

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 09/03/2022 10:42	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22002195/m4	SAS e-filing		
Veh No: G88 7988 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/02/2022 16:40	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: DRAIN	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 2200617

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Ant (\$)	Ant (\$)
1st Bill	Add Bill
1) AR : Accident Reporting (\$30);	
2) DA : Damage Assessment (\$100); INC (\$80)	
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) N1 : 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	

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	09/03/2022 10:42 (SGT)
Date of Accident	27/02/2022 16:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CHANGI AFTER ENTERING ENG NEO EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7988U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CALVARY CARPENTRY PTE LTD
Company Reg No	2XXXXX349E
Email Address	KAI@CALVARYCARPENTRY.COM
Mobile Phone No	(Phone) +65-90491198
Alternative Phone No	+65-96429140

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fb70bb1srdea
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	2977

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00103892101
Cover Note Number	-

DRIVER

Name of Driver	VELLAISAMY RAMARAJAN
Passport No/FIN	GXXXX677Q

Date Of Birth	22/03/1996
Occupation	Outdoor
Date Of Driving Pass	05/03/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81207549
Alt. Phone Number	-
Email Address	KAI@CALVARYCARPENTRY.COM
Address	51 ADMIRALTY ROAD WEST COCHRANE LODGE 1
Address complement	-
Postcode	757443
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	Collided into Property
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT ATTACHED : T/20220228/2082.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	.....	-
Contact Number	.....	-
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	DRAIN
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.

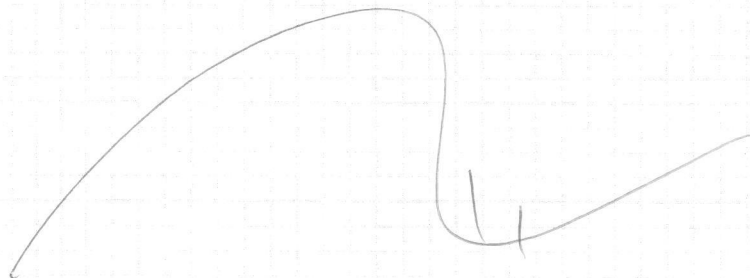


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to TP Report:

T/20220228/2082.

We wish to state that late reporting is due to vehicle
Compound at TP.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

R 09/3/22

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/20220228/2082

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20220228/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
28/02/2022 19:04

Vide Report No.:
E/20220227/0125

Station Diary No.:
102

Informant's Particulars

Name of Informant:
VELLAISAMY RAMARAJAN

Address:
51 ADMIRALTY ROAD WEST COCHRANE LODGE I
SINGAPORE 757443

ID Type / ID No.:
FIN NO / G8634677Q

Contact No.:
Home/Office: Mobile: 81207549

Nationality:
INDIAN

Email:

Sex: Age: Date of Birth:
Male 25 22/03/1996

Type of Informant:
Driver

Race:
Indian

Language: Institution / School Name:

Occupation:
DRIVER

Driving Licence Information:
Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/02/2022 16:40	Type of Location: Roundabout
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Location:
ENG NEO AVENUE

Weather: Drizzling	Road Surface: Wet	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light
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Type of Collision: Lost control of vehicle	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7988U	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220228/2082

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220228/2082

CONTINUATION OF REPORT

Driver			
Name	VELLAISAMY RAMARAJAN	ID No.	G8634677Q
Related Vehicle	NIL	Contact No.	81207549
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

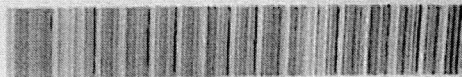
Brief Details.

On 27/02/2022 at about 1640hrs, I was driving vehicle bearing plate number GBB7988U and was travelling along PIE (Changi) after entering Eng Neo exit.

I was driving on the above mentioned road and suddenly, my vehicle lost control due to wet weather and my vehicle fell onto the left side of the road into the drain. I tried to apply my brakes but my vehicle did not manage to stop. I am not injured and did not received any medical treatment. Traffic Police officers was at scene. IO Feroz instructed me to make a police report.



**SINGAPORE
POLICE FORCE**



T/20220228/2082

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220228/2082

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:
L / SGT 1 MUHAMMAD FAUZI
BIN ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/02/2022 19:04

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

Date of Accident : 27/02/2022 Accident Time: 1640hrs (24-HR-Format)
Accident Place : PIE (Changi) after Eng Neo Exit
Vehicle Reg. No. (Car Plate No.) : GBB7988U
Vehicle Make/Model : MITSUBISHI FB70BB/SRDEA
Insurance Company : China Taiping Policy No. DMCVSNW00103892101
Owner or Company Name /IC No. : Calvary Carpentry Pte Ltd / 201407349E
Owner or Company Contact No. : 90491198 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Vellaisamy Ramarajan / G 8634677Q
DRIVER'S Date Of Birth : 22/03/1996 DRIVER'S License Pass Date : 01/10/2019 05/03/2021
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 15 Vishnu Industrial Street #01-14 WMS S(768091)
DRIVER'S Contact No./ Alt No. : 1) 96429140 2) _____
DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)
Email Address : → KAI @ CALVARY CARPENTRY.COM
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
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: _____

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

Motor Commercial

MZ300/C

R SN

AN0602A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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)

CERTIFICATE No.

DMCVSNW00103892101

Engine No.: 4M42A75727

Cha. No.:FB70BBA20164

1. Index Mark and Registration
Number of Vehicle

GBB7988U

2. Name of Policy Holder

CALVARY CARPENTRY PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment26/09/2021
(00:00:00)

4. Date of Expiry of Insurance

25/09/2022

5. Persons or Classes 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.

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 Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or 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.*

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TRADLINK AGENCIES PTE LTD
Authorised Officer
Authorised Signatory