

Date In	Job description	Date & Time Completed	Done by
20/01/2023	SAS e-filing		
Ref No NA/III 23000675/d4	E-mail (within 8hrs. APT 2hrs,		
Yeh No GBH 88 G	i-Motor Claim Form		
DOA 19/01/2023 15:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/ (TP) Reporting Only	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksn</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:

TP Particulars: Vch No: SMU 2552X INC () / Non-INC ()

Owner / Driver: (Tel:)

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: (Rate Note: Bt. Status (H/O):	N: 0.30%	P: 21.70%	E: 80.100%
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Year of Registration: () Warrant: YES () / NO ()

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

Carriage & Remarks: _____

Walk-In Currency: Customer's information strictly Confidential & Strictly NO refer of repair

Total Loss Case : to e-mail Insurer URGENTLY

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co ()

DATE IN () ; POWER IN () ; INVOICE. RES () ; NO () ; ROWING CO. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
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1) Apply for Transport Allowance () / Courtesy Car ()			
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2) QC Check / Post Repair Inspection	()		
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3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury: _____

Date/Time	Actions
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[illegible]

В соответствии с требованиями к документам, подлежащим хранению в архивах, документ должен быть передан в архив в установленном порядке.

						Amt (\$)	Amt
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NA2300207	Invoice Preparation Checklist	1st Bill	Add'l
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Claimant's Particulars -	1) AR : Accident Reporting (\$30);	
	2) DA : Damage Assessment (\$100);	INC (\$80)

Driver/Owner:	3) TF: Towing Fee	\$40/\$45
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4) FT : Follow-Through Survey	\$120
5) HT : Follow-Through Survey (Resurvey)	\$30

For claiming against LINC Only (wef 10 Jan 2005)

6) TR: Re-inspection	\$75		
7) N1: Idac DA + SMRT Survey	\$160		

8) NTUC Additional Services:-

Checked by (Engr-In-Charge):		* NS: Courtesy Car / Tpt Allowance	\$5
		* NS: 3 - 3	\$10

* N6: Repair & Re-ordination	\$2.5
* N7: Post Repair Inspection	\$5

* N8: DV / Collect Excess Coordination	\$0	
TRUCKS - TRAILERS - INCUR - INCL	\$901	

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	20/01/2023 08:50 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 15:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH ROAD (OUTSIDE OF SHELL KIOSK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH88G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GREEN ENGINEERING AND SERVICES LLP
Company Reg No	TXXXXX179B
Email Address	ges@ges-sg.com
Mobile Phone No	(Phone) +65-90920257
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0008921

DRIVER

Name of Driver	JEGANATHAN MUTHUVEL
Passport No/FIN	GXXXXX806U

Date Of Driving Pass	17/04/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82627844
Alt. Phone Number	-
Email Address	ges@ges-sg.com
Address	BLK 2 DEFU LANE 10,DEFU INDUSTRIAL ESTATE
Address complement	# 04-507
Postcode	539183
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	SMU2552X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	COLLYEAN CHENG

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 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. 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

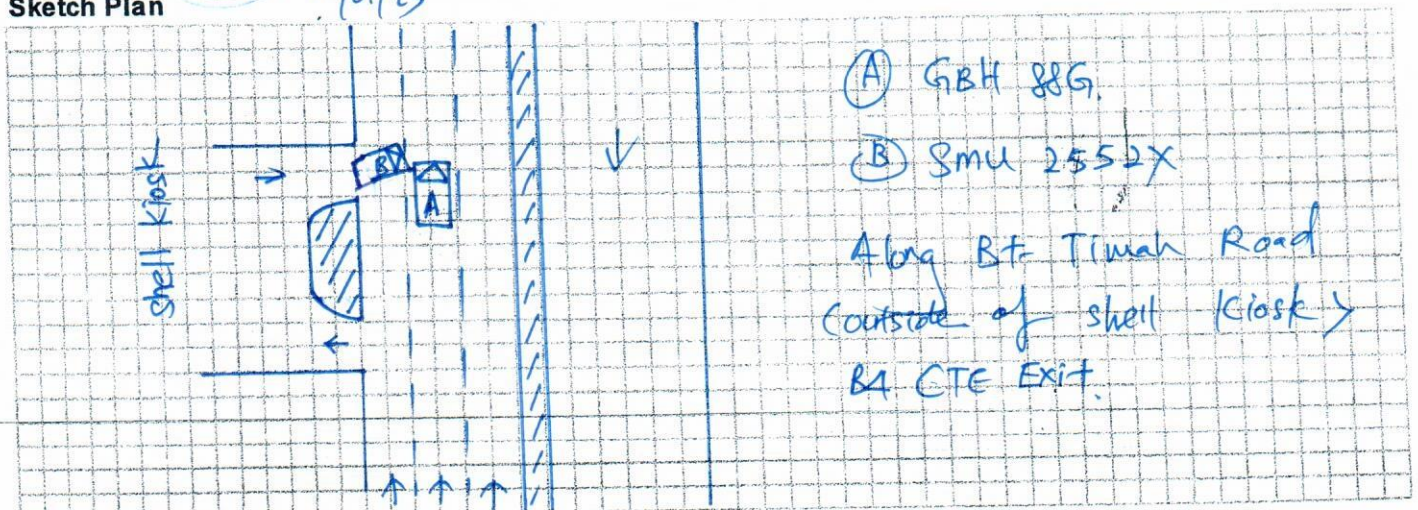
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
19/01/23

