

# NATIONAL Assessment Centre Services

Date: 03/05/2023	Job description	Time & Time Completed	Done by
Ref NO NA/C7123004512/d4	SAS e-filing		
Yeh No GBK 517U	E-mail (within 2hrs, AP: 2hrs)		
DOA 29/04/2023 22:27	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:	
TP Particulars:	Veh No: GBK 2881D.	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%. P: 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: (INC Hotline: 6788 6616)	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		
NA2301265	Invoice Preparation Checklist		
Claimant's Particulars	1) AR: Accident Reporting (\$30);	Amf (\$)	Ad
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	1st Bill	
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:	6) TR: Re-inspection \$75		
Civil 2/3:	7) NI: Idao 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: Idao Mobile 30		
	Invoice date	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 11:05 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 22:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE ( TUAS )
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK517U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VETRIVEL MURUGAN PTE LTD
Company Reg No	2XXXX171W
Email Address	ANANTHANSELVAM1988@GMAIL.COM
Mobile Phone No	(Phone) +65-86130466
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	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00140352203

### DRIVER

Name of Driver	SELVAM ANANTHAN
Passport No/FIN	GXXX8337



Date Of Driving Pass	28/04/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-86130466
Alt. Phone Number	-
Email Address	ANANTHANSELVAM1988@GMAIL.COM
Address	BLK 152 BUKIT BATOK STREET 11
Address complement	# 01-264
Postcode	650152
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	Chain 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	3
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	RAMASAMY GEETHA
Gender	Female

#### PASSENGER 2

Name	CHILD
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 THE ATTACHED POLICE REPORT - T/20230501/7037

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

#### 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 GBK2881D  
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) -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBK3076E  
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 SELVAM ANANTHAN  
Gender Male  
Phone No (Phone) +65-86130466  
Address BLK 152 BUKIT BATOK STREET 11  
Address Complement # 01-264  
Post Code 650152  
Approximate Age Years Old -  
Injuries Sustained BODY PAIN-GIVEN 3 DAYS OF MC  
Injured person in which vehicle? GBK517U  
Were seat belts worn? -  
Was this injured conveyed to hospital by ambulance? No

##### INJURED 2

Name of injured person RAMASAMY GEETHA  
Gender Female  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -



## SKETCH PLAN

### IMPORTANT NOTICE

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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

PIE CTUAS)

A				VEH (A) = GBK 517 U
B				VEH (B) = GBK 2881 D
C				VEH (C) = GBK 3046 E
PIE CTUAS)				
4	3	2	1	

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT T/20230501/7037

Declaration

I/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

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





# SINGAPORE POLICE FORCE



T/20230501/7037

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

1 of 3

Report No. T/20230501/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2023 16:57	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SELVAM ANANTHAN			Address: 152 BUKIT BATOK STREET 11 #01-264 SINGAPORE 650152		
ID Type / ID No.: FIN NO / G6908337X			Contact No.: Home/Office: Mobile: 84946807		
Nationality: INDIAN			Email: Ananthanselvam1988@gmail.com		
Sex: Male	Age: 35	Date of Birth: 15/12/1987	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Chef			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2023 22:25	Type of Location:
Location:  PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK517U	Van					2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230501/7037

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

2 of 3

Report No. T/20230501/7037

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SELVAM ANANTHAN	ID No.	G6908337X
Related Vehicle	GBK517U (Van)	Contact No.	84946807
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	Serious

Brief Details.

On the above mentioned date and time, I was driving GBK517U along PIE(Tuas) when I had gradually come to a stop due to traffic conditions.

When I had come to a complete stop, I also noticed another van coming to a stop behind me.

I was waiting for the vehicle in front to move off when suddenly, one massive impact slammed into the rear of my vehicle, causing it to jerk forward violently.

Having been caught completely off guard by the sudden impact, my body lurched forward only to be restrained by the seat belt.

After checking on my wife and child, who were my passengers, I alighted to realise that I was involved in a 3 car chain collision involving:

GBK517U  
GBK2881D  
GBK3076E

where mine was the first vehicle.

The following day, I woke up with pain over multiple areas of my bodies.

As such, I proceeded to seek treatment at Intemedical Tampines near my workplace and was given 3 days MC for injuries caused by the accident.

My wife also complained of some body aches after the accident but she has yet to see a doctor at this point in time.





**SINGAPORE  
POLICE FORCE**



T/20230501/7037

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

3 of 3

Report No. T/20230501/7037

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:  
01/05/2023 16:57

Classification Of Case:



Date of Accident : 29/4/2023 Accident Time: 2227 HRS (24-HR-Format)  
Accident Place : PTE (THAS)  
Vehicle No. (Car Plate No.) : GBK 517 U Make/Model: TOYOTA HIACE  
Insurance Company : CHINA TAIPIING Policy No: DMCVSNW00140352203  
Owner or Company Name /IC No. : VETARVEL MURUGAN PTE. LTD. (20187171 W)  
Owner or Company Contact No. : 8613 0466 Owner's Hp : - Company Tel : -  
DRIVER'S Name / IC No. : SELVAM ANANTHAN (66908337 x)  
DRIVER'S Date Of Birth : 15/12/1987 DRIVER'S License Pass Date 28/4/2014  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others : -  
DRIVER'S Address : BLK 152 # 01-264 BUKIT BATOK ST. 11 SINGAPORE 650152  
DRIVER'S Contact No./ Alt No. : 1) 8613 0466 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : ANANTHANSELVAM 1988 @ 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 time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): ① SELVAM ANANTHAN (66908337 x)

② RAMASAMY GEETHA (43309351 P)

Other Party Driver's Particular (if any)

Vehicle. No: ① <u>GBK 3881 D</u>	Vehicle. No: ② <u>GBK 3076 E</u>
Vehicle Make \Model: <u>-</u>	Vehicle Make \Model: <u>-</u>
Name Driver: <u>-</u>	Name Driver: <u>-</u>
IC No. Driver/Contact: <u>-</u>	IC No. Driver/Contact: <u>-</u>

NEW - Passenger's name & gender: ① RAMASAMY GEETHA (63309351 P)  
② Thara



Motor Commercial

**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)

MZ300/C

R SN

AN0421A

Cov. Type:C

CERTIFICATE No.	DMCVSNW00140352203	Engine No.: 1GD8435654
		Cha. No.: GDH2012006862
1. Index Mark and Registration Number of Vehicle	GBK517U	AUTOSAFE =====
2. Name of Policy Holder	VETRIVEL MURUGAN PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/11/2022 (00:00:00)	Excess Sect I.    S\$350.00 EX ON WINDSCREEN    S\$100.00
4. Date of Expiry of Insurance	27/11/2023	

## 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. : UNITED OVERSEAS BANK LIMITED 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: VITESSE SOLUTIONS  
Authorised Officer

Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com