

NATIONAL Assessment Centre Services

Date In: 30/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT22005109/13	SAS e-filing		
Veh No: GBH1508E	E-mail (within 8hrs, A/C 2hrs)		
DOA: 29/05/22 0900	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: Vch No: PA9648C 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

NA2201503

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	30/05/2022 19:09 (SGT)
Date of Accident	29/05/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWDS ECP JUNC OF UPP CHANGI RD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1508E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GENERAL WATERPROOFING & SERVICES PTE LTD
Company Reg No	2XXXXXX170M
Email Address	sales@general.com.sg
Mobile Phone No	(Phone) +65-91832112
Alternative Phone No	(Office) +65-67544648

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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00010752204
Cover Note Number	-

DRIVER

Name of Driver	GOVINDASAMY MUTHUKRISHNAN
Passport No/FIN	FXXXX552R

Date Of Birth	10/05/1977
Occupation	Outdoor
Date Of Driving Pass	01/07/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83598728
Alt. Phone Number	-
Email Address	nighton_fire@hotmail.com
Address	36 MANDAI ESTATE
Address complement	WESTLITE ACCOMODATION
Postcode	729941
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	5
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SIVAPERUMAL SIVAPRAGASAM
Gender	Male

PASSENGER 2

Name	PERIYASAMY SUBRAMANIAN
Gender	Male

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

PLS REFER TO THE POLICE REPORT:T/20220530/2011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9648C
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	GBJ8269M
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 3

Vehicle Registration Number	SNE6796E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 4

Vehicle Registration Number	PC8973J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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.

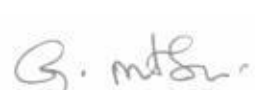
(collectively the "Purposes")

(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



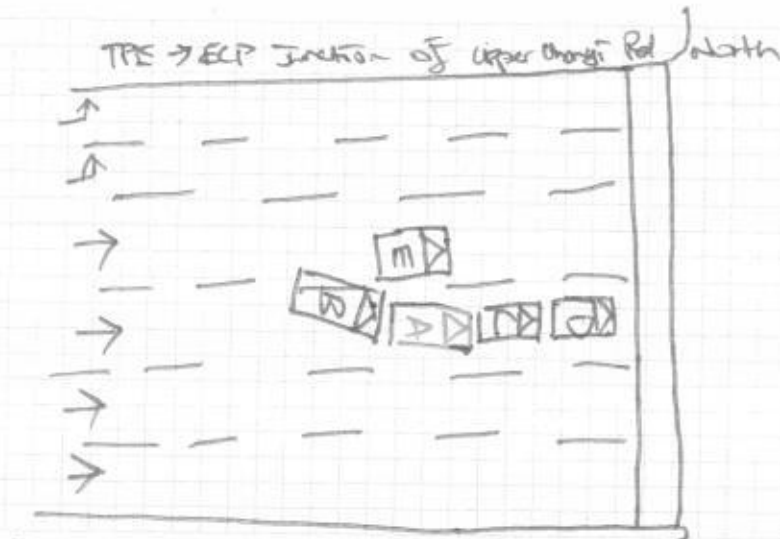

Driver's Signature (If driver is not the policyholder) / Date
& Time




Witnessed by Reporting Centre
Personnel

Sketch Plan

A - GBH 1508 E
B - PA 9648 C
C - GBJ 8269 M
D - SNE 6796 M
E - E 8973 J



Describe Circumstances of the Accident

As per police report no. T/2022.0530/2011

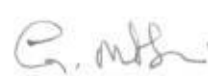
Upon the impact from veh (B), my vehicle surged forward and hit into veh (C). The guards (winterproofing paint) on my lorry broke off and spilled. The winterproofing paint spilled towards vehicle).

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



 30/05/22
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220530/2011

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

1 of 3

Report No. T/20220530/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2022 09:37		Vide Report No.: G/20220529/0095		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: GOVINDASAMY MUTHUKRISHNAN			Address: APT BLK 2B YISHUN AVENUE 7 #04-18 SIMPANG LODGE I SINGAPORE 768929		
ID Type / ID No.: FIN NO / F8286552R			Contact No.: Home/Office: Mobile: 83598728		
Nationality: INDIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 10/05/1977	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/05/2022 09:00	Type of Location: Straight Road
Location: UPPER CHANGI ROAD NORTH				
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 Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1508E	Lorry	TOYOTA	DYNA 3.0 MANUAL	White	Slightly Damaged	2
GBJ8269M	Lorry	KIA	K2500 6MT	Blue	Slightly Damaged	0
PA9648C	Van	TOYOTA	HIACE COMMUTER MANUAL	Silver	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20220530/2011

