

NATIONAL Assessment Centre Services

Date In: 30/11/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CT/22011986/194	SAS e-filing		
Veh No: YJ 9044R	E-mail (within 3hrs. AIC 2hrs)		
D.O.A: 25/11/2022 2050	i-Motor Claim Form		
OD TP Report @g Only	i-Motor W/O (Within 3rd 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: SLX 5579X	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

NA2203348	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			
Contact No:	4) FT: Follow-Through Survey \$120			
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30			
	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:-			
QC Checked by (Engr-In-Charge):	QI:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
<u>Cat 1:</u>	TP (N11): TP (Non INC) against INC \$20			
<u>Cat 2 / 3:</u>	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 30/11/2022 11:30 (SGT)
Reported by Driver
Date of Accident 25/11/2022 20:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPPER BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YJ9044R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YISHUN TOWING PTE LTD
Company Reg No 2XXXXX908W
Email Address feliciatan80@hotmail.com
Mobile Phone No (Phone) +65-64588480
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Ftr33f
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 8226

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00036812203

DRIVER

Name of Driver PERIYASAMY JOTHI
Work Permit No GXXXX891W
Date Of Birth 11/02/1977
Occupation Outdoor

Date Of Driving Pass	17/01/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86485610
Alt. Phone Number	-
Email Address	feliciatan80@hotmail.com
Address	BLK 683A CHOA CHU KANG CRESCENT #08-416
Address complement	-
Postcode	681683
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 - Head to Rear
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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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	SLX5579X
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	SHC2017D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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

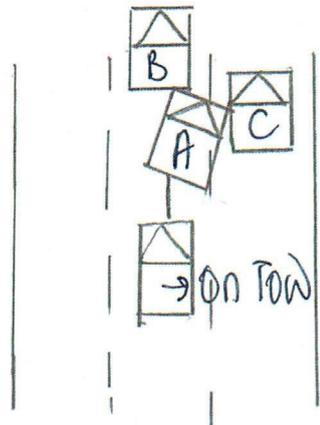
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 30/11/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Bukit Timah Road



- A) YJ 9044 R
- B) SLX 5579 X
- C) SHC 2017 D

Describe Circumstances of the Accident

Refer TO Police Report : T20221126/2003.

Lined area for describing the accident circumstances.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

 30/11/2022

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20221126/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2022 01:26	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: PERIYASAMY JOTHI		Address: 683A CHOA CHU KANG CRESCENT #08-416 SINGAPORE 681683	
ID Type / ID No.: FIN NO / G7594891W		Contact No.:	Mobile: 86485610
Nationality: INDIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 11/02/1977	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: TOW TRUCK DRIVER		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/11/2022 20:50	Type of Location: X-Junction
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHC2017D	Car	HYUNDAI	AE Ioniq HEV FL 1.6 DCT		Slightly Damaged	1
SLX5579X	Car	RENAULT	Grand Scenic IV 1.5 DCI AT EU6	Beige	Seriously Damaged	1
YJ9044R	Truck	ISUZU	FTR33F	Blue	Slightly Damaged	1
	Off Road Cement Truck	MERCEDES BENZ	Actros	White	No Damage	1



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lee Kian Hock	ID No.	S1232010H
Related Vehicle	SHC2017D (Car)	Contact No.	98730506
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
Driver			
Name	LEE YIN FONG	ID No.	S6906975D
Related Vehicle	SLX5579X (Car)	Contact No.	90066448
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
Driver			
Name	PERIYASAMY JOTHI	ID No.	G7594891W
Related Vehicle	YJ9044R (Truck)	Contact No.	86485610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	RADHAKRISHNAN RAJAMANI	ID No.	G7667916P
Related Vehicle	(Off Road Cement Truck)	Contact No.	84645411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/11/2022 at about 2052 hours, I was driving tow truck YJ9044R along Upper Bukit Timah Road towards Sungei Kadut direction. My colleague namely Radhakrishnan Rajamani was in an off-road vehicle (no license plate) and it was connected to my vehicle via a tow bar. Upon reaching the junction beside Hazel Park, the car travelling in front of me, SLX5579X suddenly jammed brake and came to a stop before the traffic lights. I did not manage to see what color it was when she applied the brakes. I also applied the brakes however I was unable to stop in time and thus collided into the rear of SLX5579X. Due to the collision, my truck veered to the right and concurrently, a blue comfort delgro taxi SHC2017D happened to drive past and my truck scrapped the left side of the taxi.

All of us alighted to check the damage and exchanged particulars.

No one claimed any injury and no ambulance or police were called.

The following damages were observed.

SLX5579X (heavily dented rear boot and smashed rear windscreen)
YJ9044R (dents of left front portion of vehicle, damaged left wing mirror)
SHC2017D (scratches on left rear door area)

My colleague's off road vehicle did not suffer any damages.

We informed our supervisor (96288480) and he informed that one of the insurance companies contacted him and they required us to lodge a traffic accident report regarding the matter.

The vehicles my colleague and I were driving do not have any in vehicle camera.



**SINGAPORE
POLICE FORCE**



T/20221126/2003

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

4 of 4

Report No. T/20221126/2003

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: J/ SGT 2 DYLAN KOK JIE QI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2022 01:26
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

VEHICLE NO: YJ 9044 R

MAKE & MODEL : Isuzu FTR33F

AUTO / MANUAL

DATE OF ACCIDENT	25 / 11 / 2022	*C.C.
TIME OF ACCIDENT	2050 hrs	AM / PM
LOCATION OF ACCIDENT	Upper Bukit Timah Road	
FACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Yishun Towing Pte Ltd	
MAIL:	feliciatan80@hotmail.com	Office: MOBILE:
RIC	200106908W	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
MEET POLICY	YES / NO ?	
INSURANCE CO.	China Tai Ping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00036812203	
NAME OF DRIVER	AS ABOVE / IF NO: Periyasamy Jothi	
RIC	G7594891W	
DATE OF BIRTH	11 / 02 / 1977	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	05 / 04 / 2013	
ENDER	Male / Female	
CONTACT NO.	Mobile: 86485610 Office: Home:	
MAIL:	feliciatan80@hotmail.com	
ADDRESS	BK 683A Choa Chu Kang Crescent #08-416 S681683	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No: INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONVEYED BY AMBULANCE	No / If yes: Who?	
POLICE REPORT	No / If yes: Where? Choa Chu Kang NPC	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SLX 5579X Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	SHC 2012 D Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Motor Commercial

MZ301/C

R SN

AN0478A

Cov. Type:T

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.	DMCVSNW00036812203	Engine No.: 6HH1263519	Cha. No.:JALFTR33FV3000082
1. Index Mark and Registration Number of Vehicle	YJ9044R		
2. Name of Policy Holder	YISHUN TOWING PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/04/2022 (00:00:00)	Excess Sect. II	SS1,000.00
4. Date of Expiry of Insurance	31/03/2023		
5. Persons or Classes of Persons entitled to drive*	(1) 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. (2) Whilst the vehicle is being used for social, domestic or 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.		
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 racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. (3) 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 (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: _____



Authorised Signatory