

NATIONAL Assessment Centre Services (Rev. 1 Jan 2021)

Date Inv: 15/12/2022 10:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/27220/25274	E-mail (within 3hrs, A/C 2hrs)		
Veh No: YQ 2951G	i-Motor Claim Form		
D.O.A: 10/12/2022 09:44	i-Motor W/O (Within: OD 2hrs, 27 mins)		
QC (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SNO 78-P 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 repeler.

( ) 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:

Item No.	Description	Rate	Amount	Remarks
<b>Invoice Preparation Credits:</b>				
1)	AR: Accident Reporting (\$30)			
2)	DA: Damage Assessment (\$100)	INC (\$55)		
3)	TP: Towing Fee	\$10/\$45		
4)	PT: Follow-Through Survey	\$150		
5)	PT: Follow-Through Survey (Resurvey)	\$30		
Establishing a valid INC Date (See Inc 2022)				
6)	TR: Re-inspection	\$75		
7)	NI: Head DA + DMRT Survey	\$160		
8)	NTUC Additional Fee (\$25)			
<b>Other:</b>				
	*NI: Courtesy Car / Trip Allowance	\$5		
	*NI: Repair Coordination	\$10		
	*NI: Post Repair Inspection	\$25		
	*NI: DV / Collect Excess Coordination	\$1		
	*TP (NI): TP (Non-INC) against INC	\$10		
2)	NI: 24hrs Mgmt			
	Invoice dated:			
	Fee Charged:			

NA2203471

Claimant's Particulars:

Owner:

Contact No:

Addressed Portion:

Checked by (Engr-In-Charge):

Remarks/Comments:

1/2/3:

# 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	15/12/2022 10:15 (SGT)
Reported by	Driver
Date of Accident	10/12/2022 09:45 (SGT)
Exact Location of Accident	Ang Mo Kio Street 44, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2951G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	THE TRIO MOVERS PTE. LTD.
Company Reg No	2XXXXX869N
Email Address	management@thetriomovers.com.sg
Mobile Phone No	(Phone) +65-91410204
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00087202200

### DRIVER

Name of Driver	GANESAN MANIKANDAN
Passport No/FIN	GXXXX189X
Date Of Birth	03/04/1979
Occupation	Outdoor

Date Of Driving Pass	15/09/2008
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91410204
Alt. Phone Number	-
Email Address	management@thetriomovers.com.sg
Address	BLK 604 WOODLANDS DRIVE 40 #08-13
Address complement	-
Postcode	730604
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	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)	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	MANEKIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221210/2092

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	SND78P
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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)	-

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.

