

NATIONAL Assessment Centre Services (M11 12345) **SWO 9259000**

Date In: 09/08/2023 12:16	Job description	Date & Time Completed	Done by
Ref No: NB8190023004699	SAS e-filing		
Val No: GRF ATK	E-mail (within 24hrs, A/C 2013)		
D.O.A: 15/04/2023 14:20	i-Motor Claim Form		
OS: TP: Reporting Only	i-Motor W/O (Within: OD 24hrs, TP 10hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: () Val No: **SS 6001** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Hst Status (W/O): N: 0-30%, B: 21-70%, F: 90-100%)

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 repeller.

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

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

Remarks	INC / Non-INC	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: ()

Invoice Preparation Checklist	Y/N	Remarks
1) All Accident Reports (\$300)	Y	
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$10/\$15	
4) PC: Yellow Through Survey	\$120	
5) PE: Yellow Through Survey (Insurance)	\$50	
6) TR: Re-inspection	\$75	
7) NI: Hst DA + SART Survey	\$140	
8) NTUC Additional Fee		
9) QR		
* No: Courtesy Car / Tel Allowance	\$5	
* NI: Repair Coordination	\$15	
* NI: Post Repair Inspection	\$30	
* NI: BY / Collect Excess Coordination	\$1	
* TP (N1) / TP (Non-INC) applies INC	\$20	
* NI: Safety Memo	100	

Invoice Total: () Tax Charged: ()

X/A 2301355

Insurance Particulars:

Insured/Owner:

Policy No:

Assigned Portion: **W/O**

Checked by (Engr-In-Charge):

Comments:

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	09/05/2023 12:16 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 14:20 (SGT)
Exact Location of Accident	Jln Bukit Ho Swee, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1151K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INFINITY HARDWARE HOLDING PTE. LTD.
Company Reg No	2XXXXX009H
Email Address	thangapalani123@gmail.com
Mobile Phone No	(Phone) +65-91727501
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	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE001883

DRIVER

Name of Driver	THANGARASU PALANIYAPPAN
Passport No/FIN	GXXXX504P
Date Of Birth	12/03/1993
Occupation	Outdoor

Date Of Driving Pass	25/01/2017
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98657444
Alt. Phone Number	-
Email Address	thangapalani123@gmail.com
Address	106 YISHUN RING ROAD
Address complement	-
Postcode	760106
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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230415/2099

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	SS600T
Vehicle Manufacturer	Suzuki
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) -

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

T. Paly
09/05/2023 11:40 AM

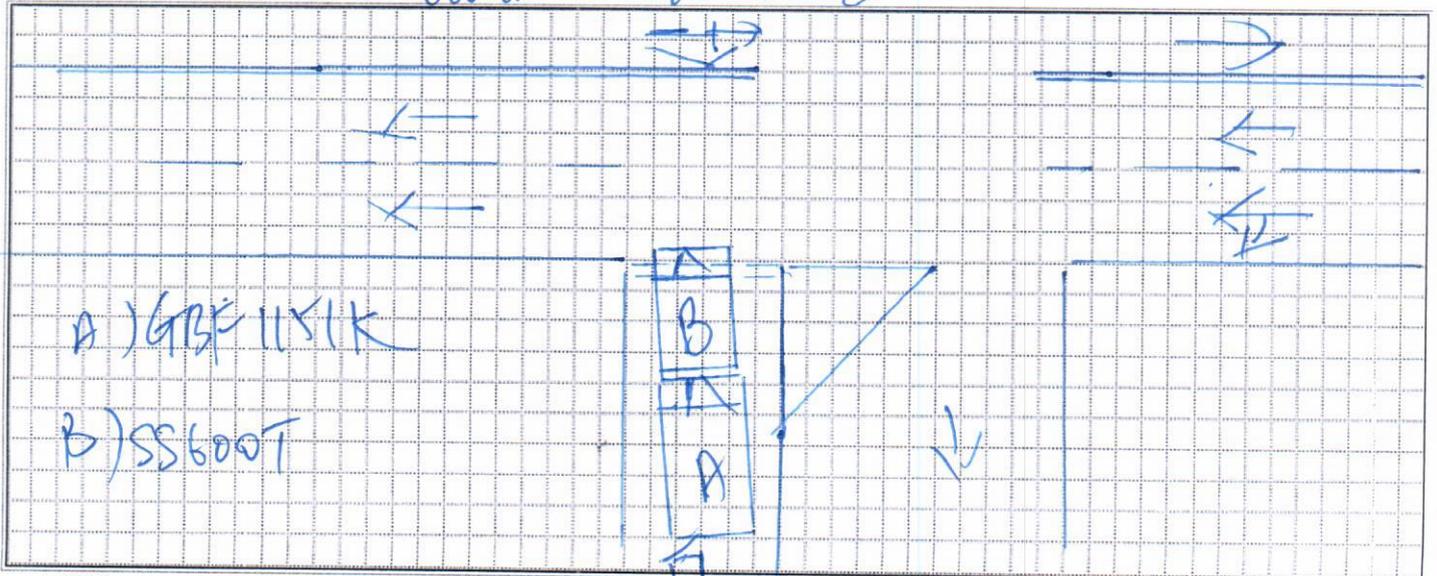
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

[Handwritten signature]
09/05/2023

Sketch Plan

lower dhulua Road



Jayan Bukit Ho Swee

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230415/2099.

