

NATIONAL Assessment Centre Services (part 1 of 2) **SN08222800**

Date In: **03/01/2023 10:08** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NBA/NO22800/1211** E-mail (within 3hrs, A/C this)

Veh No: **VE 8306K** i-Motor Claim Form

D.O.A: **31/01/2023 17:25** i-Motor W/O (within 24 hrs, 24 hrs)

QC: **79** Reporting Only i-Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / GW: () Tel: Fax: ()

TP Particulars: Veh No: **GTBD 5220D** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: 1st Status (WO): N: 0-30%, P: 21-70%, F: 30-100%)

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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC No: 6788, 6615)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date / Time: ()

Actions: ()

N/A 2800348

Invoice Preparation Checklist

1) AR: Accident Paperwork (\$30)

2) DA: Damage Assessment (\$100) INC (\$5)

3) TP: Towing Fee (\$10/\$25)

4) PT: Follow-Through Survey (\$10)

5) FT: Follow-Through Survey (Resurvey) (\$30)

6) TR: Refinement (\$20)

7) NI: New DA, SMART Survey (\$140)

8) NTUC Additional Services:

9) NI: Courtesy Car / Trip Allowance (\$5)

10) NI: Repair Coordination (\$10)

11) NI: Post Repair Inspection (\$20)

12) NI: DV / Collect Excess Coordination (\$1)

13) NI: TP (Non-INC) against INC (\$10)

14) NI: 24 Hrs Mobile (\$10)

15) NI: 24 Hrs Mobile (\$10)

16) NI: 24 Hrs Mobile (\$10)

17) NI: 24 Hrs Mobile (\$10)

18) NI: 24 Hrs Mobile (\$10)

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99) NI: 24 Hrs Mobile (\$10)

100) NI: 24 Hrs Mobile (\$10)

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	03/02/2023 10:08 (SGT)
Reported by	Driver
Date of Accident	31/01/2023 17:25 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	TOWARDS WOODLANDS AFTER CASHEW ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8306K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SANGEETH CONSTRUCTION PTE LTD
Company Reg No	1XXXXX325N
Email Address	sangeethconstruction@gmail.com
Mobile Phone No	(Phone) +65-97300626
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A
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	5193

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110170881903

DRIVER

Name of Driver	MURUHAIYAN RAJENDRAN
Passport No/FIN	FXXXX584W
Date Of Birth	25/06/1967
Occupation	Outdoor

Date Of Driving Pass	17/05/2019
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84545688
Alt. Phone Number	-
Email Address	sangeethconstruction@gmail.com
Address	42A JALAN LIMBOK
Address complement	-
Postcode	548726
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	AFTER RAIN
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	GOVINDARAJ VELU
Gender	Male

PASSENGER 2

Name	SAMINATHAN KALIYAPERUMAL
Gender	Male

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

ON 31/01/2023 AT ABOUT 1725 HRS I WAS TRAVELLING IN MY VEHICLE (YP8306K) ALONG UPPER BUKIT TIMAH ROAD TOWARDS THE DIRECTION OF WOODLANDS AFTER CASHEW ROAD ON THE CENTRE LANE OF A 3 LANES ROAD. I SLOWED DOWN AND ABOUT TO STOP AS THERE WERE VEHICLES AHEAD STOPPED DUE TO RED LIGHT. SUDDENLY A LORRY (GBD5220D) FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS VERY STRONG AND VEHICLE B FRONT PORTION WAS BADLY DAMAGED

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	GBD5220D
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LITON
Contact Number	(Phone) +65-86224289
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MURUHAIYAN RAJENDRAN
Gender	Male
Phone No	(Phone) +65-84545688
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP8306K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GOVINDARAJ VELU
Gender	Male
Phone No	(Phone) +65-82831999
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP8306K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SAMINATHAN KALIYAPERUMAL
Gender	Male
Phone No	(Phone) +65-90383178
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP8306K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



