

NATIONAL Assessment Centre Services

Date In: 29/06/12	Job description	Date & Time Completed	Done by
Ref No: NA/C1122006223/13	SAS e-filing		
Veh No: QRL3124X	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 28/06/12 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:	Veh No: XE11102	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

NA2206791	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	OD:		
	*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 \$0		
QC Checked by (Engr-In-Charge):	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	29/06/2022 16:37 (SGT)
Reported by	Driver
Date of Accident	28/06/2022 09:00 (SGT)
Exact Location of Accident	Tanah Merah Coast Rd, Singapore
Additional Location Information	L/P 26
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3124X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JME ENGINEERING PTE. LTD.
Company Reg No	2XXXXX525Z
Email Address	muniskanis1311@gmail.com
Mobile Phone No	(Phone) +65-82891790
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6M/T
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	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00072542101

DRIVER

Name of Driver	THIRUNAVUKKARASU MUNIYASAMY
Passport No/FIN	GXXXX886K
Date Of Birth	05/04/1986
Occupation	Outdoor

Date Of Driving Pass	07/10/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97158753
Alt. Phone Number	-
Email Address	muniskanis1311@gmail.com
Address	BLK 78 CHANGI LODGE 2
Address complement	#04-15/06
Postcode	498735
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	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1110Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MAHALINGAM ARUL
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	XD7769P
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	THIRUNAVUKKARASU MUNIYASAMY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG3124X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	WIFE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG3124X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

JME ENGINEERING PTE LTD
BLK 2021 BUKIT BATOK STREET 23
#03-200 SINGAPORE 659526
TEL: 6759 3618 FAX: 6759 5368
EMAIL: jme.engrg@gmail.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

29/06/22

ROSKINDA BINTI A. WAHAB

TANAH MERAH COAST RD L/P 26

A - QBG 3124X

B - XE1110Z

C - XD 7169P

C A B

Describe Circumstance of the Accident

P/s refer to the police report.

JME ENGINEERING PTE LTD
BLK 2021 BUKIT BATOK STREET 23
#03-200 SINGAPORE 659526
TEL: 6759 3618 FAX: 6759 5368
EMAIL: jme.enrg@gmail.com

Declaration

I/We declare the foregoing particulars are true in every respect.

JME ENGINEERING PTE LTD
BLK 2021 BUKIT BATOK STREET 23
#03-200 SINGAPORE 659526
TEL: 6759 3618 FAX: 6759 5368
EMAIL: jme.enrg@gmail.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

 29/06/22

RUSLINDA BINTI A-WAHAB

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09006T0004 Vehicle Registration No: QB63124X
Name (as shown in NRIC): THIRUNAVUKKARASU NRIC/FIN/Passport No: GXXXXX886K
MUNIYASAMY
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: BLK 78 BEDOK NORTH RD #04-15/06 Singapore (498735)
Contact (Tel): _____ Mobile No.: 97158753
Email Address: _____
Date of Accident: 28/06/22 Time of Accident: 09:00
Place of Accident: TANAH MERAH COAST RD 2/0 26
Insurance Company: CHINA TRADING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN VEH B & VEH C NUMBER

Policyholder / Driver's Signature
Date:

shym 29/06/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



**SINGAPORE
POLICE FORCE**



T/20220628/2060

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20220628/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2022 15:58		Vide Report No.: G/20220628/0059		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: THIRUNAVUKKARASU MUNIYASAMY			Address: APT BLK 70 TANAH MERAH COAST ROAD #04-15 SINGAPORE 498751		
ID Type / ID No.: FIN NO / G8447886K			Contact No.: Home/Office: Mobile: 97158753		
Nationality: INDIAN			Email: muniskanis1311@gmail.com		
Sex: Male	Age: 36	Date of Birth: 05/04/1986	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2022 09:00	Type of Location: Straight Road
Location: TANAH MERAH COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3124X	Lorry				Seriously Damaged	1
XD7769P	Lorry				Slightly Damaged	0
XE1110Z	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220628/2060

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220628/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THIRUNAVUKKARASU MUNIYASAMY	ID No.	G8447886K
Related Vehicle	GBG3124X (Lorry)	Contact No.	97158753
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/06/2022	Date Discharge	28/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28/06/2022 at about 0900hrs, there was one vehicle (XD7769P) that had stopped in front of me as there was one more vehicle that had broken down in front of XD7769P. As such, I (GBG3124X) came to a stop too. There was one vehicle (XE1110Z) behind me which did not managed to stop in time and hit onto the rear of my vehicle. Due to the impact, my vehicle moved forward and hit onto XD7769P. Due to the impact, I suffered injuries, such as pain on my right hand and both legs. There were damages to my vehicle such as the windscreen shattered, the front bumper is dented in and broken headlights. The vehicle (XE1110Z) had damages on the left headlight and scratches on the front bumper.



**SINGAPORE
POLICE FORCE**



T/20220628/2060

3 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220628/2060

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:

A /
SGT 2 MOHAMED RAFHAN BIN
MOHAMED ABDUL KADER

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 2 PHUA TIAK YEE
Contact No.: 65476200

Signature Of Informant:

Date/Time:
28/06/2022 15:58

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 06 22) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: TANAH MERAH COAST RD C/P 26

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 3124X
b) INSURANCE COMPANY: CHINA TRIPING
c) POLICY NUMBER: SMCVSW000072542101
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: AUTO / MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) _____
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: JME ENGINEERING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82891790
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THIRUNAVUKKARASU MUNIYASAMU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 98447886E CONTACT: 97158753
c) ADDRESS: ALX 78 CHANGI LODGE 2
04-15/06 / 498735

- * d) DATE OF BIRTH: (05 / 04 / 1986) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 07/01/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) convect Both

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE 110Z MODEL: _____
b) DRIVER'S NAME: MAHAalingam ARUL
c) NRIC/FIN/PASSPORT: 034197199 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: XD 7767P MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(2)

myo myo
khaing (4)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = muniskanis1311@gmail.com

fax =

VIDEO = NO

29/06/22
waiting for
veh & police
report

Motor Commercial

MZ300/C

R SN

AN0679A

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.

DMCVSNW00072542101

Engine No.: D4CBG100279

Cha. No.: KNCSJX76LG7116138

1. Index Mark and Registration
Number of Vehicle

GBG3124X

AUTOSAFE

=====

2. Name of Policy Holder

JME ENGINEERING PTE. LTD.

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

13/07/2021
(00:00:00)

Excess Sect I . S\$350.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

12/07/2022

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.

HIRE PURCHASE CO. : HL BANK AS HP OWNER

* 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: ABWIN PTE LTD
Authorised Officer


Authorised Signatory