

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

Date In: 15/04/22	Job description	Date & Time Completed	Done by
Ref No: NA1CTI 220056611r3	SAS e-filing		
Veh No: 48 YJ9044R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/06/22 1650	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: SBY5511D	Tel:	Fax:
Owner / Driver: (INC () / Non-INC ()		
Policy No: (Period: (Tel:	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)

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

NA2201663

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

at 1:

at 2 / 3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) iT : 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*		
*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 30		

Invoice dated

Invoice dated

Fee Charged

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
Date of Accident 15/06/2022 11:06 (SGT)
Exact Location of Accident 07/06/2022 16:50 (SGT)
Additional Location Information Singapore
Country/State of Loss SLIP ROAD UPP SERENGOON (PIE TOWARDS CHANGI)
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YJ9044R

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner Yes
Company Reg No YISHUN TOWING PTE LTD
Email Address 2XXXXXX908W
Mobile Phone No FELICATAN80@HOTMAIL.COM
Alternative Phone No (Phone) +65-64588480
+65-64588480

VEHICLE PARTICULARS

Manufacturer
Model Isuzu
Variant TOW TRUCK
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? Employment
Vehicle Category No - Claiming third party
Transmission Commercial vehicle
CC Manual
4500

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage China Taiping Insurance (Singapore) Pte. Ltd.
Fleet Policy ThirdParty
Policy Number No
Cover Note Number DMCVSNW00036812203

DRIVER

Name of Driver
NRIC No PERIYASAMY JOTHI
GXXXX891W

Date Of Birth	11/02/1977
Occupation	Outdoor
Date Of Driving Pass	05/04/2013
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86485610
Alt. Phone Number	-
Email Address	FELICATAN80@HOTMAIL.COM
Address	BLK 683A CHOA CHU KANG CRESENT #08-416
Address complement	-
Postcode	681683
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 - Change/cross lane
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)	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?	Yes
Police Station Name	Dover Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007788999
Alt. Police Station Phone No	(Fax) +65-67762859
Police Station Address	Blk 3 Dover Road #01-368 Singapore 130003
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT

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	SBY5511D
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) -

SKETCH PLAN

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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.
 - (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.