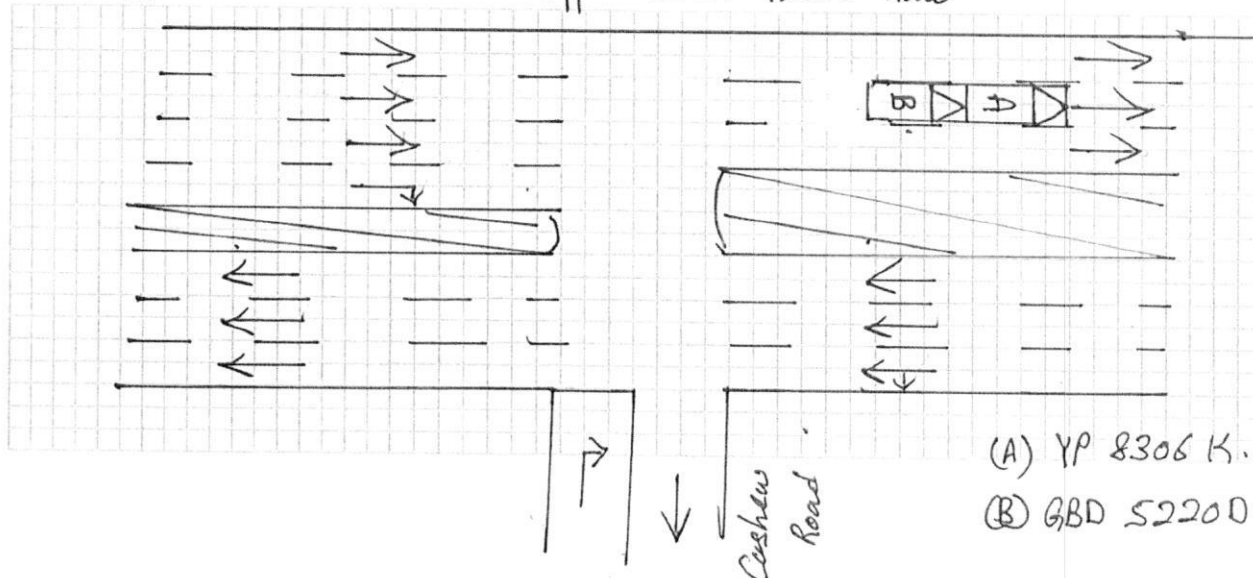
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Bukit Timah Road.



Describe Circumstances of the Accident

On 31/01/2023 at @ 1725 hrs, I was travelling in my vehicle (YP 2306 K) along upper Bukit Timah Road towards the direction of Woodlands after Cashew Road on the centre lane of a 3 lanes road. I slowed down and about to stop, as there were vehicles ahead stopped due to red light. Suddenly, a lorry (GBD 5220 D) from behind collided onto the rear portion of my vehicle. The impact was very strong and vehicle B front portion was badly damaged.

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


 03/02/2023
 Witnessed by Reporting Centre Personnel

Date of Accident : 31/01/2023 Accident Time: 17:25 (24-HR-Format)
Accident Place : Upper Bukit Timah Road towards Woodlands after
Cashew Road
Vehicle No. (Car Plate No.) : YP 8306 K Make/Model: Isuzu
Insurance Company : uol Policy No: DHOM 110170881903
Owner or Company Name /IC No. : Sangeeth Construction Pte Ltd / 199503325N
Owner or Company Contact No. : 97300626 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Murugaiyan Rajendran / F8046584W
DRIVER'S Date Of Birth : 25/06/1967 DRIVER'S License Pass Date 17/05/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : H2A, Jalan Limbok, Singapore 548726
DRIVER'S Contact No./ Alt No. : 1) 8454 5688 ' 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : sangeethconstruction@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 03
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle No: <u>GBD 5220 D</u>	Vehicle No: _____
Vehicle Make/Model: <u>Toyota Dyna</u>	Vehicle Make/Model: _____
Name Driver: <u>LITON</u>	Name Driver: _____
IC No. Driver/Contact: <u>8622 4289</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① Govindaraj Velu (M)
H/P: 8283 1999.

② Saminathan Kaliyaperumal (M)
H/P: 9038 3178



MEMBER OF THE UOB GROUP

Insurance 1 Agencies Pte Ltd
Reg. No: 198204509C
150 South Bridge Road
#02-14 Fook Hai Building (S)958727
Tel: 6291 7405 Fax: 6238 6894
Email: admin@insurance1.com.sg

United Overseas Insurance Limited
146 Robinson Road
#02-01 UOI Building
Singapore 068909
Tel: (65) 6222 7733
Email: contactus@uoi.com.sg
uoi.com.sg
Co.Reg.No.197100152R

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)

ORIGINAL

CERTIFICATE NO.	DHOM110170881903	Excess	\$1000.00/-SECTION 1 \$3000.00/-APPL TO <25 YRS & OR <3YRS EXP \$200.00/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	YP3306K		
Name of Insured	SANGEETH CONSTRUCTION PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		
Period of Insurance	16 October 2022 to 15 October 2023	Engine#	4HK1606845
		Chassis#	JAANPR75HH7102043
Hire Purchase	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC L		

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

For the Company



Scan this QR Code
for Reporting Centre.

FSCPP

28/10/2022

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	325N
Vehicle Details	
Vehicle No.:	YP8306K
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2023
Vehicle Make:	ISUZU
Vehicle Model:	NPR75UH5A
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	4HK1606845
Chassis No.:	JAANPR75HH7102043
Maximum Power Output:	-
Open Market Value:	\$33,690.00
Original Registration Date:	27 Dec 2017
First Registration Date:	27 Dec 2017
Transfer Count:	1
Actual ARF Paid:	\$1,685.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Dec 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$45,112.00
COE Rebate Amount:	\$21,610.00
Total Rebate Amount:	\$21,610.00

The information contained herein is correct as at 03 Feb 2023

OK