

# NATIONAL Assessment Centre Services

Date In: 24/03/2022 19:13	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 22002746/m4	SAS e-filing		
Veh No: YQ 12E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/03/2022 09:40	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: SKV 6907Z	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 2200785	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments:-**

Cat. 1:

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	24/03/2022 19:13 (SGT)
Date of Accident	03/03/2022 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY (CLEMENCEAU EXIT)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ12E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PTC DELIVERY2HOME PTE. LTD.
Company Reg No	2XXXXX860M
Email Address	melvin.ong@ptcd2home.com
Mobile Phone No	(Phone) +65-96169353
Alternative Phone No	+65-96169353

### 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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097949MFCV/1
Cover Note Number	-

### DRIVER

Name of Driver	GANESAN MUTHUSAMY
Passport No/FIN	GXXXX773X

Date Of Birth	28/04/1978
Occupation	Outdoor
Date Of Driving Pass	15/12/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87434213
Alt. Phone Number	-
Email Address	melvin.ong@ptcd2home.com
Address	TUAS SOUTH DORMITORY BLK-05
Address complement	#07-31
Postcode	636946
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	RAMAVEL MANIKANDAN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT ATTACHED : T/20220303/2017.

#### 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	SKV6907Z
Vehicle Manufacturer	-

Vehicle Model	-----	-
Vehicle Variant	-----	-
Vehicle Colour	-----	-
Vehicle Category	-----	Private car
Name of Driver	-----	MARIA JUNIE ONG YUET RU
NRIC No	-----	SXXXX843E
Contact Number	-----	(Phone) +65-96954204
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

*Guy* 24/03/2022

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

*R* 24/3/22

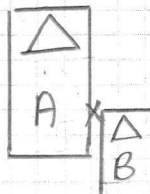
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

A = YQ 12E

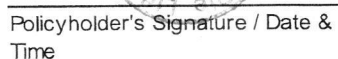
B = SKV 6907Z

CTE towards City  
Clemenceau Exit.



— As per police report attached : T/20220303/2017. —

We declare the foregoing particulars are true in every respect.



Gray. 24/03/2022

Q 24/3/22



**SINGAPORE  
POLICE FORCE**



T/20220303/2017

1 of 3

Report No. T/20220303/2017

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/03/2022 11:50	Vide Report No.:	Station Diary No.: 34
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**Informant's Particulars**

Name of Informant: GANESAN MUTHUSAMY			Address: 11 JALAN MOLEK SINGAPORE 399521		
ID Type / ID No.: FIN NO / G8441773X			Contact No.: Home/Office: Mobile: 87434213		
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 28/04/1978	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2022 09:40	Type of Location: Straight Road
Location: CLEMENCEAU AVENUE NORTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV6907Z	Car				Slightly Damaged	0
YQ12E	Lorry				Slightly Damaged	0

**Details of Person Involved**

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

2022/3/24 18:47





**SINGAPORE  
POLICE FORCE**



T/20220303/2017

2 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20220303/2017

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MARIA JUNIE ONE YUET RU	ID No.	S7716843E
Related Vehicle	SKV6907Z (Car)	Contact No.	96954204
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	GANESAN MUTHUSAMY	ID No.	G8441773X
Related Vehicle	YQ12E (Lorry)	Contact No.	87434213
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

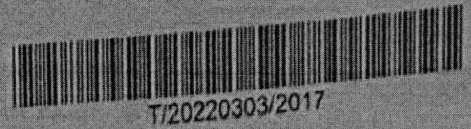
On 03/03/2022, at about 0940, i was driving along CTE towards City. I came from AYE. I wanted to exit at Clemenceau exit. I was driving at the left outer most lane. Suddenly the cars in front came to a sudden stop, hence i stopped as well but i managed to stop on time. I made a check to my right to see if there was no car and i decided to change lane to the lane on the right side. I put my indicator and turned, suddenly a car came from behind very quickly and hit the side of my lorry. We came down to make a check on the lorry and the other driver. The other driver was not injured. My lorry suffered a big tear at the rear right cab and the other vehicle suffered damages to the left side of the car. We all exchanged our particulars and left the scene to lodge a police report.

2022/3/24 18:47





**SINGAPORE  
POLICE FORCE**



T/20220303/2017

3 of 3

Report No. T/20220303/2017

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**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:  
A / SGT 3 SHAWN ANG YI  
XIANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476201

Signature Of Informant:

Date/Time:  
03/03/2022 11:50

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE

2022/3/24 18:48

# ACCIDENT STATEMENT

9:40 am

ACCIDENT DATE: (03 / 03 / 2022) (DD/MM/YYYY), TIME: (09 : 40) (HH:MM)

LOCATION: CTE towards CITY.  
A Clemenceau Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 12E (Fleet)  
 b) INSURANCE COMPANY: FCI 2  
 c) POLICY NUMBER: D-21097949MFCV/1  
 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: PTC Delivery 2 Home Pte. Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 200514860M CONTACT: 9616 9353  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Ganesan Muthusamy (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G8441773X CONTACT: 8743 4213  
 c) ADDRESS: Tuas South Dormitory Blk-05 #07-31 (S) 636946

\*d) DATE OF BIRTH: (28 / 04 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/12/2019

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: SKV6907Z MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Maria Junie Ong Yuet Ru  
 c) NRIC/FIN/PASSPORT: S7716843E CONTACT: 9695 4204

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(2)

1) Ramavel Manikandan  
(m)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = melvin.org@ptcd2home.com

fax =

VIDEO = NO



**CERTIFICATE OF INSURANCE**

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET  
Type of Cover. : Comprehensive  
Certificate No. : D-21097949MFCV/1  
Vehicle No / Chassis No : YQ12E / JHHUCV3H70K028967  
Name of Insured : PTC DELIVERY2HOME PTE. LTD.  
Period Of Insurance : 01.07.2021 To 30.06.2022  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : MAYBANK

**Excess :**

SGD5,000.00 SECTION I & II SEPARATELY  
AN ADDITIONAL EXCESS OF SGD2,500.00 ON SECTION I & II SEPARATELY IS IMPOSED ON  
THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS  
OF DRIVING EXPERIENCE

**Authorised Driver\***

ANY AUTHORISED DRIVER

**Persons or classes of persons entitled to drive\***

- (1) Whilst the vehicle is being used in connection with the Insured's business :-  
(a) Any Person provided he is in the Insured's employ and is driving on their order or with their permission.  
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes :-  
(a) Any person who is driving on the Insured'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.

**Limitations as to use\***

Use in connection with the Insured's business.  
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.  
Use for social, domestic and pleasure purposes.

**The Policy does not cover:-**

- (1) Use 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.  
(3) Use for carriage of passengers for hire or reward.


\* 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)

MS First Capital Insurance Limited  
(Approved Insurers)

SUSAN/B0174/MZ301

Issued at Singapore on 30.06.2021

  
\_\_\_\_\_  
Authorised Signature