

NATIONAL Assessment Centre Services

Date In: 17/10/12	Job description	Date & Time Completed	Done by
Ref No: NM/CT122010360/513	SAS e-filing		
Veh No: GBA5270A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/12 2002	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: 4P8704U	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

NA2202915	NA2202916	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):		8) NTUC Additional Services:-			
		ON*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5			
		TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:		9) N12: Idac Mobile 30			
Cat. 2 / 3:		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 17:55 (SGT)
Reported by	Driver
Date of Accident	15/10/2022 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TUAS TO CTE SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5270A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKY ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No	2XXXXX352C
Email Address	STYLERAMESH79@GMAIL.COM
Mobile Phone No	(Phone) +65-82985843
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00018692200

DRIVER

Name of Driver	CHANDRAN SOUNDARAPANDIAN
Work Permit No	GXXXX983R
Date Of Birth	25/05/1982
Occupation	Outdoor

Date Of Driving Pass	24/09/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91308371
Alt. Phone Number	-
Email Address	STYLERAMESH79@GMAIL.COM
Address	BLK 3 KIAN TECK LANE #03-08 BLUE STARS DORMITORY
Address complement	-
Postcode	627844
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	4
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	VEERAIYAN SAMIYAPPA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	YP8704U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA7213J
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 3

Vehicle Registration Number	SJE8191J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHANDRAN SOUNDARAPANDIAN
Gender	Male
Phone No	(Phone) +65-91308371
Address	BLK 3 KIAN TECK LANE #03-08 BLUE STARS DORMITORY
Address Complement	-
Post Code	627844
Approximate Age Years Old	40
Injuries Sustained	NECK BACK AND RIGHT LEG

Injured person in which vehicle? GBA5270A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person VEERAIYAN SAMIYAPPA
Gender Male
Phone No (Phone) +65-91308371
Address BLK 3 KIAN TECK LANE #03-08 BLUE STARS DORMITORY
Address Complement -
Post Code 627844
Approximate Age Years Old 30
Injuries Sustained NECK AND BACK
Injured person in which vehicle? GBA5270A
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.

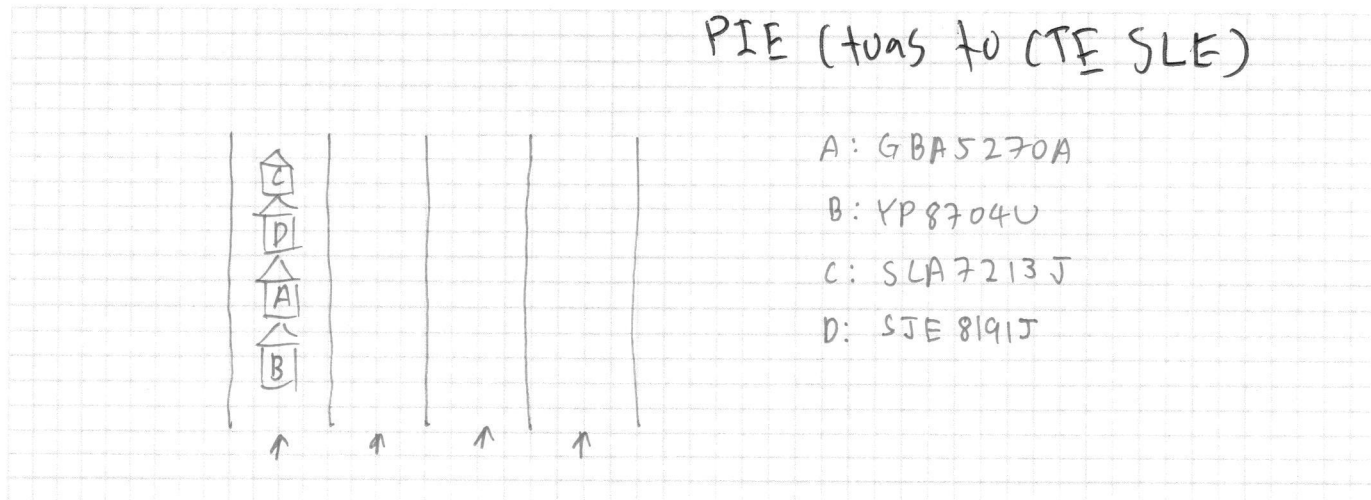


Policyholder's Signature / Date & Time

C. Soundrapandian
Driver's Signature (If driver is not the policyholder) / Date & Time

17/10
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attached police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

