

NATIONAL Assessment Centre Services		SNO9227E002	
Date In: 14/7/22 12:51	Job description	Date & Time Completed	Done by
Ref No: NA/1022009447/V	SAS e-filing		
Veh No: 7Q 558K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/7/22 11:30	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: SMO 579AX	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: 67886616)	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:
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Date/Time	Actions

NA2202645	Invoice Preparation Checklist	Amc (\$)	Amc
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		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tp 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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 7 / 22) (DD/MM/YYYY), TIME: (11 30) (HH:MM)

LOCATION: Stevens road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 5158K  
b) INSURANCE COMPANY: III  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hino AUTO / MANUAL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 8722 6689  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Prahasnam Selvakumar (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 8747 1269  
c) ADDRESS: 10 Ubi Crescent #7-51

\*d) DATE OF BIRTH: (7 / 5 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 4/5/09

f) YEARS OF DRIVING EXPERIENCE:

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMB5 799X MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJF 3446C MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

email = enquiry.csbc@gmail.com


fax =

VIDEO = with driver

## 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)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

<b>CERTIFICATE NO.: D21MCV0000807_01</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: YQ5158K	
Chassis No	: JHHUCV3H80K033174	
2. Name of Policyholder	: CHINA STAR BUILDING CONSTRUCTION PTE. LTD.	
3. Effective date of Insurance	: 03 Feb 2022	
4. Expiry date of Insurance	: 02 Feb 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. 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>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) 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 Sect I	: SGD750.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: United Overseas Bank Limited	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</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 (Malaysia).</p>		
Agent/Broker	: A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 12/01/2022 12:08:25	
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		
		 <hr/> <p>Authorised Signatory</p>



## 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	14/07/2022 12:51 (SGT)
Reported by	Driver
Date of Accident	13/07/2022 11:30 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5158K
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## INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHINA STAR BUILDING CONSTRUCTION PTE. LTD.
Company Reg No	XXXXXX267R
Email Address	ENQUIRY.CSBC@GMAIL.COM
Mobile Phone No	(Phone) +65-87226689
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Hino
Model	700 series
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	4000

## INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MCV0000807_01

## DRIVER

Name of Driver	PRAKASAM SELVAKUMAR
Work Permit No	GXXXXX377W
Date Of Birth	07/05/1983
Occupation	Outdoor



Date Of Driving Pass .....	04/05/2009
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87471269
Alt. Phone Number .....	-
Email Address .....	ENQUIRY.CSBC@GMAIL.COM
Address .....	10 UBI CRESENT #07-51
Address complement .....	-
Postcode .....	408564
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 .....	3
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

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMD5799X
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)	.....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	.....	SJF3446C
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)	.....	-



**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: SNO9227E002 Vehicle Registration No: YQ5158K

Name (as shown in NRIC): Prahasam Selvakumar NRIC/FIN/Passport No: Gxxxx377W

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 13/7/22 Time of Accident: 11:30

Place of Accident: Stevens road

Insurance Company: III

**(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:

amend 3rd party vehicle number

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Policyholder / Actual Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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.
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Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5158K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHINA STAR BUILDING CONSTRUCTION PTE. LTD.
Company Reg No	XXXXXX267R
Email Address	ENQUIRY.CSBC@GMAIL.COM
Mobile Phone No	(Phone) +65-87226689
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	700 series
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	4000

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MCV0000807_01

#### DRIVER

Name of Driver	PRAKASAM SELVAKUMAR
Work Permit No	GXXXX377W
Date Of Birth	07/05/1983
Occupation	Outdoor



Date Of Driving Pass .....	04/05/2009
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87471269
Alt. Phone Number .....	-
Email Address .....	ENQUIRY.CSBC@GMAIL.COM
Address .....	10 UBI CRESENT #07-51
Address complement .....	-
Postcode .....	408564
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 .....	3
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

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMB5799X
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)	.....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	.....	SJF3446C
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

### 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.



Policyholder's Signature / Date & Time

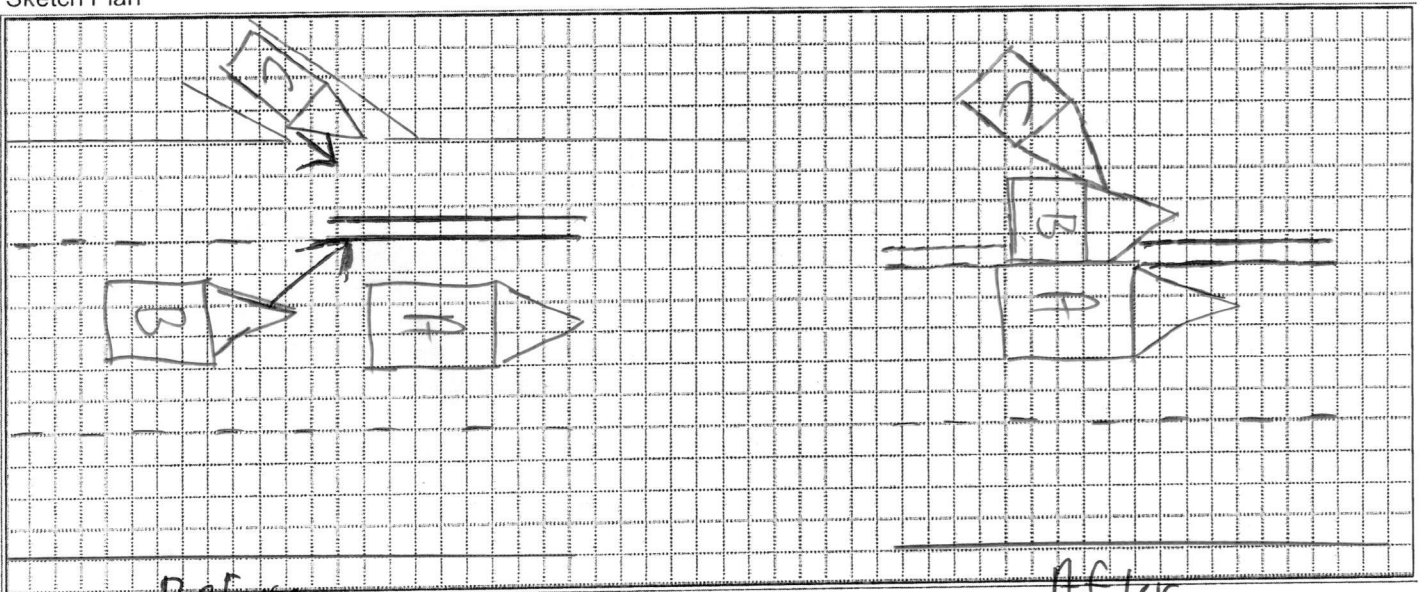
P. Kuaner

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

*[Signature]*

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

### Sketch Plan



Before

Stevens/Whitley road

After

A: YQSL58K

C: SJF344K

B: SMD5799X

Describe Circumstance of the Accident

Me vehicle A was travelling on Whitley/Stevens road. I suddenly felt an impact on my left. Vehicle B had collided with my left side of the vehicle. After coming down to assess the damage, it was found to be that vehicle C had collided onto vehicle B ~~before~~ before vehicle B collided onto mine. I would like to state that ~~vehicle~~ the lane on my left is a double white line lane.

Declaration

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



Policyholder's Signature / Date & Time

P. Kumar

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

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