

NATIONAL Assessment Centre Services

SN10822390002

Date In: 16/03/2022 16:34	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBSA1620024634	E-mail (optional, max 100 chars):		
Veh No: GBS 799m	1-Motor Claim Form		
EOA: 14/03/2022 09:00	1-Motor W/O (written off, 2hr, TP 4hr)		
TP: TP Reporting Only	1-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: SPS 6688 C	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

<p>NA2200706</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2019)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTU: Additional Services:-</p> <p>Q1:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p>		<p>Am't (\$)</p> <p>1st Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	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	16/03/2022 16:34 (SGT)
Date of Accident	14/03/2022 07:00 (SGT)
Exact Location of Accident	Kaki Bukit Rd 3, Singapore
Additional Location Information	TURNING LEFT TO KAKI BUKIT AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7199M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TERHENRY PTE LTD
Company Reg No	2XXXXX744M
Email Address	office@terhenry.com.sg
Mobile Phone No	(Phone) +65-91000899
Alternative Phone No	+65-82603125

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070104253-01
Cover Note Number	-

DRIVER

Name of Driver	JOSEPH ARUN GIFFRI
Passport No/FIN	GXXXX134T

Date Of Birth	26/07/1987
Occupation	Outdoor
Date Of Driving Pass	18/12/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82603125
Alt. Phone Number	-
Email Address	office@terhenry.com.sg
Address	15-5 JALAN RIANG
Address complement	-
Postcode	358987
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SELLAMUTHU PRABHAKARAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220314/2053

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	SBS6688C
Vehicle Manufacturer	Mercedes
Vehicle Model	Citaro
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Bus
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	JOSEPH ARUN GIFFRI
Gender	Male
Phone No	(Phone) +65-82603125
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	GBJ7199M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	SELLAMUTHU PRABHAKARAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ7199M
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.

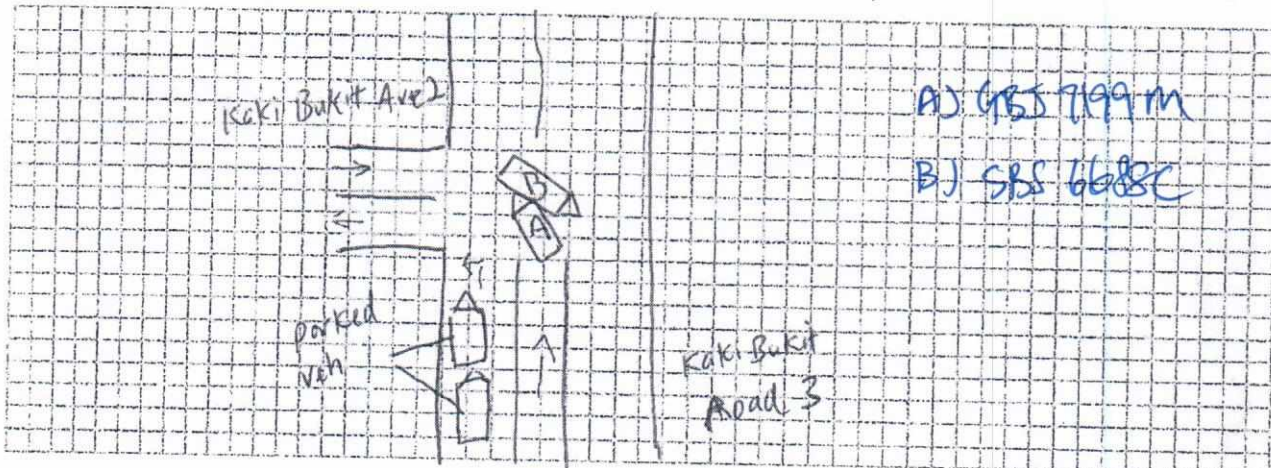


Policyholder's Signature / Date & Time

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 Police Report.

