

NATIONAL Assessment Centre Services (all in hand) SA108234K0001

Date In: 20/04/2023 12:04	Job description	Date & Time Completed	Done by
Ref No: NPA/C123004072/Y	SAS e-Mailing		
Veh No: 6123500F	E-mail (with in 24h, A/C 24h)		
D.O.A: 19/04/2023 09:05	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (with in 24h, A/C 24h)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: (Tel:	Fax:
TP Particulars: Vch No: SFX 22152	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	Warranty: YES () / NO ()	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO report of repair.

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

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

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Time: ()

Weather: ()

Other: ()

Invoice: Preparation Only	1) A/R: Accident Package (\$30)	
2) DA: Damage Assessment (\$1000)	INC (\$56)	
3) TP: Towing Fee	\$10/\$40	
4) PE: Follow Through Survey	\$120	
5) PT: Follow Through Survey (Emergency)	\$30	
6) TR: Acc/Survey	\$75	
7) NI: New DA + SMRT Survey	\$140	
8) NUC: Additional Services		
9) NI: Courtesy Car / Tel Allowance	\$5	
10) NI: Repair Coordination	\$15	
11) NI: Post Repair Inspection	\$15	
12) NI: DV / Collision Assess Coordination	\$1	
13) NI: TP (Non-INC) Vehicle INC	\$10	
14) NI: Other		
15) NI: Other		
16) NI: Other		
17) NI: Other		
18) NI: Other		
19) NI: Other		
20) NI: Other		

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	20/04/2023 12:04 (SGT)
Reported by	Actual Driver
Date of Accident	19/04/2023 09:05 (SGT)
Exact Location of Accident	Ang Mo Kio Ind Park 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5500E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COOL INNOVATION ENGINEERING PTE. LTD.
Company Reg No	2XXXXX800W
Email Address	silambu2015@gmail.com
Mobile Phone No	(Phone) +65-86164974
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	DMCVSNA00090452201

DRIVER

Name of Driver	KARUPPAIYAN SILAMBARASAN
Passport No/FIN	GXXXX682X
Date Of Birth	12/06/1990
Occupation	Outdoor

Date Of Driving Pass	15/02/2019
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86164974
Alt. Phone Number	-
Email Address	silambu2015@gmail.com
Address	97 WILKIE ROAD #02-03
Address complement	-
Postcode	228089
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 on collision
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?	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	DHARMALINGAM SANTHOSH KUMAR
Gender	Male

PASSENGER 2

Name	ARUMUGAM MARIMUTHU
Gender	Male

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 POLICE REPORT T/20230420/7015

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	SFX2215L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KARUPPAIYAN SILAMBARASAN
Gender	Male
Phone No	(Phone) +65-86164974
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG5500E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DHARMALINGAM SANTHOSH KUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG5500E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ARUMUGAM MARIMUTHU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG5500E
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

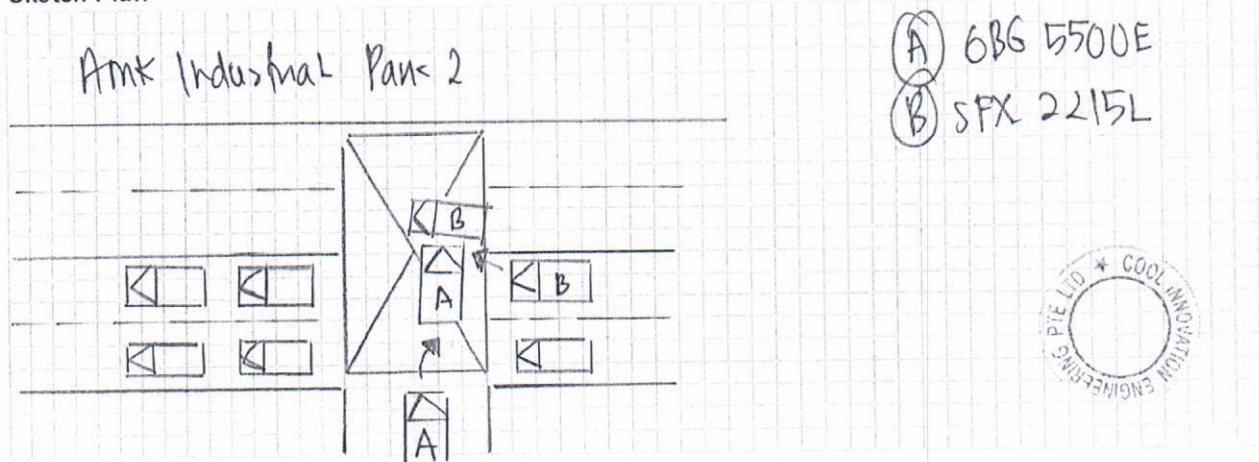


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report No: 7/2023/420/7015

[The remainder of the form is crossed out with a diagonal line.]

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

K. Silvey

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

[Signature]
20/04/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230420/7015

1 of 4

Report No. T/20230420/7015

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2023 11:09	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: KARUPPAIYAN SILAMBARASAN		Address:
ID Type / ID No.: FIN NO / G5206682X		Contact No.: Home/Office: Mobile: 86164974
Nationality: INDIAN		Email: SILAMBU2015@GMAIL.COM
Sex: Male	Age: 32	Date of Birth: 12/06/1990
Race: Indian		Type of Informant: Driver
Occupation: TECHNICIAN SUPPORT OFFICER		Language: English
		Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2023 09:05	Type of Location: T-Junction
Location: ANG MO KIO INDUSTRIAL PARK 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5500E	Van					0
SFX2215L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG5500E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			



**SINGAPORE
POLICE FORCE**



T/20230420/7015

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

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Report No. T/20230420/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFX2215L	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KARUPPAIYAN SILAMBARASAN	ID No.	G5206682X	
Related Vehicle	GBG5500E (Van)	Contact No.	86164974	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	ARUMUGAM MARIMUTHU	ID No.	G6733890T	
Related Vehicle	GBG5500E (Van)	Contact No.	87474847	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	02	Degree of	Slight	
Passenger				
Name	DHARMALINGAM SANTHOSH KUMAR	ID No.	G2745795P	
Related Vehicle	NIL	Contact No.	93744223	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	02	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20230420/7015

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Report No. T/20230420/7015

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

On 19.04.2023 at about 0905hrs, I was traveling along Ang Mo Kio Industrial Park 2. At the junction, the traffic was on moderate move. After come out from the Petrol Kiosk, all vehicle was stop. After checking all road was clear, the yellow box was clear too. As on my left, all the car are on stationary. I slow down & was about to turn to my right and was inside the yellow box waiting. All of a sudden, a vehicle on my right SGX 2215L cut onto my lane and hit onto my front portion. Due to the impact, I consulted a doctor and was given 3 days of mc. Inside the van, my worker are injured to due to the hard impact and was given 2 days of mc each. That's all.



**SINGAPORE
POLICE FORCE**



T/20230420/7015

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

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Report No. T/20230420/7015

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
20/04/2023 11:09

Classification Of Case:

NP168

(3)

Date of Accident : 19.04.2023 Accident Time: 0905hrs (24-HR-Format)
Accident Place : Outside ESSO @ AMK Industrial Park 2
Vehicle No. (Car Plate No.) : 6B6 5500E Make/Model: Toyota Hiace Van Turbo 5Dr
Insurance Company : Chind Tai Ping Policy No: DMV SNA 00090452201
Owner or Company Name / IC No. : COOL INNOVATION ENGINEERING Pktd (201130800W)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Karuppaian Silambarasan (65206682X)
DRIVER'S Date Of Birth : 12-06-1990 DRIVER'S License Pass Date 15.02.2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 97 WILKIE RD # 02-03 S. 228089
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 8616 4974
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Silambu2015@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): 3 Pax include driver
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 all

Other Party Driver's Particular (if any)

Vehicle No: SFX 2215L (Income)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

(1) DHARMALINGAM SANTHOSH KUMAR - (M)
(2) ARUMUGAM MARIMUTHU - (M)



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

10230010

R SH

ANDASA

Cov Type O

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.

DMCVSNA00096452291

Engine No.: 1K02749000

Chassis No.: JTFH02P000233070

1. Index Mark and Registration
Number of Vehicle

0009500E

AUTOSAFE

2. Name of Policy Holder

COOL INNOVATION ENGINEERING PTE. LTD.

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

01/08/2022
(00:00:00)

Excess Sect I \$3500.00
EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

31/08/2023

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. / DAILER 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 25 of the Road Transport Act 1987 (Malaysia), and 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: Lee Kian Heng Fred
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2001208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.ontalping.co

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 800W

Vehicle Details

Vehicle No.: GBG5500E

Vehicle to be Exported: No

Intended Deregistration Date: 10 Jun 2023

Vehicle Make: TOYOTA

Vehicle Model: HIACE VAN TURBO 5DR MT

Primary Colour: Silver

Manufacturing Year: 2017

Engine No.: 1KD2749660

Chassis No.: JTFHT02P600233070

Maximum Power Output: -

Open Market Value: \$28,138.00

Original Registration Date: 31 Aug 2017

First Registration Date: 31 Aug 2017

Transfer Count: 0

Actual ARF Paid: \$1,407.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Aug 2027

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$28,850.00

COE Rebate Amount: \$12,175.00

Total Rebate Amount: \$12,175.00

The information contained herein is correct as at 20 Apr 2023

OK