

NATIONAL Assessment Centre Services

(Unit 1, 2, 3, 4, 5)

SUCP2810008

Date In: 21/4/2022 12:36	Job description	Date & Time Completed	Done by
Ref No: N/A/UP2201688X	SAS e-filing		
Veh No: G12 P025X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/4/2022 08:20	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Whins: OD 2hrs, TP 3hrs)		
TP Insured	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Vch No: YP 025X INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (Note: Est Status (WO): 10-0-30%, 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 hot line: 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: ()

<p>N/A2203281</p> <p>TP Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>for Comments:</p>	Invoice Preparation Checklist	
	1) AR: Accident Reporting (330)	
	2) DA: Damage Assessment (3100)	INC (330)
	3) TF: Towing Fee	\$10/\$40
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	Participating Insurers (INC Only, valid 12 Jan 2023)	
	6) TR: Re-inspection	\$70
	7) NI: New DA + SMRT Survey	\$140
	8) NTUC Additional Fee: ()	
<p>Q1:</p> <p>*NI: Courtesy Car / Transport Allowance \$5</p> <p>*NI: Repair Coordination \$10</p> <p>*NI: Post Repair Inspection \$20</p> <p>*NI: DV / Collect Excess Coordination \$2</p> <p>TP (NI): TP Insur INC against INC \$30</p> <p>TP (NI) Insur Mobile \$10</p>		
<p>Invoice dated: ()</p> <p>Fee Charged: ()</p> <p>Max Charged: ()</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 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	21/11/2022 17:36 (SGT)
Reported by	Driver
Date of Accident	16/11/2022 08:20 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2025X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RECLAIMS ENTERPRISE PTE LTD
Company Reg No	2XXXXX101E
Email Address	hr@reclaims-enterprise.com
Mobile Phone No	(Phone) +65-84361073
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	SD22V02100/VCH/R00

DRIVER

Name of Driver	ANNAMALAI NANTHAKUMAR
Passport No/FIN	GXXXX509R
Date Of Birth	03/08/1997
Occupation	Outdoor

Date Of Driving Pass	06/04/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84361073
Alt. Phone Number	-
Email Address	hr@reclaims-enterprise.com
Address	10 TUAS SOUTH STREET 7
Address complement	-
Postcode	637114
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	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)	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	KARUPPAIAH SINGATHURAI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220001/2063

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 TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8025X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG CHUANWU
Passport No/FIN	GXXXX290M
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	YQ2318K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-83113665
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

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

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

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

Handwritten notes on the grid:

- Top left: ~~OFF~~ AYE → Turn
- Top right: (A) GZ2025X
- Middle right: (B) YP8025X
- Bottom right: (C) YQ2318K

Diagram showing three vehicles (A, B, C) involved in an accident, with arrows indicating movement or position.

Describe Circumstance of the Accident

Refer to police report no T/20221116/2063

2

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 21/11/2022

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



**SINGAPORE
POLICE FORCE**



T/20221116/2063

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20221116/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2022 15:04	Vide Report No.: J/20221116/0045	Station Diary No.: 40
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Informant's Particulars

Name of Informant: ANNAMALAI NANTHAKUMAR			Address: 10 TUAS SOUTH STREET 7 SINGAPORE 637114		
ID Type / ID No.: FIN NO / G8671509R			Contact No.: Home/Office: Mobile: 84361073		
Nationality: INDIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 03/08/1997	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2022 08:20	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GZ2025X	Lorry				Slightly Damaged	1
YP8025X	Lorry					0
YQ2318K	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20221116/2063

2 of 3

Report No. T/20221116/2063

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Brief Details.

On 16/11/2022 at about 0820hrs I was driving my company lorry GZ2025X going towards Tuas.

I was driving on the 3rd lane. The traffic was quite heavy during that time. I was slowly moving forward when suddenly I head a bang on my Lorry rear.

I got off the lorry and saw a Vehicle YP8025X hit onto my lorry and there was another lorry YQ2318K that hit on the rear of YP8025X.

There were some dent on the rear of my lorry.



**SINGAPORE
POLICE FORCE**



T/20221116/2063

3 of 3

Report No. T/20221116/2063

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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:

F /

SGT 2 RAJESWARI D/O
PATRICK VISWA NATHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2022 15:04

Officer In Charge Of Case:

TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168



5/2022/116/45

SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No: 5/2022/116/45 8

I, SS 710183 MARION
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 21X MICROS 16GB (16000)
- 2 7
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from ANNAMALAI NANTHAKUMAR (HP: 84361073)
(Name, NRIC or Passport No. / Rank and No.)

of RECLAIMS ENTERPRISE PTE LTD
(Address / Police Station / NPC / NPP)

on 6/1/22 at 1000
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

A. Nanthakumar
(Signature)

f. 8
Signature

Annamalai Nanthakumar (086715092)
(Name, NRIC or Passport No. / Rank and No.)

SS 710183 MARION
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 16 / 11 / 2022 (dd/mm/yy) Time of Accident: 08 : 20 hrs (24-HR-FORMAT)

Vehicle No. : GZ2025X Vehicle Make & Model / Engine (cc): Toyota Dyna Private Hire: (Y / N)

Exact location of Accident: AYE towards Tuas

Policyholder's Name / IC No. : Reclaims Enterprise Pte Ltd ROC/UEN (Company) 200903101E

Driver's Name / IC No. : Annamalai Nanthakumar / G8671509R (As Above) ☐

Driver's Contact No. : 84361073 Company Contact No / Owner Contact No: _____

Driver's Address: 10 Tuas South st 7 S(637114)

Owner Email address: hr@reclaims-enterprise.com Insurance Company: _____

Driver Email address: _____ 318/1997 6/4/2022

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: Karuppaiah Singathurai Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: SD card with Traffic Police

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Unknown Convey by ambulance

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Zhang Chuan Wu / G2291290M Vehicle No: YP8025X

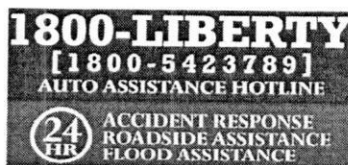
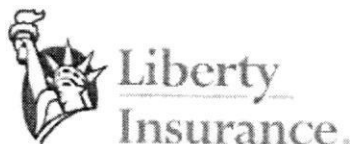
Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): Unknown Vehicle No: YQ2318K

Driver's Contact No: 83113665 Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
Website: <http://www.libertyinsurance.com.sg>

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

Certificate No	SD22V02100 /VCH /R00
Form	MZ301A
Date Of Issue	05-FEB-2022
1. Index Mark and Registration No. of Vehicle:	GZ2025X
2. Chassis number of Vehicle:	JTFUF34Y203011461
3. Name of Policyholder:	RECLAIMS ENTERPRISE PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act:	01-FEB-2022 00:00 AM
5. Date of Expiry of Insurance:	31-JAN-2023 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	
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. 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. 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. 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.	
7. 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.	
8. The Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward. *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.	
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.	
VIRTUAL INSURANCE AGENCIES PTE LTD 192 Waterloo Street #02-02 Skyline Building, Singapore 187968 Tel: (65) 63380083 Fax: (65) 63380048	For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers _____ Authorised Signature
For Information only:	
COVERAGE :	Third Party Only
SUM INSURED:	
EXCESS:	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$1500
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLSE/PLSE/05-FEB-22

S1_CI_T1_T3_OE_Template2-Ver1.

05-FEB-22