

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In 14/03/2023	Job description		
Ref No NA/CT123002621/W	SAS e-filing		
Veh No GBJ 3823 X	E-mail (within 8hrs, AP 2hrs)		
DOA 10/03/2023	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SNG 8516 Z	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Cover Type: (
Period: (Date:	Time:
Confirmed by: (
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:-	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

Claimant's Particulars	Invoice Preparation Checklist	Ant (\$)	Ant
		1st Bill	Add
NA2300740	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR : Re-inspection \$75		
Call 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 \$0		
	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	14/03/2023 11:22 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 19:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE Expressway
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3823X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ES Plumbing Pte Ltd
Company Reg No	2XXXXX602R
Email Address	esplumbingpteltd@hotmail.com
Mobile Phone No	(Phone) +65-84307343
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 - Reporting only
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	DMCVSNW0004222203

DRIVER

Name of Driver	Ramaiah Thevar Muruga Raj
Passport No/FIN	GXXXX860R
Date Of Birth	12/09/1974
Occupation	Outdoor

Date Of Driving Pass	10/08/2017
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84307343
Alt. Phone Number	-
Email Address	esplumbingpteltd@hotmail.com
Address	7 Geylang East Avenue 1
Address complement	Tre Residences
Postcode	389782
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	Passenger
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20230311/2022

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG8516Z
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)	1

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 03 / 2023 (DD/MM/YYYY), TIME: 19 : 55 (HH:MM)

LOCATION: Kallang Paya Lebar Expressway

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBJ 3823 X

b) INSURANCE COMPANY: CTI

c) POLICY NUMBER: DMCVSNW0004222203

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE

e) MAKE & MODEL: Toyota Dyna Auto / MANUAL

f) TYPE: (SEDAN / COUPE / MPV / VAN / LOUVER / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: Working

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: ES Plumbing Pte Ltd

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 201542602R

CONTACT:

c) ADDRESS: BK 1013 Geylang East Avenue 3 #05-128

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Ramaiah Thevar Maruga Raj

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: G8386860R

CONTACT:

c) ADDRESS: 7 Geylang East Avenue 1 TRE Residences

d) DATE OF BIRTH: 12 / 09 / 1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 / 08 / 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES

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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SNG 8516 Z

MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT:

CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:

CONTACT:

Email = esplumbingpteltd@hotmail.com

Phone =

WIDK = Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please ~~fill in~~ provide 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. Inform ~~ation~~ ation 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 ~~use~~ use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~use~~ use reporting may be referred to the Traffic Police Department for investigation.
6. This ~~report~~ 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 ~~completion~~ completion 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/undersigned ~~do~~ do acknowledge, agree and consent that:
(a) My Ins ~~urance~~ urance 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 any 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 and 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

14/3/2023

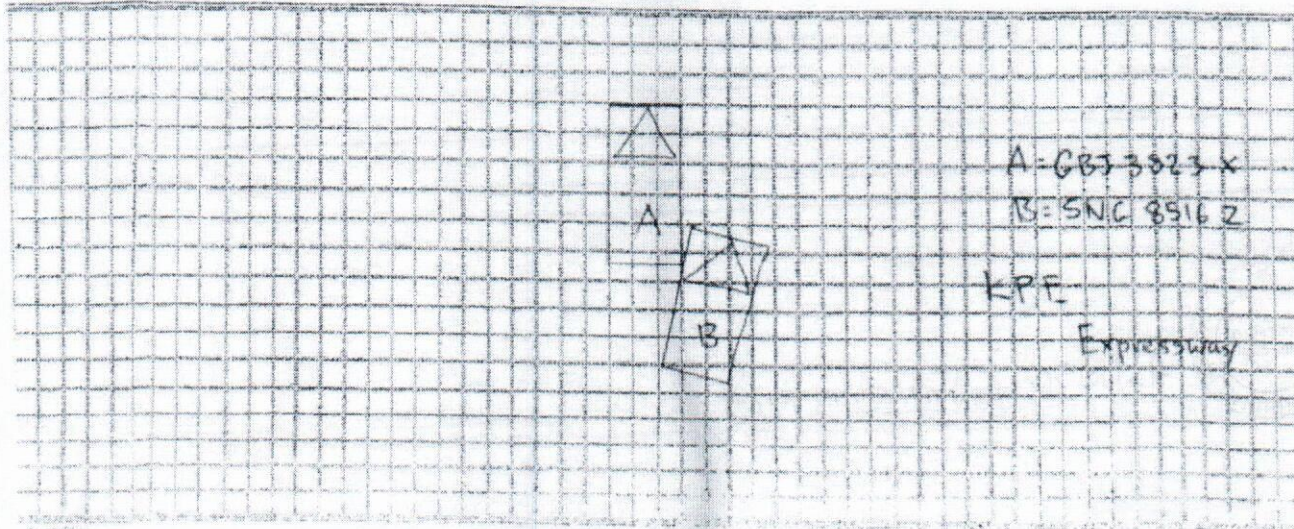
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

