

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

50092690005

Date In: 09/06/2022 10:40	Job description	Date & Time Completed	Done by
Ref No: N/A/TH 20054817	SAS e-filing		
Veh No: 98H 7344X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/06/2022 08:50	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 4P 97002	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000]: ()		

Injury: _____

Date/Time	Actions

Statement's Particulars:	Invoice Preparation Checklist	AMT (\$)	REMARKS
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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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: Idao Mobile 30		
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
t. 1:			
t. 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	09/06/2022 10:40 (SGT)
Date of Accident	08/06/2022 08:50 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7344X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TAT HIN BUILDERS PTE LTD
Company Reg No	2XXXXX552G
Email Address	karthi.thb@gmail.com
Mobile Phone No	(Phone) +65-83082855
Alternative Phone No	+65-83082855

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	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MCV0005506_01
Cover Note Number	-

DRIVER

Name of Driver	PALANISAMY KARTHIKEYAN
Passport No/FIN	GXXXX479T

Date Of Birth	06/04/1980
Occupation	Outdoor
Date Of Driving Pass	20/12/2008
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83082855
Alt. Phone Number	-
Email Address	karthi.thb@gmail.com
Address	31. SUNGEI KADUT STREET 4
Address complement	-
Postcode	729055
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9700Z
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	YQ2176C
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	GBF5122T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PALANISAMY KARTHIKEYAN
Gender	Male
Phone No	(Phone) +65-83082855
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH7344X
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 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.

Tat Hin Builders Pte Ltd

31, Sungai Kadut Street

Singapore 729055

Tel: 6365 6998 Fax: 6365 6998

ROC No: 200008552G

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

SELETAR EXPRESSWAY

Tat Hin Builders Pte Ltd
31, Sungai Kadut Street
Singapore 729055
Tel: 6365 6998 Fax: 6365 6998
ROC No: 200008552G

A : 8GBH7344X

B : YP9700Z

C : YQ2176C

D : GBF5122T



Describe Circumstances of the Accident

During the incident, I had stopped in time when the front vehicle braked.

However, another vehicle collided onto my rear causing me to move forward and collide onto the vehicle in front.

I have in car video recording of the incident and is able to provide if necessary.

Declaration

We declare the foregoing particulars are true in every respect.



Tat Hin Builders Pte Ltd
31, Sungai Kadut Street 4
Singapore 728055
Tel: 6365 6938 Fax: 6365 1338
POC No: 2000085520

Policyholder's Signature / Date &
Time

P. Raji Kyan

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

[Signature] 09/06/2022
Witnessed by Reporting Centre
Personnel



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 8 / 6 / 2022 (dd/mm/yy) Time of Accident: 08:50 (24-HR-FORMAT)
Vehicle No.: G8H7344X Vehicle Make & Model: TOYOTA DYNA
*Transmission: ☒ Manual ☐ Auto *C.c: _____
Exact location of Accident: SELETAR EXPRESSWAY
Policyholder's Name: TAT HIN BUILDERS PTE LTD NRIC/FIN/REG No.: 200008552G
*Policyholder's email address: karthi.thb@gmail.com
Driver's Name: PALANISAMY KARTHIKEYAN NRIC/FIN/REG No.: G6054797T
*Driver's email address: karthi.thb@gmail.com
Driver's Contact No.: 83082855 Company Contact No (If any): -
Date of birth: 6 APR 1980 Driving Pass Date: 30 MAR 2019
Driver's Address: 31, SUNGEI KADUT STREET 4 (S) 729055
Insurance Company: INDIA INTERNATIONAL
Policy No.: D20MCV0005506-01 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative Employee / Hirer or Others specify: -
What do you wish to claim? (Please TICK one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other -
Occupation (nature job) ☐ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1
*Passanger Name: - Gender: Male / Female
*Passanger Name: - Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☒ Yes / ☐ No
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: PALANISAMY KARTHIKEYAN
Injuries Sustain: - Injured Person in Which Vehicle: -
Police Report field: ☐ Yes / ☒ No (If YES) Which Police Station: -


The Other Party (S) Details:

1. Driver's Name / IC No: - Vehicle No: YP 9700Z
Driver's Contact No: - Insurance Company: -
2. Driver's Name / IC No (If Any): - Vehicle No: YA 2176C
Driver's Contact No: - Insurance Company: -
*Independent Witness (If Any): - Contact No: GBF 5122T
Preferred Workshop Name: - Contact No: -

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

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

CERTIFICATE NO.: D20MCV0005506_01	COVER: Comprehensive
<p>1. Index Mark and Registration Number of Vehicle : GBH7344X Chassis No : JTFAT35Y90K211091</p> <p>2. Name of Policyholder : TAT HIN BUILDERS PTE LTD</p> <p>3. Effective date of Insurance : 11 Sep 2021</p> <p>4. Expiry date of Insurance : 10 Sep 2022</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p style="margin-left: 20px;">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> <p>6. Limitations as to use*</p> <p style="margin-left: 20px;">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 style="margin-left: 20px;">The Policy does not cover</p> <p style="margin-left: 20px;">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 style="margin-left: 20px;">*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>	
<p>Excess Sect I : SGD 600.00 Windscreen Excess : SGD 100.00 Hire Purchase Company : MAYBANK SINGAPORE LIMITED</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$1250/- ON SECTION I WILL BE APPLICABLE.</p>	
<p>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).</p>	
<p>Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD Date of Issue : 27/08/2021 15:10:28 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>	
<p>For India International Insurance Pte Ltd</p>  _____ Authorised Signatory	