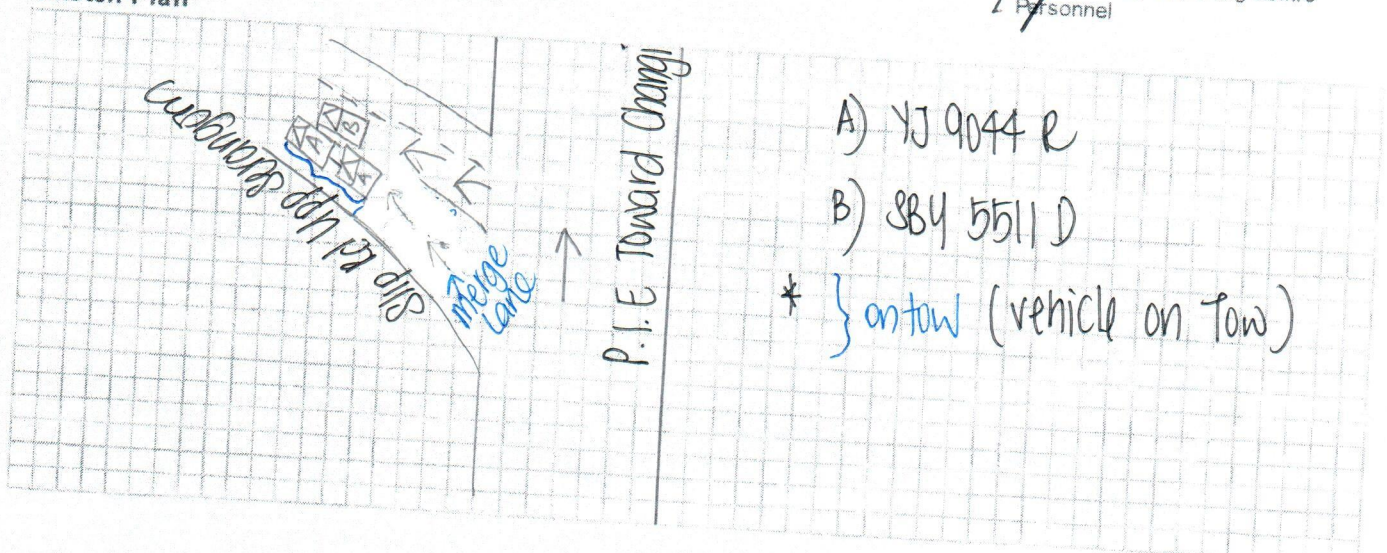


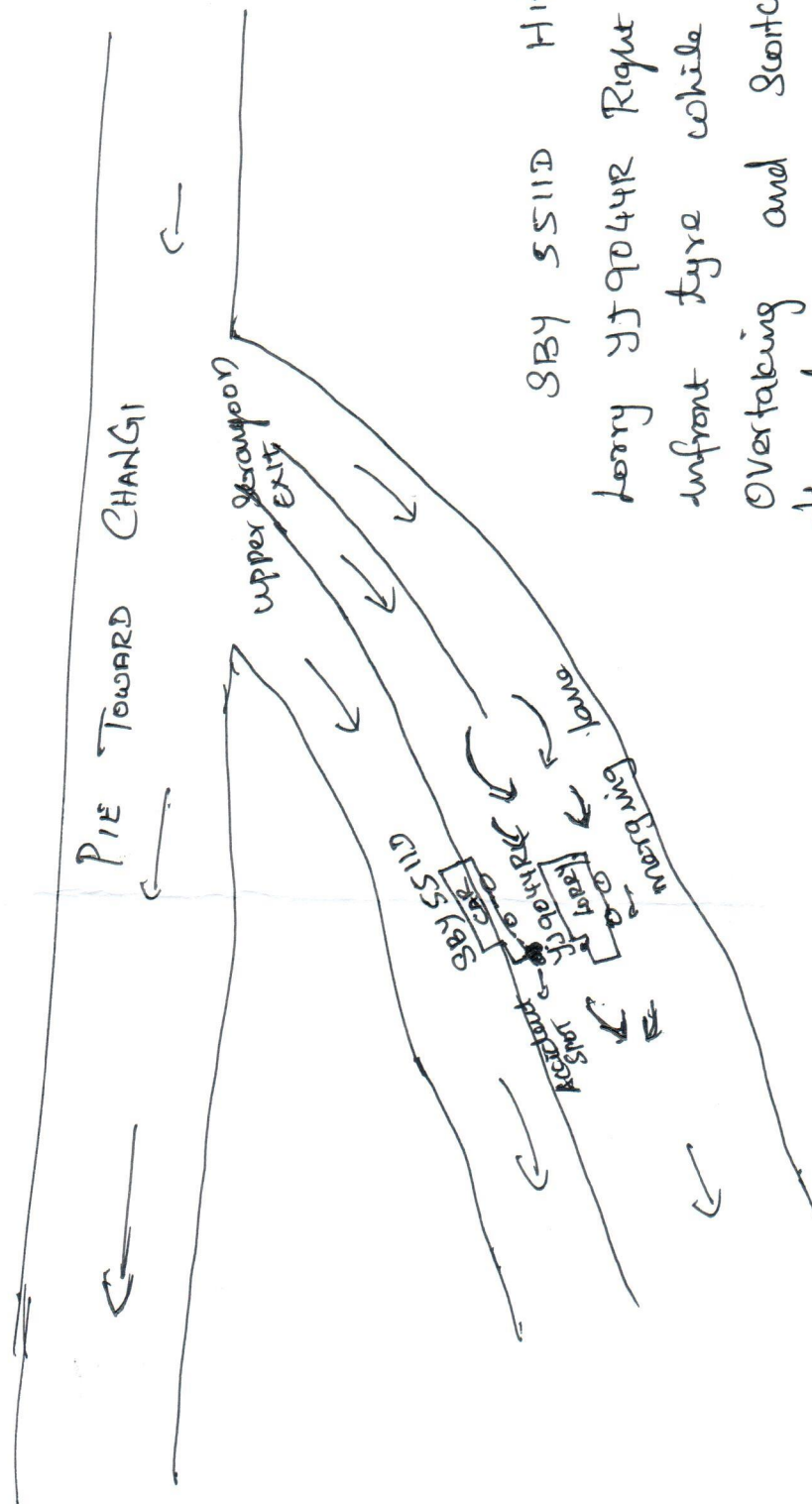
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





SBY 5511D Hit the
 lorry JT9044R Right side
 front tyre while
 Overtaking and scotching
 the lane.

15/06/22

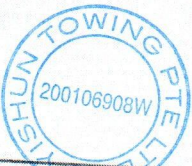
Describe Circumstances of the Accident

I was travelling on the extreme left lane of Slip Rd of Upper Serangoon Exit towards Potong Pasir with a pump lorry on tow behind my truck.
Suddenly vehicle B on my right cut into my lane and collided onto the right of my truck. I wish to state that it was a merge lane and the front of my truck is already in the lane.

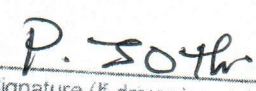
* Wish to state vehicle B do have car cam, the car cam of vehicle do show that driver did not intend to give way to my tow truck at the merge lane.