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

Witnessed by Reporting Centre Personnel
20/1/23

Sketch Plan



Describe Circumstances of the Accident

On 19/01/23 @ about 1515hrs, I was driving my company lorry <GBH 886> along Bt. Timah Road in the middle lane. Upon reaching the outside of Shell Kiosk, a BMW (SMU 2552X) dashed out from the Shell kiosk with check & give way the oncoming traffic from main road and then collided onto front left portion of my company lorry. Hence, I hereto lodge this report to claim against Veh. B (SMU 2552X)'s Insurance for my accident damages. No one injured in this accident case.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

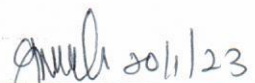
Policyholder's Signature / Date & Time


19/01/23

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



Witnessed by Reporting Centre Personnel


20/1/23

VEHICLE NO : GBH 88G

MAKE & MODEL : Toyota Dyna

AUTO / MANUAL

Date of Accident	19 / 01 / 2023	*C.C: 2982cc
Time of Accident	3:15 AM / PM	
Location of Accident	B+ Timah Rd (outside of Shell Kiosk)	
Exact Purpose Usage	Employment / Private Use / Private Hire	
NAME OF OWNER:	Green Engineering And Services LLP	
Email:	ges@ges-Sg.com	HP: 90920257 (Gary) Office: Fax:
Nric / Co. Reg. No.	T10LL1179B	
Claim Type	Third Party / Own Damage / Reporting only	
Fleet Policy	Yes / No?	
Insurance Co.	India International Insurance.	
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No.	D22MCV0008921.	
NAME OF DRIVER:	As above / If No: Jeganathan Muthuvel.	
Nric No	G5333806U.	
Date Of Birth	03 / 05 / 1989	
Any Passenger	Yes / No?	
Name of Passenger		
Gender of Passenger	Male / Female	
Occupation	Outdoor / Indoor	
Date Of Driving Pass	17 / 04 / 2015	
Gender of Driver	Male / Female	
Contact	8262 7844. Home:	
Email	ges@ges-Sg.com.	
Address	Blk 2 Defu Lane 10 #04-507 Defu Industrial Estate	
Does Driver Own Other Vehicles	No / If Yes (Reg. no.):	Insurer: S(539183)
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?	
Notice Of Intended Prosecution Given?	No / If Yes: Who?	
Vehicle B No:	SMU 2552X	Any Passenger: —
Name Of Driver	Goh Yean cheng	
Contact	9641 3303.	
Vehicle C No:		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	
Person Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?	Yes / No	

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0008921

COVER: Third Party Only

<p>1. Index Mark and Registration Number of Vehicle : GBH88G</p> <p>Chassis No : JTFAT35Y60K209167</p> <p>2. Name of Policyholder : GREEN ENGINEERING AND SERVICES LLP</p> <p>3. Effective date of Insurance : 26 Oct 2022</p> <p>4. Expiry date of Insurance : 25 Oct 2023</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>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> <p>6. Limitations as to use*</p> <p>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.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p><small>*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.</small></p>	
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FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.

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).

Agent/Broker : A000050/Sunmex Enterprise
Date of Issue : 11/10/2022 15:07:35
M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



Authorized Signatory