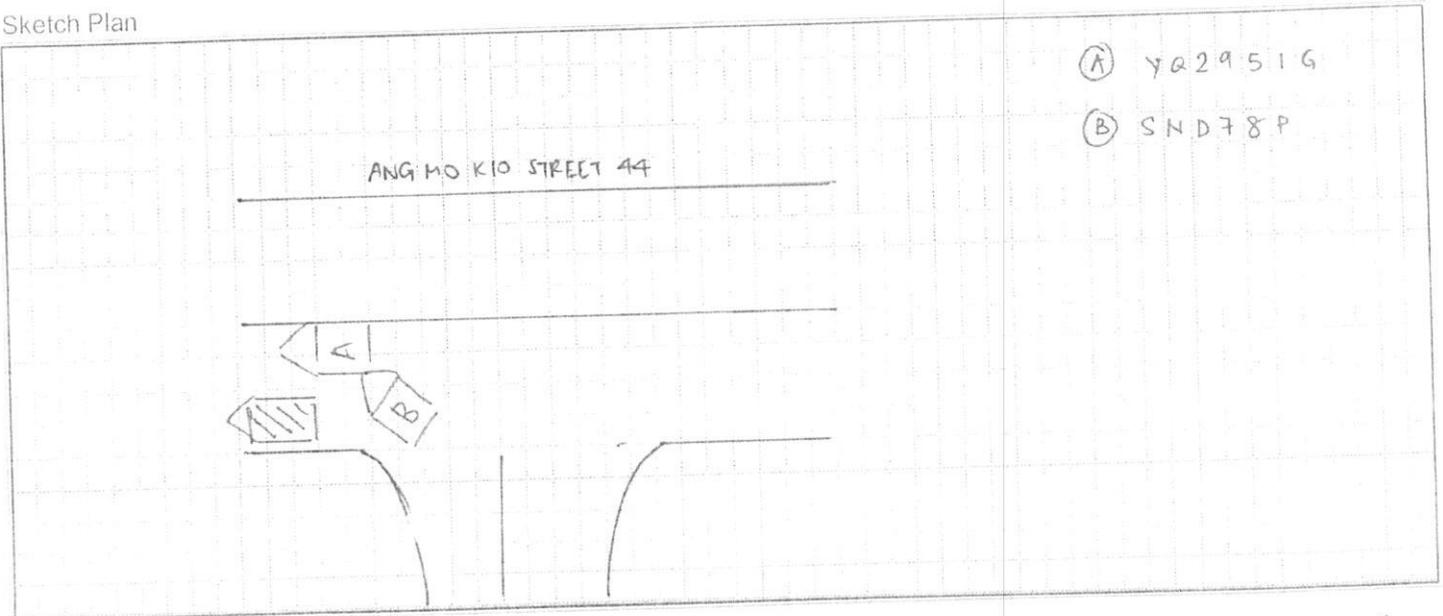


THE TRIO MOVERS  
PTE LTD  
Policyholder's Signature / Date & Time

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

15/12/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

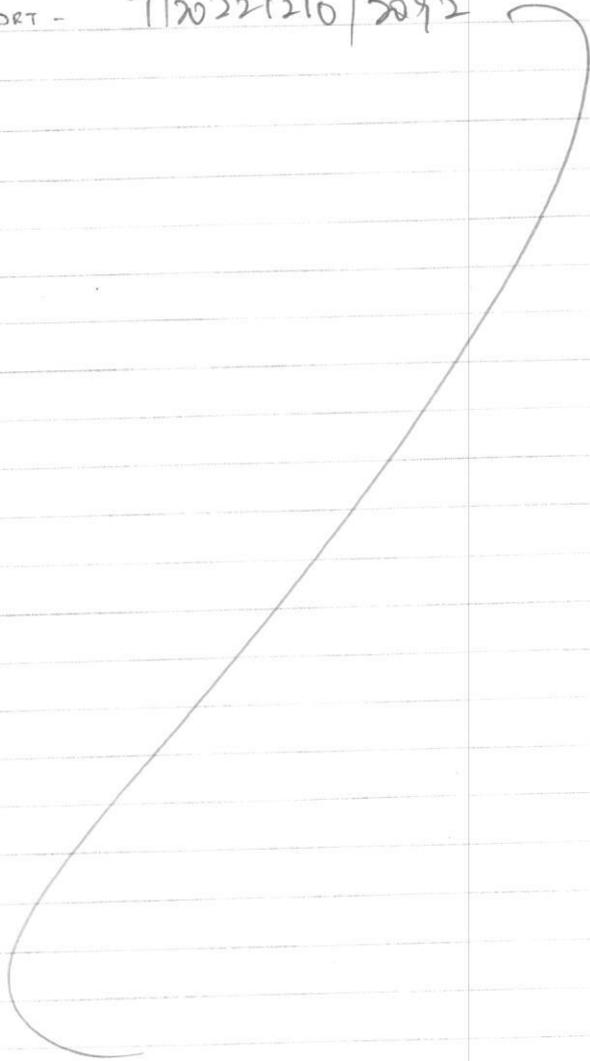
Sketch Plan



Describe Circumstance of the Accident

- REFER TO POLICE REPORT -

T/20221210/2092



Declaration

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



**THE TRIO MOVERS**  
Teamwork - Responsibility - Integrity - Creativity  
**PTE LTD**  
UEN 200408232

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)