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

 19/06/22
Witnessed by Reporting Centre Personnel

ACCIDENT REPORT

1 Vehicle No. 车牌号	VJ 9044 R	Model/Make: 车款	Suzuki
2 Date of Accident 交通事故发生日期	07/06/2008	email address:	felicatans80@hotmail.com
3 Time of Accident 事故发生时间	1650 hrs	No Passenger: 乘客人数	Male/female
4 Location of Accident 交通事故地点	Sorby Adams Drive		
5 Name of Owner 车主姓名	Yishun Towing Pte Ltd	PTE HIRE VEHICLE: Y/N	(N)
6 Address of Owner 车主住址	Blk 4015 Ang Mo Kio Ind Park 1		
7 Owner's NRIC No. 车主身份证号	200106908 W	Co Roc No	#01-5028569631
8 Owner's Contact No. 车主电话	HP:	Res:	Off: 64588480
9 Exact Purpose: 用途	Private 私人用图	Commercial 商业公司	Hire & Reward 出租车
10 Type of Claim 保险索赔	OD 一号险	Third Party 第三方保险	Reporting 记录
11 Insurance Company 保险公司	China Tai Ping		
12 Type of Policy	Comprehensive 一号 / Third Pty Fire & Theft 三号火险	Third Party	
13 Fleet Policy	Yes (No)		
14 Policy No. 保单号			
15 Name of Driver 司机姓名	Periyasamy Jothi		
16 Driver's NRIC No. 司机身份证号	G7594891 W		
17 Driver's Date of Birth 司机生日	11/02/1977		
18 Driver's Occupation 司机职业	Driver		
19 Driver's Year of Driving Experience	2	Years	Months
20 Driver's Gender 司机性别	Male 男 / Female 女		
21 Driver's Contact No. 司机电话	HP: 86485610	Res:	Off:
22 Driver's Address 司机住址	Blk 683A Choa Chu Kang Crescent		
23 Relationship of Driver with the insured	Staff		
24 Weather Condition 交通事故时天气	Clear 晴 / Raining 下雨 / Others 其它		
25 Road Surface 路面情况	Dry 干 / Wet 湿 / Others 其它		
26 Any Injuries? 有无人受伤	No 无 / if Yes 有: Who? 谁受伤		
Convey to hospital by Ambulance		male/female	
27 Any Material or Property Damage?	Yes / No 有无撞到路堤	Which car	
28 Any Police Report Lodged? 有报警吗?	No / if Yes: Where?		
29 Any Notice of Intended Prosecution?	Yes / NO 有无收到交警有意提告的通知信		
30 Any Witness? 有无证人	No / if Yes: Name of Person & NRIC No.		
31 Vehicle B's Registration No. 对方车牌	SBY 9511D	Model of vehicle	Toyota Estima
32 Name of TP Driver 第三方司机姓名		TP Driver's NRIC No.	
33 No of passenger (male / female)		Is it Pte Hire car?	
Sketch Plan	Description of Accident		
Particulars of Motor Workshop:			
email:			
HP:	Off:	Fax:	

Ref: LS ACC Report

Photocopy : a) Driver Licence b) Driver NRIC c) Insurance Cert



SINGAPORE POLICE FORCE



T/20220607/2096

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

1 of 3

Report No. T/20220607/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2022 19:10		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: PERIYASAMY JOTHI			Address: 683A CHOA CHU KANG CRESCENT #08-416 SINGAPORE 681683		
ID Type / ID No.: FIN NO / G7594891W			Contact No.: Home/Office: Mobile: 86485610		
Nationality: INDIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 11/02/1977	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2022 16:50	Type of Location: Straight Road
Location: SORBY ADAMS DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
SBY5511D	Station Wagon With 10 Years Lifespan				Slightly Damaged	0
YJ9044R	TOW TRUCK				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220607/2096

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

3 of 3

Report No. T/20220607/2096

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:

D /

STAFF SGT YIP KUM HOONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/06/2022 19:10

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168



Motor Commercial

MZ301/C

R SN

AN0478A

Cov. Type:T

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)

CERTIFICATE No.

DMCVSNW00036812203

Engine No.: 6HH1263519

Cha. No.: JALFTR33FV3000082

1. Index Mark and Registration
Number of Vehicle

YJ9044R

2. Name of Policy Holder

YISHUN TOWING PTE LTD

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

01/04/2022
(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

31/03/2023

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder'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
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 or pleasure purposes.

The Policy does not cover

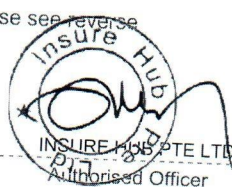
- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* 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).

Please see reverse

Issued By:



INSURE HUB PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory