

**NATIONAL Assessment Centre Services**

Date: 03/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/00123004511/04	S&S e-filing		
Veh No YQ 6010 X	E-mail (within 2hrs, AP: 2hrs)		
DOA 29/04/2023 08:45	I-Motor Claim Form		
OD/TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBL 1259C, 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	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

NA2301264	Invoice Preparation Checklist	Amr (\$)	Ad
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idno 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: Idno 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 ..... 03/05/2023 10:06 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 29/04/2023 08:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BARTLEY ROAD TOWARDS BRADDELL ROAD ( BEFORE  
UPPER SERANGOON ROAD )  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ6010X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KSK ENGINEERING PTE LTD  
Company Reg No ..... 2XXXXX879G  
Email Address ..... pat@shinkai.com  
Mobile Phone No ..... (Phone) +65-97353509  
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 ..... 2755

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance Ltd  
Policy Number / Cover Note Number ..... DHOM120065022201

### DRIVER

Name of Driver ..... VELU RAJESH

Occupation .....	Outdoor
Date Of Driving Pass .....	15/09/2022
Driving experience .....	7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84043018
Alt. Phone Number .....	-
Email Address .....	pat@shinkai.com
Address .....	27 KAKI BUKIT CRESCENT , KAKI BUKIT TECHPARK 1
Address complement .....	-
Postcode .....	416258
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	MUTHUSAMY SABEESHKUMAR
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 29.04.2023 AT ABOUT 08 : 45 HOURS ALONG BARTLEY ROAD TOWARDS BRADDELL ROAD ( BEFORE UPPER SERANGOON ROAD EXIT ) , I WAS TRAVELLING STRAIGHT ON LANE 2 AT THE ABOVE MENTIONED LOCATION AND WHEN THE FRONT VEHICLE SLOWED DOWN , HENCE I ALSO FOLLOWED SUIT.

SUDDENLY , I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM BEHIND. WHEN I ALIGHTED , I THEN REALISED IT WAS VEHICLE (B) THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (A).

I WISH TO STATE THAT I HAVE 1 PASSENGER IN MY VEHICLE (A).

\*Report was unable to submit on 02.05.2023 as Gear system was down."

ATTACHMENT(S)

Was there any video captured by Car Camera? ..... No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBL1259C  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... VELU RAJESH  
Gender ..... Male  
Phone No ..... (Phone) +65-84043018  
Address ..... 27 KAKI BUKIT CRESCENT , KAKI BUKIT TECHPARK 1  
Address Complement ..... -  
Post Code ..... 416258  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACKPAIN  
Injured person in which vehicle? ..... YQ6010X  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... MUTHUSAMY SABEESHKUMAR  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACKPAIN  
Injured person in which vehicle? ..... YQ6010X  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

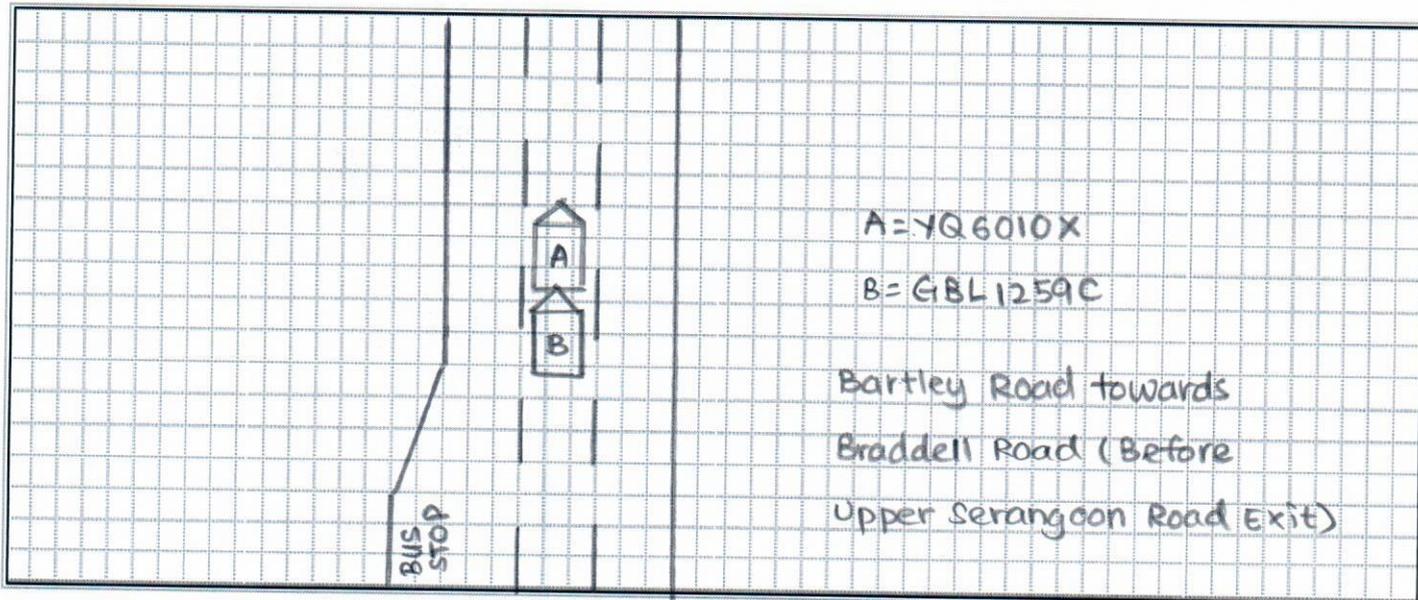


Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Attached

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be 'D. D. D.' with a horizontal line through it.

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

A handwritten signature in blue ink, appearing to be 'J. J. J.', followed by the date '3/5/2023'.

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

On 29.04.2023 at about 08:45 hours along Bartley Road towards Braddell Road (Before Upper Serangoon Road Exit), I was travelling straight on lane 2 at the above mentioned location and when the front vehicle slowed down, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): YQ 6010X

Vehicle (B): GBL 1259C

*D. S. S.*



SINGAPORE ACCIDENT STATEMENT

Accident Date:	29/04/2023	Time:	08:45	(hh:mm) 24 hr format
Location	Bartley Road towards Braddell Road (Before Upper Serangoon Road)			
Vehicle Number	YQ6010X			
Insured Name	KSK Engineering Pte Ltd			
NRIC / FIN	201202879G	Contact Number	9735 3509	
Make	Toyota	Model	Dyna	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company	UOI			
Type of Policy	( / ) Comprehensive	( ) Third Party Fire & Theft	( ) TP Only	
Policy Number	DH0M120065022201			
Name of Driver	Velu Rajesh	( ) Same as Insured		
NRIC / FIN	G8804530R	Contact Number	8404 3018	
Date of Birth	10/05/1998			
Driving Pass Date	15/09/2022			
Occupation	( ) Indoor	( / ) Outdoor		
Gender	( / ) Male	( ) Female		
Email Address	pat@shinkai.com	( ) NO EMAIL		
Address of Driver	27, Kaki Bukit Crescent, Kaki Bukit Techpark 1, Singapore 416258			
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No				
If No, Relationship of the Driver with the Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( / ) Clear ( ) Raining ( ) Others				
Road Surface ( / ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( / ) Yes ( ) No				
If yes, injured detail Driver and Passenger (Backpain)				
Was there any video captured by Car Camera? ( ) Yes ( / ) No				
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	G8L1259C			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger: 1) Muthusamy Sabeeshkumar (M)



MEMBER OF THE UOB GROUP

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

<b>CERTIFICATE NO.</b>	DHOM120065022201	<b>Excess</b>	\$500.00/-SECTION 1 \$100.00/-WINDSCREEN DAMAGE CLAIM \$3000.00/-APPL TO <25 YRS & OR <3YRS EXP
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	YQ6010X		
<b>Name of Insured</b>	KSK ENGINEERING PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		
<b>Period of Insurance</b>	22 March 2023 to 21 March 2024	<b>Engine#</b>	1GD8883903
		<b>Chassis#</b>	JHHAGV4650K001951
<b>Hire Purchase</b>	UNITED OVERSEAS BANK LIMITED		

MZ 801

#### AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

#### LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

#### THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

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.

FSGMY

15/03/2023