

**NATIONAL Assessment Centre Services:** [Ref 1 Jsr008] SN10822610004

Ref No: <u>21/06/2022 13:27</u>	Job description	Date & Time Completed	Done by
File No: <u>X/B0/C1222005878/x</u>	SAS e-filing		
Sh No: <u>GBC 100P</u>	E-mail (within 8hrs, AIC 2hrs)		
O.A: <u>17/06/2022 15:00</u>	1-Motor Claim Form		
D: <u>TP</u> / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

Particulars: Veh No: GBC 22113 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 ( )

Special 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	Bill	Part 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		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2022)		
	6) TR: Re-inspection \$75		
L1:	7) N1: Idno DA + SMRT Survey \$160		
L2/3:	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 (N11) against INC \$20		
	9) N12: Idno Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	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 ..... 21/06/2022 13:27 (SGT)  
Date of Accident ..... 17/06/2022 15:00 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS AFTER ADAM ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF100P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ARRAY ENGINEERING & FACILITIES MANAGEMENT PTE. LTD.  
Company Reg No ..... 2XXXXX080H  
Email Address ..... technical@arrayfm.com.sg  
Mobile Phone No ..... (Phone) +65-83388149  
Alternative Phone No ..... +65-83388149

### 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 ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00009862203  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... THANGAVELU KANNAN  
Passport No/FIN ..... GXXXX499W

Date Of Birth .....	03/05/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	31/12/2014
Driving experience .....	7 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83388149
Alt. Phone Number .....	-
Email Address .....	technical@arrayfm.com.sg
Address .....	9002 TAMPINES ST 93 #04-58
Address complement .....	TAMPINES INDUSTRIAL PARK A
Postcode .....	528836
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

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 .....	GBG2211J
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) ..... -

**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 willful 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:

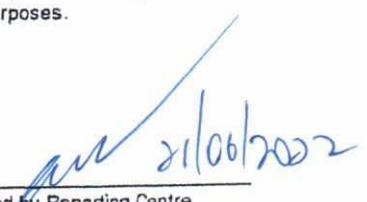
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Sketch Plan

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

  
Witnessed by Reporting Centre Personnel

PIE TOWARDS TUNAS OFFICER BDDM ROAD



A - GBF100P

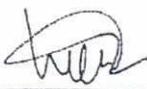
B - GBG2211J

**Describe Circumstances of the Accident**

I was travelling in my lane suddenly there's a lorry from my left strayed and hit onto my left front portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time



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

  
21/06/2022  
Witnessed by Reporting Centre Personnel

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 17 / 06 / 2022 (dd/mm/yy) Time of Accident: 15 : 00 ( 24-HR-FORMAT)

Vehicle No.: GBF100P Vehicle Make & Model: TOYOTA DYNA

\*Transmission:  Manual  Auto \*C.c: 1797

Exact location of Accident: PIE TOWARDS TUAS AFTER ADAM ROAD  
ARRAY ENGINEERING & FACILITIES

Policyholder's Name: MANAGEMENT PTE LTD NRIC/FIN/REG No.: 201523080H

\*Policyholder's email address : TECHNICAL@ARRAYFM.COM.SG

Driver's Name: THANGAVELU KANNAN NRIC/FIN/REG No.: G2210499W

\*Driver's email address : TECHNICAL@ARRAYFM.COM.SG

Driver's Contact No.: 83388149 Company Contact No (If any): \_\_\_\_\_

Date of birth: 03/05/1989 Driving Pass Date: 31/12/2014

Driver's Address: 9002 TAMPINES STREET 93, #04-58 TAMPINES INDUSTRIAL PARK A, SINGAPORE (528836)

Insurance Company: CHINA TAIPING

Policy No.: DMCVSNW00009862203 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): 3

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female

\*Passenger 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? O Yes /  No

Any Injuries: o Yes /  No (If YES) Injured Person' Name: \_\_\_\_\_

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: MUTHU ANBUSELVAN G8133640W Vehicle No: GBG2211J

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

Motor Commercial

MZ300/C

R SN

AN0397A

Cov. Type:C

### 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.	DMCVSNW0009862203	Engine No.: 1KD2600552	Cha. No.:KDY2318024041
1. Index Mark and Registration Number of Vehicle	GBF100P	AUTOSAFE =====	
2. Name of Policy Holder	ARRAY ENGINEERING & FACILITIES MANAGEMENT PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/02/2022 (00:00:00)	Excess Sect 1 .	S\$500.00
		EX ON WINDSCREEN .	S\$100.00
4. Date of Expiry of Insurance	25/02/2023		
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 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 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.		

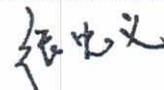
*\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.*

**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: INDEX AGENCY PTE LTD  
Authorised Officer



Authorised Signatory