

NATIONAL Assessment Centre Services: [ver 1 Jan 08] .. 51009228/0006

Date In: 17/08/2022 16:25	Job description	Date & Time Completed	Done by
Ref No: XBA 11220078634	SAS e-filing		
Veh No: XE 6205X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 15/08/2022 15:50	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD, 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: YN 93789 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

Document Particulars	Invoice Preparation Checklist	Amount	Balance
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 (Engi-In-Charge):	4) FT: Follow-Through Survey \$120		
Adaptors Comments:	5) PT: Follow-Through Survey (P: survey) \$30		
t. 1:	For claiming against INC Only (ver 10 Jan 2005)		
t. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idso DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*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: Idso Mobile \$0		
	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 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 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	17/08/2022 16:25 (SGT)
Reported by	Driver
Date of Accident	15/08/2022 15:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE6305X
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) +65-91217772
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	AROCS 3336K
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	Auto
CC	10677

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0002638

DRIVER

Name of Driver	MUTHIAH SUNDARAM
Passport No/FIN	FXXXX206X
Date Of Birth	17/03/1966
Occupation	Outdoor

Date Of Driving Pass	01/08/2013
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-91217772
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	19 KIAN TECK ROAD Singapore 628772
Address complement	-
Postcode	-
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)	1
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	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9378G
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 Actual 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 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.



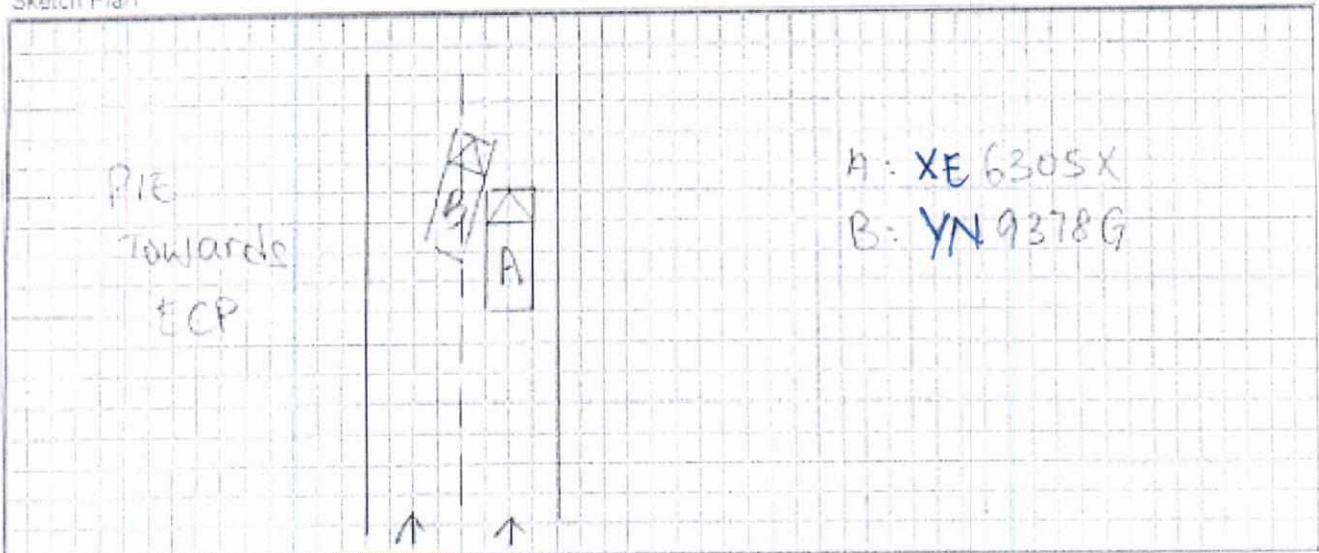
Policyholder's Signature / Date & Time

G. J. S. A.

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

17/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 15/08/22, at about 15.50hrs, I was travelling along PIE towards ECP. I was driving on the right lane. Out of a sudden, vehicle Bent into my lane abruptly and collided onto the front left portion of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect)



Signature & Date & Time

G. J. S. S. S.

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

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

17/08/2022

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	DIE towards ECP		
Accident Date / Time:	15/08/2022 / 15:50		
Weather Conditions	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Drizzling / Others ()		
Road Surface	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Others ()		

VEHICLE INFORMATION

Vehicle No.	XE 6305X	Transmission	<input checked="" type="checkbox"/> Auto / <input type="checkbox"/> Manual
Vehicle Make / Model	Mercedes	C.C	ARDES 3336K
Insured Name	Chye Joo Construction Pte Ltd		
NRIC / FIN / UEN	19880808K	Contact Number	
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim	<input checked="" type="checkbox"/> Third Party / <input type="checkbox"/> Reporting only	Insurance Company	INDIA
Type of Policy:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> TPTF	Policy Number	D22MFL

SAME AS INSURED ()

Name Driver	Muthiah Sundaram		
NRIC / FIN / UEN	F7918206X		
Date of Birth	17/03/1966	Contact Number	9121 7772
Driving Pass Date	01/08/2013	Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Email	estrpt66@gmail.com	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Number of passenger include driver (Please provide name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? Yes / 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 No (If Yes, Please provide veh/model:)

Was any Foreign vehicle involved in this Accident? Yes No

Was anybody injured in the Accident? Yes No

If Yes, Injured details:

Convey By Ambulance: Yes No

Was there any video capture by Car Camera? Yes No

Was there Accident Report to the Police? Yes No (If Yes, Pls provide Police Report:)

Third Party Vehicle	Thrid Party Name / NRIC	Contacr Number
Vehicle B	YN 9378G	
Vehicle C		
Vehicle D		
Vehicle E		
Vehicle F		



INDIA
INTERNATIONAL
INSURANCE
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Serving the region since 1987

INDIA INTERNATIONAL INSURANCE PTE LTD
 (U.S.P. No. 19870472K) GST Reg. No. M200700004
 (1) Cecil Street #04-05 | #05-006-02 | 1101 Building | Singapore 049211
 Office: (65) 64476100 Email: insurance@iia.com.sg
 Fax: (65) 62344174 Website: www.iia.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES (1987) ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (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	: XE6305X	
Chassis No	: WIT96421620454762	
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*	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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>	
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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>	
Excess Section 1	: 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 \$51000/- ON SECTION 1 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	: 000078 TAN INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 01-03-2022 15:11:26	
M.Z. 300C - GOODS CARRYING (Company's use)		Authorized Signatory

保險經紀有限公司
 TAN INSURANCE BROKERS PTE LTD
 376A Aljunied Street, Chan Looan Building
 Singapore 370366
www.tib.com.sg
 Tel: (65) 6742 6768 Fax: (65) 6742 6569

Issued on: 01-03-2022 15:11:26

01-03-2022 15:17:41