

NATIONAL Assessment Centre Services: (wef 1 Jan'08) **340922690003**

Date In: 09/06/2022 15:12	Job description	Date & Time Completed	Done by
Ref No: NBA/TI/2005500/Y	SAS e-filing		
Veh No: XE 6532G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/06/2022 19:45	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: **STF 3892C** 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 5616)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA2201590

Statement Particulars	Invoice Preparation Checklist	Int (\$)	Ext (\$)
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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N3: 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		
C. Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:			
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 15:12 (SGT)
Date of Accident	08/06/2022 19:45 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE6532G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE JOO CONSTRUCTION PTE LTD
Company Reg No	1XXXXX808K
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-65657788
Alternative Phone No	(Office) +65-65657788

VEHICLE PARTICULARS

Manufacturer	CAMC
Model	HN3251X40C3M6
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	11813

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D22MFL0002638
Cover Note Number	-

DRIVER

Name of Driver	KRISHNAMEOORTHY PRAKASH
Passport No/FIN	GXXXX919X

Date Of Birth	07/06/1991
Occupation	Outdoor
Date Of Driving Pass	09/07/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-65657788
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	19 KIAN TECK ROAD
Address complement	-
Postcode	628772
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE3892C
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 2

Vehicle Registration Number	GBK5585P
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)	-

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that :

(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;

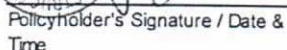
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

Witnessed by Reporting Centre
Personnel

Sketch Plan

8LE TO
BKE
BEFORE
LENTOR

A: XE 6532 G
B: SJE 3892 C
C: GBK 5585 P

Describe Circumstances of the Accident

On 8/6/22, at about 19:45hrs, I was travelling along SLE towards BKE before Lenton Ave Exit. I was driving straight on the 3rd lane of 5 lanes. The vehicles in front of me slowed down and stopped. Noticing that, I followed suit, slowed down and came to a complete stop. After a few seconds, I felt an impact from the rear. I looked into my vehicle's side mirror, and realised vehicle B had collided onto the rear portion of my vehicle and vehicle C was positioned horizontally on lane 2. I alighted and waited for the traffic police. No one was conveyed, we later exchanged particulars and left the scene.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

K. Prakash

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

09/06/2022
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	QLE
Accident Date / Time:	08/06/2022 / 19:45
Weather Conditions	Clear / <u>Raining</u> / Drizzling / Others ()
Road Surface	Dry / <u>Wet</u> / Others ()

VEHICLE INFORMATION

Vehicle No.	XE 6532G	Transmission	Auto / <u>Manuq</u>
Vehicle Make / Model	CAMC / HN3251X40C3M6	C.C	
Insured Name	CHYE JOO CONSTRUCTION PTE LTD		
NRIC / FIN / UEN	198800808K	Contact Number	65607788
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim / Third Party / Reporting only	Insurance Company	TTC	
Type of Policy: Comprehensive / Third Paty / TPTF	Policy Number	D22MFL0002638	

SAME AS INSURED ()

Name Driver	KRISHNAMOORTHY PRAKASH		
NRIC / FIN / UEN	G2178919X		
Date of Birth	07/06/1991	Contact Number	
Driving Pass Date	09/07/2015	Occupation	Indoor / <u>Outdoor</u>
Email	estpt66@gmail.com	Gender	<u>Male</u> / Female
Number of passenger include driver (Please provese name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? <u>Yes</u> / No
If No, Relationship of the Driver with the Insured
Owner / Spouse / Friend / Relative / Children / Sibling / Other ()
Does the driver own any other vehicle? Yes / <u>No</u> (If Yes, Please provide veh/model:)
Was any Foreign vehicle involved in this Accident? Yes / <u>No</u>
Was anybody body injured in the Accident? Yes / <u>No</u>
If Yes, Injured details:
Convey By Ambulance: Yes / <u>No</u>
Was there any video capture by Car Camera? Yes / <u>No</u>
Was there Accident Report to the Police? Yes / <u>No</u> (If Yes, Pls provide Police Report:)

Third Party Vehicle	Thrid Party Name / NRIC	Contacr Number
Vehicle B	SE 3892 C	
Vehicle C	GBK 5585P	
Vehicle D		
Vehicle E		
Vehicle F		

**INDIA INTERNATIONAL INSURANCE PTE LTD**

Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

CERTIFICATE OF INSURANCE

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)

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

CERTIFICATE NO.: D22MFL0002638**COVER: Comprehensive**

1. Index Mark and Registration Number of Vehicle : XE6532G
Chassis No : LZ5N2DD35MB004200
2. Name of Policyholder : CHYE JOO CONSTRUCTION PTE LTD
3. Effective date of Insurance : 09 Mar 2022
4. Expiry date of Insurance : 08 Mar 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 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 and pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or 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.

*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.

Excess Section I	: SGD	1,500.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: DBS Bank Limited	

FOR DRIVERS BELOW 21 YEARS &/OR LESS THAN 1 YEAR SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1000/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : B000078/TAN INSURANCE BROKERS PTE LTD
Date of Issue : 01/03/2022 15:11:26
M.Z. 300C - GOODS CARRYING (Company's use)

For India International Insurance Pte Ltd

Authorised Signatory

陳保險經紀私營有限公司
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