

**NATIONAL Assessment Centre Services:** (Wksp / Wksp) **NA09229E0002**

Ref No: **14/09/2022 12/0**  
 Job No: **NA/432090234**  
 O.A: **686 829R**  
 Date: **12/09/2022**

Job description:

SAS e-filing		
E-mail (with this, AUC 2hrs)		
1-Motor Claim Form		
1-Motor W/O (with: OD, 2hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Date & Time Completed: \_\_\_\_\_ Done by: \_\_\_\_\_

TP Insurer: \_\_\_\_\_

referred Wksp / INO Assign Wksp / QW: ( )

P Particulars: Vch No: **XD 3273D** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Period: ( ) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Policy No: ( )

Confirmed by: ( ) % (Note: Est. Status (WO): N/O-20% P: 21-79% F: 80-100%)

Insured/Driver Liability: ( ) Warranty: YES ( ) / NO ( )

Year of Registration: ( ) Loading: \$1,000 ( ) / \$2,000 ( )

Excess: (\$ )

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: \_\_\_\_\_

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: \_\_\_\_\_

**NA 200474 / NA 200475**

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engi-In-Charge):

Writers Comments:

1.1

12/3

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$40/\$43
3) TF: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against TMC Only (w/ 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: New DA + SMRT Survey	\$150
8) NTUC Additional Services	
ON:	
* NS: Courtesy Car / Tpt Allowance	\$5
* NT: Repair Co-ordination	\$10
* NT: Post Repair Inspection	\$25
* NT: DV / Collect Excess Coordination	\$5
TP (Nil): TP (Non-INC) against INC	\$30
9) NT: New Mobile	

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	14/09/2022 12:01 (SGT)
Reported by	Driver
Date of Accident	12/09/2022 16:20 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	JUNCTION WITH WOODLANDS AVENUE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG829R
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAND RICH CONSTRUCTION & ENGINEERING PTE. LTD.
Company Reg No	2XXXXX771E
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-92400710
Alternative Phone No	-

#### 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	2982

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V08380/VC-H/R00

#### DRIVER

Name of Driver	BOOSAI THURAI SUBRAMANIAN
Passport No/FIN	GXXXX169W
Date Of Birth	18/02/1982
Occupation	Outdoor

Date Of Driving Pass	05/03/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98012452
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	36 MANDAI ESTATE #05-30
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	MANIKANDAN
Gender	Male

#### 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 Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220913/2059

#### 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	XD3273D
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	BOOSAI THURAI SUBRAMANIAN
Gender	Male
Phone No	(Phone) +65-98012452
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG829R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	MANIKANDAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG829R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 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. 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.

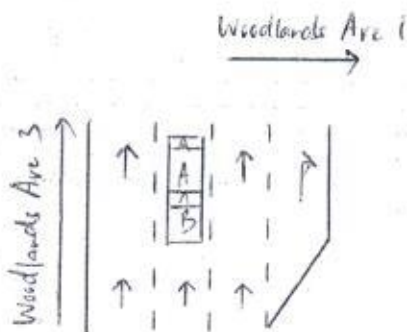


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Veh A - 6B6829R

Veh B - XD3273D

Describe Circumstances of the Accident

Refer to Police Report: 1/20220913/2059

I will be claiming my vehicle at JWG International Pte Ltd.

#### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

B. Jean.

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

14/09/2022

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20220913/2059

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

Report No: T/20220913/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/09/2022 19:39		Vide Report No.:		Station Diary No. 105	
<b>Informant's Particulars</b>					
Name of Informant: BOOSAI THURAI SUBRAMANIAN		Address: APT BLK 102 YISHUN AVENUE 5 #04-121 SINGAPORE 760102			
ID Type / ID No.: FIN NO / G7169168W		Contact No.:		Mobile: 98072452	
Nationality: INDIAN		Home/Office:		Email:	
Sex: Male	Age: 40	Date of Birth: 18/02/1982	Type of Informant: Driver		
Race: Indo-Chinese		Language:		Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2022 16:20	Type of Location: T-Junction
Location:  WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBG829R	Lorry	TOYOTA		Blue	Slightly Damaged	1
XD3273D	Lorry	MITSUBISHI		White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220913/2059