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

Jul

14/03/2023

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report No. T/20230311/2022

Declaration

We declare the foregoing particulars are true in every respect.



Policyholders / Date & Time

14/3/2023

Actual Drivers Signature (If driver is not the policyholder)
/ Date & Time

R. D. D. S. M. S.

Witnessed by Reporting Centre Personnel
(Name to be printed and)

Jail

14/03/2023



SINGAPORE POLICE FORCE



T/20230311/2022

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No: T/20230311/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2023 11:39	Video Report No.:	Station Diary No.: 59
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Informant's Particulars

Name of Informant: RAMAIAH THEVAR MURUGA RAJ			Address: 7 GEYLANG EAST AVENUE 1 TRE RESIDENCES SINGAPORE 389782	
ID Type / ID No.: FIN NO / G8386860R			Contact No.: Home/Office: 84307343 Mobile:	
Nationality: INDIAN			Email:	
Sex: Male	Age: 48	Date of Birth: 12/09/1974	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Building construction engineer			Driving Licence Information: Class: 2B,3 Date of Expiry: 22/06/2025	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2023 19:55	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
GBJ3823X	Lorry	TOYOTA		Grey	No Damage	1
SNG8516Z	Car	BMW		White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230311/2022

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20230311/2022

CONTINUATION OF REPORT

Driver				
Name	RAMAIAH THEVAR MURUGA RAJ		ID No.	G8386860R
Related Vehicle	NIL		Contact No.	84307343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 22/06/2025
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name				
Unknown		ID No.	NIL	
Related Vehicle		NIL		
Contact No.		87498335		
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		

Brief Details.

On 10/03/2023 at about 07:55pm, I was driving my company vehicle GBJ3823X Toyota/Grey along Sims Ave. Infront ahead of my vehicle was in stationary manner due to slow movement of traffic. As I my lorry was in stationary manner, a few minutes later, my vehicle felt an impact. I realised that there was a vehicle SNG8516Z BMW/white had hit onto my rear right side of my vehicle.

Both involved parties came to a stop and checked the vehicle. I wish to state that my vehicle there was no damage and I am not injured. For the other parties vehicle damages was on his left side of his vehicle and the driver was seen not injured.

The said driver only exchanged the contact detail and left the scene.



**SINGAPORE
POLICE FORCE**



T/20230311/2022

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20230311/2022

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:

G /
SGT 3 MUHAMMAD DJAMADIL
BIN SIDIK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:

11/03/2023 11:39

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Motor Commercial

MZ300/C

R SN

AN0397A

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.

DMCVSNW00042222203

Engine No.: 1KD2836341

Cha. No.: KDY2318036657

1 Index Mark and Registration
Number of Vehicle

GBJ3823X

AUTOSAFE

2 Name of Policy Holder

ES PLUMBING PTE LTD

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment09/04/2022
(00:00:00)

Excess Sect I. S\$500.00

EX ON WINDSCREEN S\$100.00

4 Date of Expiry of Insurance

08/04/2023

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

- (4) 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.: INDEX CREDIT PTE LTD AS HP OWNER

* 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: INDEX AGENCY PTE LTD
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

62389 6111

6222 1033

www.sg.cntaiping.com