**SINGAPORE  
POLICE FORCE**



T/20221210/2092

1 of 3

Report No. T/20221210/2092

Police Station of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2022 18:51	Vide Report No.: F/20221210/0116	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: GANESAN MANIKANDAN		Address: APT BLK 428 WOODLANDS STREET 41 #05-228 HDB SINGAPORE 730428	
ID Type / ID No.: FIN NO / G7327189X		Contact No.: Home/Office:	Mobile: 91410204
Nationality: INDIAN		Email:	
Sex: Male	Age: 43	Date of Birth: 03/04/1979	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2022 09:45	Type of Location: Straight Road
Location: ANG MO KIO STREET 44				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SND78P	Lorry	VOLKSWAGO N	SHARAN 2.0 TSI		Seriously Damaged	1
YQ2951G	Lorry	ISUZU	NPR85UH5A 3.0 MT		Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20221210/2092

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 3  
Report No. T/20221210/2092

**CONTINUATION OF REPORT**

Driver			
Name	GANESAN MANIKANDAN	ID No.	G7327189X
Related Vehicle	YQ2951G (Lorry)	Contact No.	91410204
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 10/12/2022 at about 0945hrs, I was driving my company's lorry bearing plate number: YQ2951G (V1) along Ang Mo Kio Street 44 towards Ang Mo Kio Ave 10. As I saw another car bearing plate number: SND78P (V2) coming out from the carpark, I slowed down. After slowing down, I saw V2 exited the carpark however she stopped there thus I continued driving. Out of a sudden, V2 drove and collided onto V1's left portion. At that point of time, there was also a truck parked along Ang Mo Kio Street 44, not far from the entrance/exit of carpark.

My boss namely: Ken came down to the incident location to assist me and the workers who were working on LTA project showed my boss a footage which shows that V1 slowed down. My boss asked them for the footage however they informed that they need to seek permission from their boss first. The worker's engineer namely: Mr Ong (HP: 89189055) left his contact number with my boss to assist me on this matter.

I have handed over the in-car camera SD Card to the officer at the incident location. The driver of V2 was seen conveyed by ambulance.

There are dents and scratches on V1's left portion while V2's front bumper were badly damaged.



**SINGAPORE  
POLICE FORCE**



T/20221210/2092

3 of 3

Report No. T/20221210/2092

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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:

L /

SGT 2 NUR DINI BINTE  
HASNEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2022 18:51

Officer In Charge Of Case:

TP / GIT /  
SGT 3 INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Classification Of Case:

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: 10 / 12 / 2022 (dd/mm/yy) Time of Accident: 09 : 45 (24-HR-FORMAT)

Vehicle No.: Y029514 Vehicle Make & Model / Engine (cc): ISUZU Private Hire: (Y / N)

Exact Location of Accident: ANG MO KIO AVENUE B1 44

Policyholder's Name / IC No.: THE TRIO MOVERS PTE. LTD ROC/UEN (Company): 202108809N

Driver's Name / IC No.: GANESAN MANIKANDAN G7327189X (As Above)

Driver's Contact No.: 91410204 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: 604 WOODLANDS DRIVE 47 #08-13 SINGAPORE 730604

Owner Email address: MANAGEMENT@THETRIOMOVERS.COM.SG Insurance Company: CHINA TAIPING

Driver Email address: \_\_\_\_\_

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: MANEKIN Gender: Male / Female ( )  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female ( )

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: WITH TRAFFIC POLICE

Any Injuries:  Yes /  No (IF YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (IF YES) Which Police Station: WOODLANDS EAST NPC

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SND78P

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Commercial

M2301/C

E SH

AN0671A

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.	DMCVSNA00987202200	Engine No.	4JJ14H6330
		Cha. No.	JANPKR85HK7101077
1. Index Mark and Registration Number of Vehicle	YQ2951G	AUTOSAFE	*****
2. Name of Policy Holder	THE TRIO MOVERS PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/11/2022 (60.00.00)	Excess Sect 1.	\$ \$600.00
		EX ON WINDSCREEN	\$ \$100.00
4. Date of Expiry of Insurance	07/07/2023		
5. Persons or Classes of Persons entitled to drive*	<p>(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.</p> <p>(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.</p>		
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic or pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward.</p>		
<p>HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED</p> <p>* 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</p>			

**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: Chua Suat Lay Sally  
Authorised Officer

  
Authorised Signatory