2 of 4

Report No. T/20220913/2059

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

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	ADAIKKALAM MANIKANDAN	ID No.	G8605759Q
Related Vehicle	GBG829R (Lorry)	Contact No.	86262940
Hospital/Clinic	NORWOOD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/09/2022	Date Discharge	13/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	BOOSAI THURAI SUBRAMANIAN	ID No.	G7169168W
Related Vehicle	GBG829R (Lorry)	Contact No.	98072452
Hospital/Clinic	NORWOOD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/09/2022	Date Discharge	13/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	VEKATACHALAM KARTHIKEYAN	ID No.	G8155532Q
Related Vehicle	NIL	Contact No.	81325592
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/09/2022 at 1620hrs I was driving along woodlands avenue 3 near Marsiling MRT Station towards Kranji. While at the junction I stopped at a traffic light that had just turned red. While at the stop line a white lorry (License Plate: XD3273D) had hit my vehicles rear bumper with his front bumper. The impact had cause my vehicle to shift forward roughly about one meter. The impact had caused me to hurt my neck, back and chest to ache. While my passenger had suffered same injuries as well as an aching knee.

My rear bumper was scratched and dented, as well as the center dash board being dislodged. The other vehicles was slightly damaged.

I was given 3 days MC and my passenger had also received the same.





**SINGAPORE  
POLICE FORCE**



T/20220913/2059

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

3 of 4

Report No. T/20220913/2059

**CONTINUATION OF REPORT**

The other party did not seem to be injured. No police or ambulance attended to the incident.





**SINGAPORE  
POLICE FORCE**



T/20220913/2059

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

4 of 4

Report No: T/20220913/2059

**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 MUHAMMAD ZAIISZ BIN  
ZAINI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/09/2022 19:39

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:



Date of Accident

: 12/07/22 Accident Time: 1620 (24-HR-FORMAT)

Accident Place

: Junction of Woodlands Ave 3 and Woodlands Ave 1

Vehicle Reg. No (Car plate No.)

: GBG829R Vehicle Make/Model: Toyota Dyna

Insurance Company

: Liberty Policy No. \_\_\_\_\_

Name of Registered Owner

: Company / Individual Grand Rich Construction & Engineering Pte Ltd

ID of Registered Owner

: Co Reg No: \_\_\_\_\_ Owner's NRIC No: \_\_\_\_\_

DRIVER'S Name

: Co Contact No: \_\_\_\_\_ Owner's Contact No: 9240 0710

DRIVER'S Date of Birth

: Boosai Thurai Subramanian DRIVER'S NRIC No: 47169168W

Relationship bet. Owner & Driver

: 18/02/1982 DRIVER'S License Pass Date 05/03/2019

DRIVER'S Address

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Contact No. / Alt No.

: 36 Mandai Estate #05-30

DRIVER'S Occupation

: 1) 9307 2152 2) \_\_\_\_\_

Email Address

: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Weather & Road Surface

: Kaseng - 353 @ lotwall.com

Reporting Type

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Number of Passengers (including Driver): 02

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Was the accident reported to the police? YES \ NO

Passenger Name: Manikandan Gender: M/F

Was there any video Captured by car camera: YES \ NO

Passenger Name: \_\_\_\_\_ Gender: M/F

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injuries: YES \ NO Injured Name: Subra

Injured Name: Mani

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: XD 3273D

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_


DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_



## 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  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	<b>SD21V08380 /VCH /R00</b>
<b>Form</b>	<b>MZ301A</b>
<b>Date Of Issue</b>	<b>21-JUN-2022</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	<b>GBG829R</b>
<b>2.Chassis number of Vehicle:</b>	<b>KDY2318024747</b>
<b>3.Name of Policyholder:</b>	<b>GRAND RICH CONSTRUCTION &amp; ENGINEERING PTE. LTD.</b>
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	<b>14-JUL-2021 00:00 AM</b>
<b>5.Date of Expiry of Insurance:</b>	<b>30-NOV-2022 23:59 PM</b>
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<p>A) 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.</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes :-          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> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
<b>7.Limitations as to use:</b>	
<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>	
<b>8.The Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</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 are not to be included under these headings.</p>	
<p>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.</p>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Hood SI-\$5000
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Windscreen Excess \$5100, Section I \$5600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$53000
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	VIRTUAL INSURANCE AGENCIES PTE LTD

PLCS/PLCS/21/06/2022

S3\_CL\_T1\_T3\_TEMPLATE2-VER1 21/06/2022