACHED STATEMENT

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	GBG2269T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RETHINASAMY AROCKIYADASS
Passport No/FIN	GXXXX665M
Contact Number	(Phone) +65-88273534
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**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

*P. Kumar*

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

*[Signature]* 07/03/22

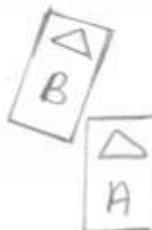
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = YQ 5158 K

B = GBG 2269 T

10 TOH GUAN ROAD EAST.



Describe Circumstances of the Accident

~~Vehicle B slow down~~

I was travelling along Toh Guan Road and vehicle B which is in front of me slow down hence i ~~slow~~ swerved to <sup>the</sup> right side but suddenly vehicle B veered towards right side too hence our vehicle collided.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

P. Kumart.

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

shym 07/03/22

Witnessed by Reporting Centre Personnel

**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: SN092237000B Vehicle Registration No: YQ5158K  
 Name (as shown in NRIC): PRAKASAM SELVAKUMAR NRIC/FIN/Passport No: GXXXX377W  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 10 UBI CRESCENT #07-51 UBI TECHPARK LOBBY Singapore ( 408564 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 87471269  
 Email Address: \_\_\_\_\_  
 Date of Accident: 06/03/22 Time of Accident: 06:15  
 Place of Accident: 10 TOH GUAN RD EAST  
 Insurance Company: INDIA

**(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:

REVERT FROM REPORTING TO TP CLAIMS



*P. K. S. J.*

Policyholder / Driver's Signature  
Date:

*shym* 08/03/22

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

(Sunday) ACCIDENT STATEMENT (06:15am)

ACCIDENT DATE: (06 / 03 / 2022) (DD/MM/YYYY), TIME: (06:15) (HH:MM)

LOCATION: 10 Toh Guan Road East.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 5158K
- b) INSURANCE COMPANY: India International (III 2)
- c) POLICY NUMBER: D21MCV0000807-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Hino AUTO / (MANUAL)
- 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: CHINA STAR BUILDING CONSTRUCTION PTE. LTD. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT: 8722 6689
- c) ADDRESS:

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

DRIVER

- a) NAME: PRAKASAM SELVAKUMAR (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G7658377W CONTACT: 8747 1269
- c) ADDRESS: 10 Ubi Crescent #07-51 Ubi Techpark Lobby (S) 408564.

\*d) DATE OF BIRTH: (07 / 05 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 04/05/2009

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBG 2269T MODEL:

b) DRIVER'S NAME: Rethinasamy Arackiyadass

c) NRIC/FIN/PASSPORT: G7676665M CONTACT: 8827 3534

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) (5)

4 worker (male)

No of passenger (including driver)

No of passenger (including driver)

Email = wjj.csbc@gmail.com

fax =

video = NO

## 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, 1999 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D21MCV000807_01</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: YQ5158K	
Chassis No	: JHHUCV3H80K033174	
2. Name of Policyholder	: CHINA STAR BUILDING CONSTRUCTION PTE. LTD.	
3. Effective date of Insurance	: 03 Feb 2022	
4. Expiry date of Insurance	: 02 Feb 2023	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
Excess Sect I	: SGD750.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: United Overseas Bank Limited	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.		
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).		
Agent Broker	: A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 12/01/2022 12:08:25	
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		
		 <hr/> Authorised Signatory