Declaration

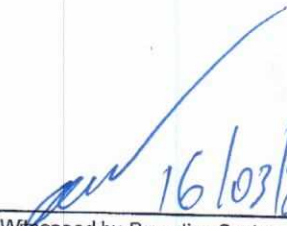
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

* 

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

 16/03/2022

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220314/2053

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20220314/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2022 15:09		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: JOSEPH ARUN GIFFRI		Address: 15-2A JALAN RIANG SINGAPORE 358987		
ID Type / ID No.: FIN NO / G2199134T		Contact No.: Home/Office: Mobile: 82603125		
Nationality: INDIAN		Email:		
Sex: Male	Age: 34	Date of Birth: 26/07/1987	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Building construction engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2022 07:00	Type of Location: T-Junction
Location: KAKI BUKIT ROAD 3				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ7199M	Lorry	TOYOTA	DYNA 150 5MT	White	Slightly Damaged	1
SBS6688C	Bus/Coach/Mi nibus	MERCEDES BENZ	CITARO O530	Multi-Colored	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ7199M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070104253-01	29/07/2021	28/07/2022



**SINGAPORE
POLICE FORCE**



T/20220314/2053

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20220314/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOSEPH ARUN GIFFRI	ID No.	G2199134T
Related Vehicle	GBJ7199M (Lorry)	Contact No.	82603125
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/03/2022	Date Discharge	14/03/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Passenger			
Name	SEELAMUTHU PRABHAKARAN	ID No.	G2553806X
Related Vehicle	GBJ7199M (Lorry)	Contact No.	90897860
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/03/2022	Date Discharge	14/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/03/2022 at about 0700hrs when I was travelling in my company lorry bearing vehicle registration number GBJ7199M along Kaki Bukit Road 3 intending to turn left into Kaki Bukit Avenue 2, as there were 7-8 vehicles parked stationary on the left lane (double yellow line) I couldn't keep left to turn left and therefore, I signaled my intentions and the traffic light indicated left turn only which I proceeded to turn left from the right lane which is stated to go straight only due to the obstructions on the left lane.

During the turn, there was a SBS bus bearing registration number SBS6688C turning right from Kaki Bukit Avenue 2 towards Kaki Bukit Road 3, my vehicle front area bumper area collided into the right side of the bus and I was trapped in my vehicle and SCDF managed to break open my driver side door to remove me from the vehicle and conveyed me to Changi General Hospital.

At about 1400hrs, I was discharged from Changi General Hospital and given 14 days unfit for duty medical certificate number EMD202244444 for my fractured right ankle.

My passenger was brought to Tan Tock Seng Hospital by my colleagues to see a doctor and was given 3 days unfit for duty medical certificate number TTSH22050217 for his discomfort on his right knee area.

I wish to state that as I was rushed to the hospital, I could not recall any report number regarding the incident and have no particulars of the said bus driver.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20220314/2053

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Report No. T/20220314/2053

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220314/2053

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20220314/2053

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:
F / Other TONG KAI YONG,
GODWIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2022 15:09

Officer In Charge Of Case:
TP / GIT /
STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Classification Of Case:

NP168



Date of Accident : 14/03/2022 Accident Time: 0700 am (24-HR-Format)
 Accident Place : Kaki Bukit Road 3 Turn left to Kaki Bukit Ave 2
 Vehicle No. (Car Plate No.) : GBJ 7199M Make/Model: Toyota Dyna.
 Insurance Company : AIG Policy No: 2070104253-01
 Owner or Company Name /IC No. : Terhenry Pte Ltd (200309744M)
 Owner or Company Contact No. : 91000899 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Joseph Arun Giffri (G2199134T)
 DRIVER'S Date Of Birth : 26/07/1987 DRIVER'S License Pass Date 18/12/2020
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 15-5, Jalan Riang S(358987)
 DRIVER'S Contact No./ Alt No. : 1) 82603125 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : office@terhenry.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): 02 Pax: Sellamuthy Prabhakaran
 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, 1 Passenger)

Other Party Driver's Particular (if any)

Vehicle No: SBS 6688C	Vehicle No: _____
Vehicle Make/Model: ^{Mercedes} Bus (Citaro)	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : Terhenry Pte Ltd
Period of Insurance : 29 Jul 2021 To 28 Jul 2022
Engine No. : 1KD2859533
Chassis No. : JTFAT35Y30K213614

Vehicle No. : GBJ7199M
Policy No. : 2070104253-01
Endorsement No. :
Issued Date : 08 Jul 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]
Engine Capacity/Tonnage : 1.7 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: ABWIN PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYS-NNLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Phock Lui Ten