

NATIONAL Assessment Centre Services

Date In 23/12/2022	Job description	Date & Time Completed	Done by
Ref No NA/CTI 22012831/d4	SAS e-filing		
Veh No YQ 2071X	E-mail (within 8hrs. Aft. 2hrs)		
DOA 20/12/2022	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: E4811	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

NA 2203547	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice date:	Fee Charged	
Cat 2/3:	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	23/12/2022 17:27 (SGT)
Reported by	Driver
Date of Accident	20/12/2022 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS AVENUE 18 (BUILDING 15A LOADING BAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2071C
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEAEVER ENGINEERING PTE LTD
Company Reg No	2XXXXX591K
Email Address	seaeverpl@yahoo.com.sg
Mobile Phone No	(Phone) +65-93889485
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00010122201

DRIVER

Name of Driver	MALAIAPPAN SEKAR
Passport No/FIN	FXXXX400L
Date Of Birth	15/06/1979
Occupation	Indoor

Date Of Driving Pass	13/10/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87379461
Alt. Phone Number	-
Email Address	seaeverpl@yahoo.com.sg
Address	NO.19 TOH GUAN DORMITORY
Address complement	-
Postcode	-
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	0
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	E4811
Vehicle Category	Commercial vehicle

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 THE ATTACHED POLICE REPORT- T20221222/7005

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	E4811
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAGU
Contact Number	(Phone) +60-177141811
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

