

# NATIONAL Assessment Centre Services

(tel) (1-800-361-1111)

SN0822AR0001

Case No: 27/10/2022 16:31  
Ref No: NR01/00122010632/Y  
Val No: GB3 2830 G  
E.O.A: 27/10/2022 15:15

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (whole text, A/C then)

I-Motor Claim Form

I-Motor W/O (whole text, A/C then)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax: Hand to Owner/Whan

TC (signature)

Preferred Make / INC Assign Whan / CW: (

Tel:

Fax:

TF Particulars:

Veh No:

SAC 26354

INC ( ) / Non-INC ( )

Owner / Driver (

Tel:

Policy No: ( )

Period: ( )

Cover Type: ( )

Confirmed by: (

Date:

Time:

Insured Driver Liability: (

11) (Note: List Status (WC) N 0-20%, P 21-70%, F 80-100%)

Year of Registration: (

Warranty: YES ( ) / NO ( )

Excess: (\$

Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

1) Walk-In Customer: Customer's Information strictly Confidential & Strict NO refer of repair.

2) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In (

Towed-In (

Invoice: YES ( ) / NO ( )

Towing Cost:

Remarks: INC Refiner: 6788 6616

Done by

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Auto Turn: Action:

NA2203011

Important Particulars:

Owner/Driver:

Contact No:

Assigned Portion: W/O

Checked by (Eng-In-Charge):

Next Continuity:

File:

File:

## Invoice Preparation Checklist

Item	Amount	Done by
1) AR: Accident Reporting (150)		
2) DA: Damage Assessment (150)		
3) TF: Towing Fee (50)		
4) TT: Towing Through Survey (150)		
5) TR: Transport Allowance / Survey (150)		
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Invoice Date:

File Charge:

File Charge:



## 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	27/10/2022 16:31 (SGT)
Reported by	Driver
Date of Accident	21/10/2022 15:15 (SGT)
Exact Location of Accident	Chitty Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2830G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VECTRON CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX020Z
Email Address	cy@vectronconstruction.com.sg
Mobile Phone No	(Phone) +65-8484609
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120064712200

### DRIVER

Name of Driver	RAJAMANICKAM KARTHIKEYAN
Passport No/FIN	GXXXX501K
Date Of Birth	01/06/1994
Occupation	Outdoor

Date Of Driving Pass	03/06/2021
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91672949
Alt. Phone Number	-
Email Address	cy@vectronconstruction.com.sg
Address	237 PANDAN LOOP #04-02
Address complement	-
Postcode	128424
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

#### 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

\*PLEASE REFER TO SKETCH AND POLICE 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	SHC2635U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE BOON LEONG
NRIC No	SXXXX614A
Contact Number	(Phone) +65-91294806
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	YM6453Y
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 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.

