

NATIONAL Assessment Centre Services			
Date In:	Job Description	Date & Time Completed	Done by:
Ref No:	SAS e-iling		
Veh No:	E-mail (within three A/C days)		
D.O.A :	I-Motor Claim Form		
OC TP : Reporting Only	I-Motor W/O (Within OD limit, TP claim)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/Witness		
PREFERRED WKOP / INC Assign WKop / QW:	Tel:	Fax:	
TP Particulars	Veh No:	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:		
Policy No: ( )	Period: ( )	Cover Type: ( )	
Confirmed by: ( )	Date:	Time:	
Insured/Driver Liability: ( %)	(Note-Best Status (WO): R: 0-30%, F: 21-70%, P: 80-100%)		
Year of Registration: ( )	Warrenty: YES ( ) / NO ( )		
Excess (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )		
General Remarks:			
( ) Walk-In Customer - Customer's information strictly Confidential & Strictly NO info of repair.			
( ) Total Loss Case - To e-mail insurer URGENTLY.			
Drive-in ( ) / Towed-in ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )			
Bentaple: ( ) / NC Bonding ( )	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:			
NAT3013K	Invoice Preparation Checklist		
Incident Particulars:	1) All Accident Documents (SOS)		
Owner/Owner:	2) DA: Damage Assessment (\$1000) INC (\$50)		
Contact No:	3) DP: DOWING Fee \$100		
Damaged Portion: Front	4) PP: Follow-through Survey \$100		
	5) PT: Pull-out through survey (Emergency) \$50		
	6) TR: Deductible \$75		
	7) NI: New DA + Survey Survey \$100		
	8) NTUC Additional Features:		
	QDI		
	• NY: Courtesy Car / Tel Allowance \$5		
	• NY: Repairs Coordination \$10		
	• NY: Post Repair Inspection \$25		
	• NY: DV / Collect Excess Coordination \$5		
	• NY: (NY) TP (Non-INC) Vehicle INC \$10		
	Total Charge \$100		
	Pay 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	08/05/2023 09:54 (SGT)
Reported by	Actual Driver
Date of Accident	06/05/2023 11:35 (SGT)
Exact Location of Accident	Ang Mo Kio Ind Park 2, Singapore
Additional Location Information	OUTSIDE BLK 5034 #01-321
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2353M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HYDRO P&S SERVICES PTE. LTD.
Company Reg No	2XXXXX693W
Email Address	akbbnb@gmail.com
Mobile Phone No	(Phone) +65-86858180
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPCVE000302

#### DRIVER

Name of Driver	MARIYAPPAN SENTHIL KUMAR
Passport No/FIN	GXXXX557U
Date Of Birth	21/03/1976
Occupation	Outdoor

Date Of Driving Pass	16/08/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86858180
Alt. Phone Number	-
Email Address	akbbnb@gmail.com
Address	5 ANG MO KIO INDUSTRIAL PK 2A #06-07
Address complement	-
Postcode	567760
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)	1
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	-

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### 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	GZ3103Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM KHA SIM
NRIC No	SXXXX542C

Contact Number .....	(Phone) +65-62895554
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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 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 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

X Mr. *[Signature]*

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

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

*[Signature]* 28/05/2023

### Sketch Plan

Sketch Plan diagram showing a road layout with vehicles A and B. Vehicle A is on the left, and Vehicle B is on the right. A dashed line indicates the path of vehicle B, with an arrow pointing left labeled 'reverse'. Below the diagram, handwritten notes read: 'One side', 'Blk 5034 #01-321', and 'Ang Mo Kio Ind park 2'.

① GBF2353M  
② GZ31034

Describe Circumstance of the Accident

on 06/05/2023 at about 1135hrs, I was travelling at the said road, when the front lorry (veh B) GKSJ494D stop, I stop behind veh B about 2 meter apart. When I saw veh B start reverse, I horn to alert veh B. But veh B continue to reverse. I got no choice but to sound my horn continuously and the people around the area also shouted to alert veh B. But veh B still collided onto my vehicle front portion. After collision, we got down and exchange particular and veh B officer incharge advise us to go for insurance settlement.

Declaration

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



Policyholder's Signature / Date & Time

X M.C.S.B

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

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

08/05/2023

\* If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 06/05/2023 (dd/mm/yy)

Time of Accident: 11 35 hrs (24-HR-FORMAT)

Vehicle No.: GBF2353M Vehicle Make & Model / Engine (cc): Nissan Cabler Private Hire: (Y/N) ☒

Exact location of Accident: Along A.M.K Ind. Park 2 Blk 5034 #01-324

Policyholder's Name / IC No.: Hydro PJS Services Pte Ltd ROC UEN (Company) 201707643W

Driver's Name / IC No.: Mariyappan Senthil Kumar / G6542557U (As Above) ☐

Driver's Contact No.: 86858180 Company Contact No / Owner Contact No:

Driver's Address: 5 Ang Mo Kio Industrial Park 2A #06-07 S (567760)

Owner Email address: AKBBNB@gmail.com Insurance Company:

Driver Email address:

21/03/1976 16/08/2012

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):** 1

**\*Passenger Name:**

**Gender: Male / Female** x ( )

**\*Passenger Name:**

**Gender: Male / Female** x ( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No Remarks:

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station:

**The Other Party(s) Details:**

1. Driver's Name / IC No.: Lim Kha Sim / 512115420 Vehicle No: GZ31034

Driver's Contact No: 62895554 Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

**\*Independent Witness (If Any):** Contact No:

**Preferred Workshop Name:** Contact No:

## Certificate of Insurance

**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

Cert No./Policy No. : D23MTPCVE000302  
 1. Registration No. : GBF2353M  
 2. Insured Name : HYDRO P&S SERVICES PTE. LTD.  
 3. Commencement Date : 04 FEBRUARY 2023 00:00  
 4. Expiry Date : 03 FEBRUARY 2024 23:59  
 5. Coverage : Market value at time of loss - Comprehensive  
 6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive\*  
 b) Any person who is driving on the Insured'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.  
 And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. 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 policyholder's business  
 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.  
 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 12 JANUARY 2023 14:00

\*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.

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Name / Code : CHIANG WERN CHOONG ALEX / 11C24100 CI Code: 20D DXJDZQ44HYVKA