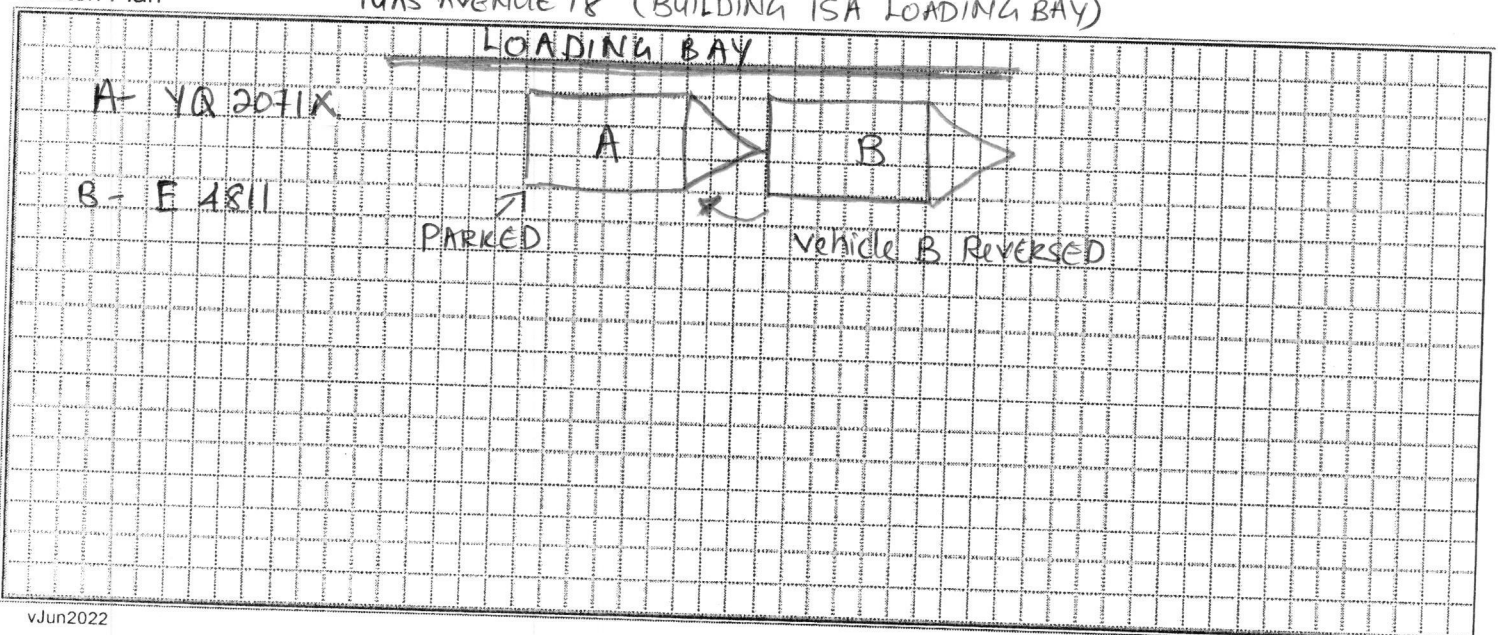
Seban 23/12/2022

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

Tuas Avenue 18 (Building 15A Loading Bay)



Describe Circumstance of the Accident

← please Refer to the police Report

- 7/20221222/7005

Declaration

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



Policyholder's Signature / Date & Time

8 e/cu 23/12/2022

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

gured 23/12/2022

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



SINGAPORE POLICE FORCE



T/20221222/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221222/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2022 10:20			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: MALAIAPPAN SEKAR			Address:		
ID Type / ID No.: FIN NO / F8322400L			Contact No.: Home/Office: Mobile: 87379461		
Nationality: INDIAN			Email: MATHU201040@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 15/06/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry: 27/11/2023		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 20/12/2022 14:15	Type of Location: LOADING BAY
Location: TUAS AVENUE 18				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
E4811 (Not Accurate)	Lorry				Slightly Damaged	0
YQ2071X	Lorry		MITSUBISHI	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221222/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221222/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YQ2071X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		27/02/2022	26/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KRISHNA KUMAR A/L ASOKUMAR		ID No.	891106055475
Related Vehicle	E4811 (Lorry)		Contact No.	0177141811
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	MALAIAPPAN SEKAR		ID No.	F8322400L
Related Vehicle	YQ2071X (Lorry)		Contact No.	87379461
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 27/11/2023
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I parked my vehicle at the loading bay of 15A Tuas avenue 18 level 3 to load items for my company. While waiting to collect the items, I was standing beside my lorry YQ2071X and I saw a Malaysia lorry (E4811) reversing in my direction. When the Malaysia lorry is nearing my lorry I started shouting to warn the Malaysia lorry but to no avail. The Malaysia lorry then hit onto the front portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20221222/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221222/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/12/2022 10:20

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 12 / 2022 (DD/MM/YYYY), TIME: 14 : 15 (HH:MM)

LOCATION: TUAS AVENUE 18 (BUILDING 15A LOADING BAY)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 2071X
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMCVSNW00010122201
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: mitsubishi Auto (manual)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / (COMMERCIAL) MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING TIME
 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: SEAEVER ENGINEERING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9388 9485
 c) ADDRESS: CONTACT: 9388 9485

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MALALAPPAN SEKAR
 b) NRIC/FIN/PASSPORT: F8322400L (MALE / FEMALE)
 c) ADDRESS: NO 19 TOH GUAN DORMITORY CONTACT: 8737 9461

* d) DATE OF BIRTH: 15 / 06 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) (OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 13/10/2008

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

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC UBI

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: E 4811 MODEL: _____
 b) DRIVER'S NAME: MR. RAGU
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 0177141811

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = seaeverypl@yahoo-com-sg

fax = _____

video = NO

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
()

No of passenger
 (including driver)
()



Motor Commercial

MZ300/C

R SN

AN0602A

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.

DMCVSNW00010122201

Engine No.: 4P10E04493

Cha. No.: FEB21EA30452

1. Index Mark and Registration
Number of Vehicle

YQ2071X

AUTOSAFE

=====

2. Name of Policy Holder

SEAEVER ENGINEERING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

27/02/2022
(00:00:00)

Excess Sect I.

S\$550.00

EX ON WINDSCREEN.

S\$100.00

4. Date of Expiry of Insurance

26/02/2023

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* 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: TRADLINK AGENCIES PTE LTD

Authorised Officer

Authorised Signatory