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/20220530/2011

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8973J	Van	TOYOTA	HIACE COMMUTER GL 2.8 AT 2WD 4DR LWB	White		0
SNE6796E	Car	BYD	E6 (ME-2)	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOVINDASAMY MUTHUKRISHNAN	ID No.	F8286552R
Related Vehicle	GBH1508E (Lorry)	Contact No.	83598728
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/05/2022	Date Discharge	29/05/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 29/05/2022 at around 0900hrs, I was driving the above mentioned vehicle bearing GBH1508E with 2 passenger onboard along upper Changi Road North. The traffic light at the incident location had turned red and there were two vehicles in front of my vehicle bearing SNE6796E and GBJ8269M. Both the vehicles had stopped and was stationery due to the traffic light. A van bearing registration number PA9648C had collided on the rear of my vehicle which cause a chain collision. PA9648C collided to the rear of my vehicle which caused my vehicle to collide to the rear of GBJ8269M which then collided to the rear of SNE6796E. A vehicle on the left lane bearing registration number PC8973J that was stationery beside my vehicle was also affected. I was not sure what's the speed the driver of PA9648C was driving. Me and my passengers had sustained injuries and all of us were conveyed to Changi general Hospital. I am lodging this report for record purposes and for insurance claim.

The address stated on the report is no longer available. I am currently residing at 36 Mandai Estate 729941, Westlite Accommodation



**SINGAPORE
POLICE FORCE**



T/20220530/2011

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

3 of 3

Report No. T/20220530/2011

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 2 MUHAMMAD SYAFIQ BIN
RAMLEE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Signature Of Informant:

Date/Time:
30/05/2022 09:37

Classification Of Case:

VEHICLE NO: GBH 1508 E	MAKE & MODEL: Datsun Dyna	AUTO / <u>MANUAL</u> 3
DATE OF ACCIDENT: 29 / 05 / 2022	CC: 3.0	
TIME OF ACCIDENT: 9.00am HRS		
LOCATION OF ACCIDENT: TPE Towards ECP Junction of Upper Changi Rd North		
EXACT PURPOSE USE DURING ACCIDENT: (EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: General Waterproofing & Service Pte Ltd		
TEL NO: H/P: 91832112 OFFICE: 67544648 HOME: (Mr Jason)		
NRIC: 200704170M		
ADDRESS: Blk 1, Yishun St 23, #05-06, YS-ONE, S(768441)		
EMAIL: Sales @ general.com.sg		
CLAIM TYPE: OD / (THIRD PARTY) / REPORTING ONLY		
FLEET POLICY: YES / <u>NO</u>		
INSURANCE COMPANY: Gamma Taping		
TYPE OF COVERAGE: (Comprehensive) / Third Party / Third Party Fire & Theft		
POLICY NO: DMCRSNN00D16752204		
NAME OF DRIVER: AS ABOVE / IF NO: <u>Gorindasamy Muthukrishnan</u>		
NRIC: F9286552R	ANY PASSENGER: 02 (male)	
DATE OF BIRTH: 10 / 3 / 1977	LICENCE PASSED DATE: 01 / 07 / 2014	
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO: H/P: 83598723 OFFICE: HOME:		
ADDRESS: do: company address.		
EMAIL: nighton_fire@hotmail.com		
DOES DRIVER OWNED ANY VEHICLE: (NO) / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Employer		
WEATHER CONDITION: (CLEAR) / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NO / IF YES, WHO?		
NAME & CONTACT: Gorindasamy Muthukrishnan		
NAME & CONTACT: Sivaperumal Sriragasan & Periyasamy Subramanian		
POLICE REPORT: NO / IF YES, WHERE? <u>Yishun NPC</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? NO / IF YES, WHO?		
VEHICLE B REG NO: PA 964BC	ANY PASSENGERS: 03 (male)	
NAME OF DRIVER:	CONTACT NO:	
VEHICLE C REG NO: GBJ 8269M	ANY PASSENGERS: N/A	
VEHICLE D REG NO: SNE 6796E	ANY PASSENGERS: N/A	
VEHICLE E REG NO: PC 8973J	ANY PASSENGERS: N/A	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? (YES) / NO <u>with TP</u>		
WAS THERE ANY AUDIO RECORDED? YES / <u>NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? (YES) / NO		
ACCIDENT PORTION: Front & Rear		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>		
WORKSHOP PARTICULAR: TWCOR Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: HAFDH		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		

Motor Commercial

MZ300VC

R SN

AN0420A

Cov. Type: C

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

DMCVSNW00010752204

Engine No.: 1KD2761288

Chas. No. KDY2318031730

1. Index Mark and Registration

GBH1508E

1508

Number of Vehicle

2. Name of Policy Holder

GENERAL WATERPROOFING & SERVICE PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

02/02/2022

(00:00:00)

Excess Sect I

S\$500.00

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

01/02/2023

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 User*

- (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: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Signer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com