

# NATIONAL Assessment Centre Services

Date In: 17/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22010252/13	SAS e-filing		
Veh No: 4P8895B	E-mail (within 8hrs. Aft 2hrs)		
DOA: 16/10/22 1430	i-Motor Claim Form		
OD: (P) 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: SBS3175K	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%. P: 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

NA 2202903	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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 / Tpl 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 \$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 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	17/10/2022 12:20 (SGT)
Reported by	Driver
Date of Accident	16/10/2022 14:30 (SGT)
Exact Location of Accident	Bedok North Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8895B
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	S K CONSTRUCTION & ENGINEERING PTE. LTD.
Company Reg No	2XXXXX656W
Email Address	admin@skce.sg
Mobile Phone No	(Phone) +65-68443356
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	FVR34SUQDC
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	7790

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MCV0000140_04

### DRIVER

Name of Driver	GOVINDAN DURAIRAJ
Passport No/FIN	FXXXX763K
Date Of Birth	10/05/1964
Occupation	Outdoor

Date Of Driving Pass	29/05/1998
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81477116
Alt. Phone Number	-
Email Address	admin@skce.sg
Address	8 SELETAR NORTH LINK
Address complement	A4-04 PPT LODGE 1A WORKER DORMITORY
Postcode	797607
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	WORKER
Gender	Male

#### PASSENGER 2

Name	WORKER
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

PLS REFER TO THE ATTACHED STATEMENT

#### 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	SBS3175K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TAN SOON HOCK
NRIC No	SXXXX076C
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.

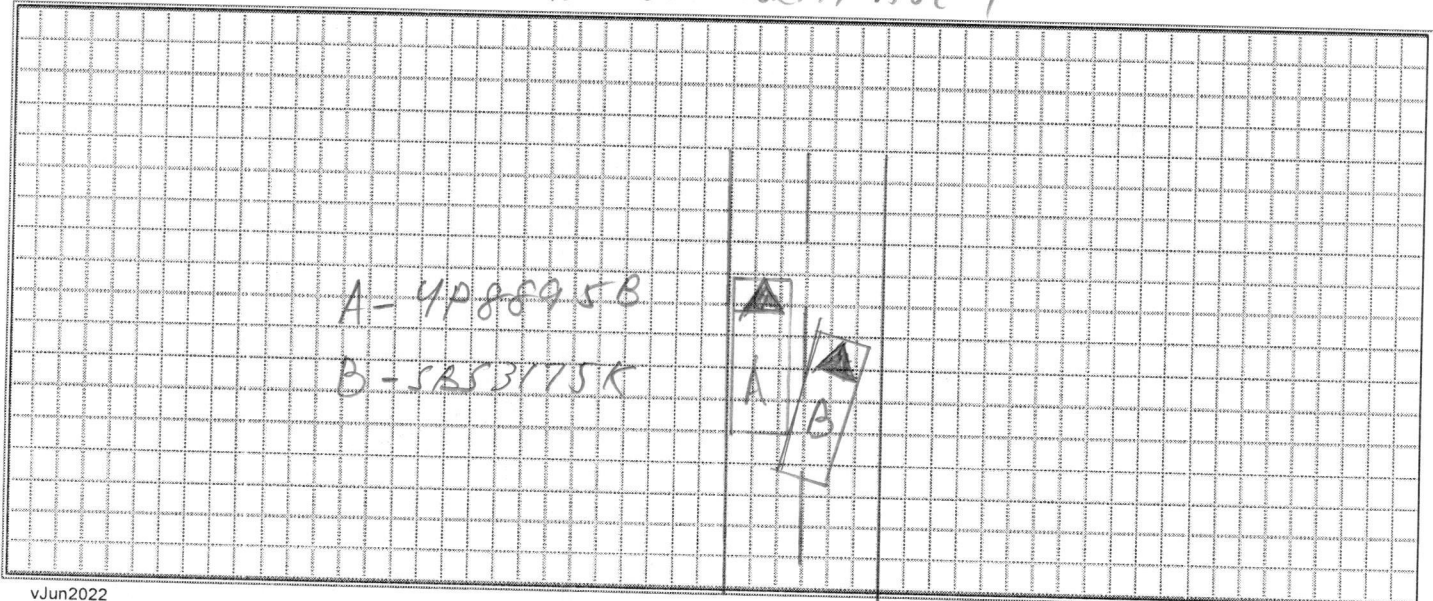
Policyholder's Signature / Date & Time

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

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

Sketch Plan

BEDOK NORTH AVE 1



Describe Circumstance of the Accident

*Pls refer to the attached statement*

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*C. DURAI RAJ*  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

*shym 17/10/22*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

To Person In Charge,

There was an accident in location  
Bedok North Ave 1 on 16<sup>th</sup> Oct 2022 at 2-30pm.

Our lorry 4P8895-B was parked at the  
side road as LED light replacement work under  
LTA was going on at mentioned location.

A SBS Bus 3145K hit our lorry while  
turning in at the road.



# ACCIDENT STATEMENT

ACCIDENT DATE: 16/10/22 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: BEDOK NORTH AVE #1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4P8895B  
 b) INSURANCE COMPANY: INDIA  
 c) POLICY NUMBER: D18MCV0000/40-04  
 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) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: SK CONSTRUCTION & ENGINEERING PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 68443356  
 c) ADDRESS: 8 SECRETAR NORTH LINK AVE-04

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

## DRIVER

- a) NAME: GOVINDAN DURAIRAJ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: F8100763K  
 c) ADDRESS: PAT LODGE 1A WORKER BARRACKS  
8 SECRETAR NORTH LINK AVE-04

\* d) DATE OF BIRTH: 10/05/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29/05/1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES

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: SBS3175K MODEL: TAN SOON HOCK  
 b) DRIVER'S NAME: TAN SOON HOCK  
 c) NRIC/FIN/PASSPORT: S2713076C CONTACT: 81477116

## 9. THIRD PARTY VEHICLE

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

No of passengers  
(including driver)

20

WORKER

(RD)

No of passengers

(including driver)

No of passengers

(including driver)

Email = admin@skce.sg

fax =

VIDEO = NO



## 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.

CERTIFICATE NO.: D18MCV0000140\_04

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : YP8895B  
Chassis No : JALFVR347H7000432
2. Name of Policyholder : S K CONSTRUCTION & ENGINEERING PTE. LTD.
3. Effective date of Insurance : 26 Jul 2022
4. Expiry date of Insurance : 25 Jul 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\*

- 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.

The Policy does not cover

- a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.
- b) 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.

Excess Sect I & II SEPARATELY : SGD2,000.00

Windscreen Excess : SGD200.00

Hire Purchase Company : Credit Link Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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 : A000021/Tan Shi Jack  
Date of Issue : 14/07/2022 14:12:08  
M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory

# ACCIDENT AT BEDOK NORTH AVENUE 1 ON 16.10.2022