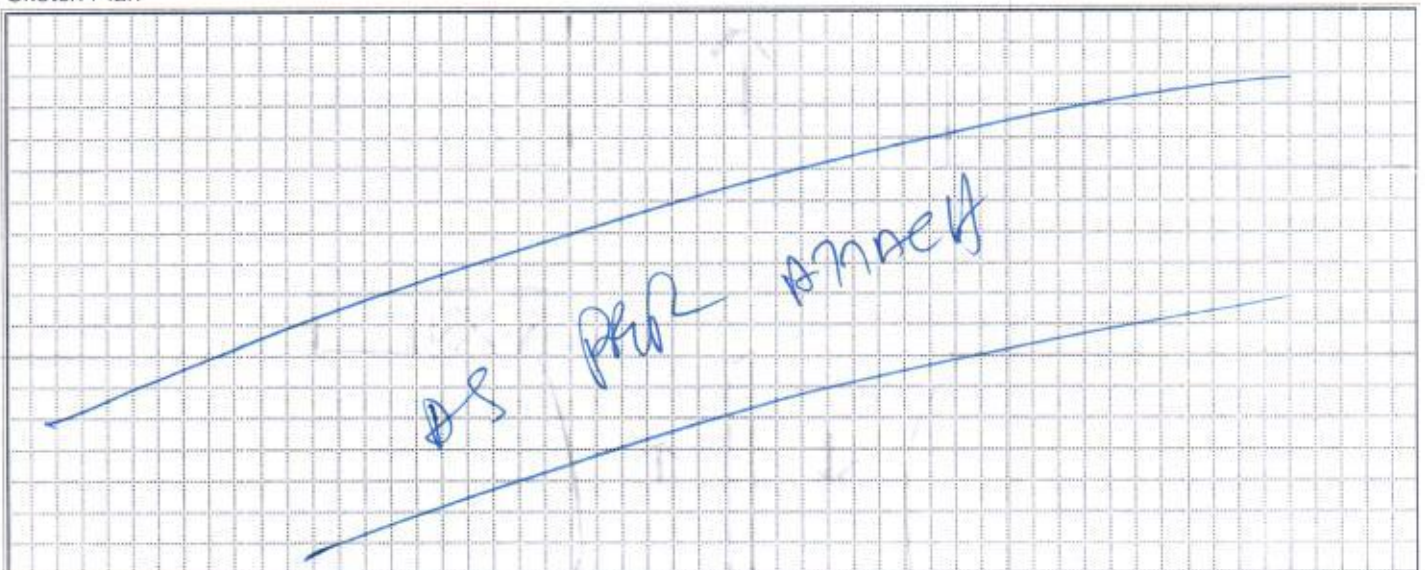


Policyholder's Signature / Date & Time

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

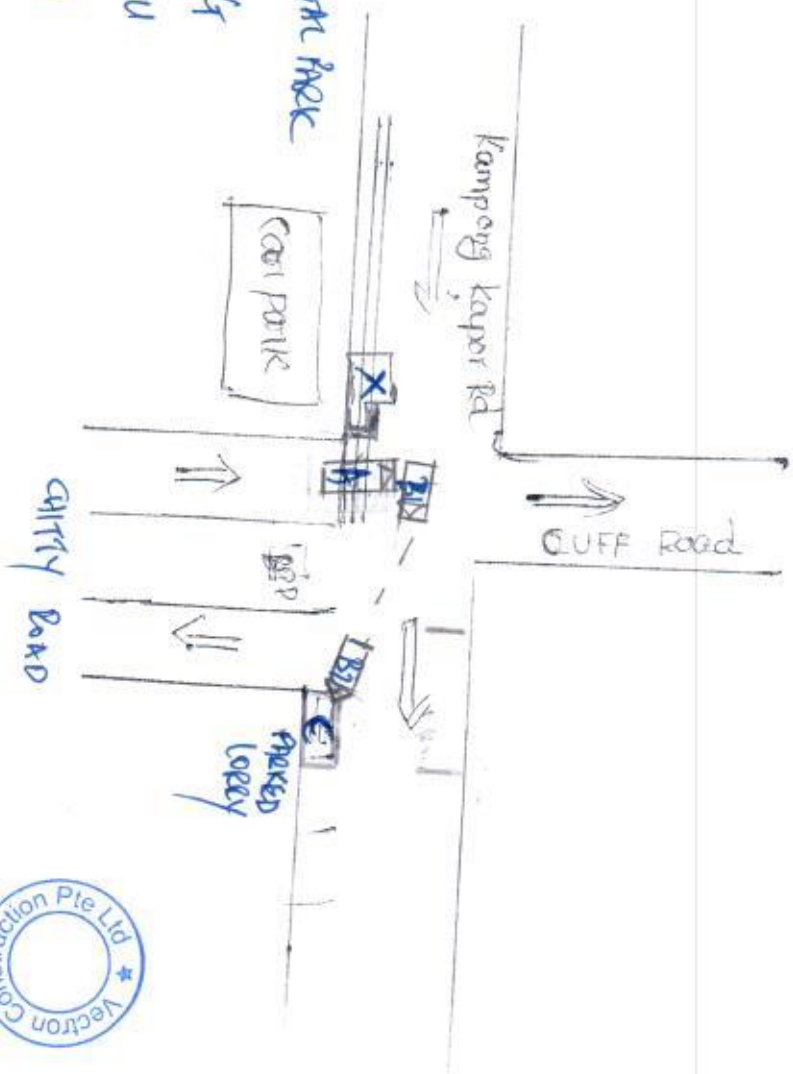


X) Geely Tugan Inc

A) GRJ 28304

B) SAC 2635U

C) Ym 6453y



R. 47 27/10/2022

27/10/2022



Describe Circumstance of the Accident

On 21/10/22 about 3.15pm, I was driving out from carpark at Chrtly Road. My vision was blocked by a lorry parking illegally on the left side of the carpark exit. There was slight drizzle and the floor was wet.

As I was moving out slowly, a taxi, SHC 2635U, which I could not see, suddenly fly past my lorry and caused me to hit the right side of the taxi. The taxi was travelling at a fast speed.

The impact caused the taxi to ~~swerve~~ swerve and hit a stationary lorry parking ahead of the carpark entrance/exit.

Declaration

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



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)

# ACCIDENT STATEMENT

ACCIDENT DATE: (21/10/2021) (DD/MM/YYYY), TIME: (1515) (HH:MM)

LOCATION: Chilly Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 2830 G  
 b) INSURANCE COMPANY: UOI  
 c) POLICY NUMBER: DH OM 120064712200  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA DYNA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Vectron Construction Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2011320203 CONTACT: 84840609  
 c) ADDRESS: 237 Pandan Loop #04-02 S(128424)

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

## DRIVER

- a) NAME: Rajamanickam Kartikayan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G8888501K CONTACT: 91672949  
 c) ADDRESS:

\* d) DATE OF BIRTH: (01/06/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/06/2021

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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 26354 MODEL: COMFORT  
 b) DRIVER'S NAME: LEE BOON LEONG  
 c) NRIC/FIN/PASSPORT: 50186614A CONTACT: 91294806

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YM64534 MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

email: cy@vectronconstruction.com.sg  
 VIDEO



## 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)

**ORIGINAL**

<b>CERTIFICATE NO.</b>	DHOM120064712200	<b>Excess:</b>	\$500/-SECTION 1 \$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	GBJ2830G		
<b>Name of Insured</b>	VECTRON CONSTRUCTION PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 11 March 2022 to 10 March 2023  
**Hire Purchase** UNITED OVERSEAS BANK LIMITED

**Engine#** 1KD2663805  
**Chassis#** KDY2318027352

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

### LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

### THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

Provided that the person 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.

\*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

FSGMY Date : 04/03/2022

  
 For the Company