C. Soundarapandian

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

[Signature] 17/10
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20221016/2001

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20221016/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2022 01:50		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: CHANDRAN SOUNDARAPANDIAN			Address: APT BLK 3 KIAN TECK LANE #03-08 BLUE STARS DORMITORY SINGAPORE 627844		
ID Type / ID No.: FIN NO / G7602983R			Contact No.: Home/Office: Mobile: 91308371		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 25/05/1982	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/10/2022 20:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA5270A	Lorry	NISSAN			Slightly Damaged	1
SJE8191J	Car				Slightly Damaged	0
SLA7213J	Car				Slightly Damaged	0
YP8704U	Lorry				Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20221016/2001

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20221016/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Veeraiyan Samiyappa	ID No.	G7631751N
Related Vehicle	GBA5270A (Lorry)	Contact No.	94297988
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/10/2022	Date Discharge	16/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHANDRAN SOUNDARAPANDIAN	ID No.	G7602983R
Related Vehicle	GBA5270A (Lorry)	Contact No.	91308371
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 20/07/2023
Date Treatment	16/10/2022	Date Discharge	16/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Sarbjit Singh	ID No.	G2329031L
Related Vehicle	YP8704U (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/10/2022 at about 2000hrs, I was driving one lorry, GBA5270A along PIE towards Tuas before CTE/SLE. I was travelling on the most left lane. There was slight traffic in front as such I applied my brakes. Afterwhich, one lorry, YP8704U collided with my lorry at the rear portion. The impact caused my lorry to hit the car in front, SJE8191J and the car hit another car, SLA7213J. All parties alighted and exchanged particulars. After exchanging particulars, all parties drove off. I suffered injuries my back, right elbow and right knee. My passenger suffered injuries on his neck, back and right leg. My passenger and I went to the clinic and was given 3 days of MC. I have an in-vehicle camera installed in the lorry.



**SINGAPORE
POLICE FORCE**



T/20221016/2001

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20221016/2001

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221016/2001

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20221016/2001

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:

E /

SR STAFF SGT MUHAMMAD

AFIQ BIN SAIFUL BAHRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

16/10/2022 01:50

Classification Of Case:

NP168

Date of Accident : 15/10/2022 Accident Time: 2000 (24-HR-Format)
Accident Place : PIE (TVA5 to CTE/SLE)
Vehicle. No. (Car Plate No.) : GBA5270A Make/Model: NISSAN
Insurance Company : China Taiping Policy No: DMCVSNW 00018692200
Owner or Company Name /IC No. : Sky Engineering & Construction Pte Ltd (201430352C)
Owner or Company Contact No. : 82985843 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : CHANDRAN SUNDARAPANDIAN
DRIVER'S Date Of Birth : 25/05/1982 DRIVER'S License Pass Date 24 Sep 2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 12 Jalan Setia, S(368430)
DRIVER'S Contact No./ Alt No. : 1) 91308371 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : STYLE RAMESH79@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: YP 8704 U (Vehicle B)

Vehicle. No: SLA 7213 J (Vehicle C)

Vehicle Make\Model: Hino 300

Vehicle Make\Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

SJE 8191 J (Vehicle D)



Motor Commercial

MZ300/C

N SN

AN0613A

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.	DMCVSNW00018692200	Engine No.: QR20019272R	
		Cha. No.: JN1SA2F24Z0000428	
1. Index Mark and Registration Number of Vehicle	GBA5270A	AUTOSAFE	=====
2. Name of Policy Holder	SKY ENGINEERING & CONSTRUCTION PTE. LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/02/2022 (00:00:00)	Excess Sect I .	\$\$\$500.00
		EX ON WINDSCREEN .	\$\$\$100.00
4. Date of Expiry of Insurance	08/02/2023		

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.*

- (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. : UNITED OVERSEAS BANK LIMITED

* 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: Tan Xin Yi Josephine
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com