Declaration

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



Policyholder's Signature / Date & Time

T. Palini
09/05/2023

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

11:40 AM

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

[Signature]
09/05/2023



**SINGAPORE
POLICE FORCE**



T/20230415/2099

1 of 3

Report No. T/20230415/2099

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2023 19:18	Vide Report No.:	Station Diary No.: 116
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Informant's Particulars

Name of Informant: THANGARASU PALANIYAPPAN		Address: 106 YISHUN RING ROAD SINGAPORE 760106	
ID Type / ID No.: FIN NO / G2807504P		Contact No.: Home/Office:	Mobile: 98657224
Nationality: INDIAN		Email:	
Sex: Male	Age: 30	Date of Birth: 12/03/1993	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry: 19/02/2028	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 14:20	Type of Location: T-Junction
Location: JALAN BUKIT HO SWEE			
Weather: Sunny		Road Surface: Dry	
Traffic Flow: Two 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
GBF1151K	Lorry	TOYOTA		Silver	No Damage	0
SS600T	Car	SUZUKI		Black	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230415/2099

2 of 3

Report No. T/20230415/2099

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver			
Name	THANGARASU PALANIYAPPAN	ID No.	G2807504P
Related Vehicle	NIL	Contact No.	98657224
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 19/02/2028
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/04/2023 at about 1425hrs along the T-Junction at Jalan Bukit Ho Swee and Lower Delta Rd. I had met into an accident with the car plate no. SS600T.

The vehicle SS600T had one driver and one passenger. Nobody had sustained injuries from the accident.

As I was travelling at the road of Jalan Bukit Ho Swee turning left into Lower Delta Rd, vehicle SS600T was in front of me.

The vehicle SS600T had drove to the front and crossed the stopped line. As I thought that the driver will continue to make his turn and then I inch forward, I did not step on the accelerator. But the driver stopped stationary after the stopped line. I did not have enough time to stop in time before hitting onto the rear of SS600T.

I had already inched forward and braked and managed to stop but my lorry side mirrors had went through the vehicle back mirror.

I affirm that no one was injured during the course of incident.

I am lodging this report for recording purposes.

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (15/04/2023) (DD/MM/YYYY), TIME: (14:20) (HH:MM)

LOCATION: Jalan bukit 40 swep

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BF1151K
- b) INSURANCE COMPANY: Sumpo
- c) POLICY NUMBER:
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL:
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / 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) YES NO

2. INSURED / POLICY HOLDER

- a) NAME: JENNY HARDWARE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 20143600914 CONTACT: 91727501
- c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THANGARAJU PALANIAPPAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 92007504 P CONTACT: 98657444
- c) ADDRESS:

No of passenger (including driver) (1)

- * d) DATE OF BIRTH: () (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) (CLEAR)
- b) ROAD SURFACE: (DRY / WET / OTHERS) (DRY)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: POCATOR

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SS 6007 MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) ()

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) ()

email = thangapalan123@gmail.com

VIDEO

PRIVATE COMMERCIAL POLICY SCHEDULE

Intermediary Code : 11S18308

Policy No. : D22MTPCVE001883

This Schedule is issued and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE COMMERCIAL VEHICLE Policy wordings, ref. MTC.19

Insured : INFINITY HARDWARE HOLDING PTE LTD

 Address : 3018 UBI ROAD 1
 #04-119 KAMPONG UBI INDUSTRIAL ESTATE
 SINGAPORE 408710

Business/Profession : MANUFACTURE OF PAINTS, VARNISHES AND SIMILAR COATINGS AND MASTICS

Period of Insurance : 11 SEPTEMBER 2022 00:00 TO 10 SEPTEMBER 2023 23:59

Persons or Classes of Persons entitled to Drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

<u>VEHICLE DETAILS</u>	<u>PREMIUM DETAILS</u>
Vehicle Reg No : GBF1151K	Premium 1,722.00
Chassis No : KDY2318024454	Less No Claim Discount (20%) (344.40)
Engine No : 1KD2607302	Add others :
Vehicle Make & Model : TOYOTA DYNA 3.0 M	Add Windscreen 40.00
Cc/Tonnage : NIL / 1.62	Add Flood 0.00
Type of Body : LORRY + HOOD	Total S\$ 1,417.60
Year of Manufacture : 2016	GST S\$ 99.23
Seating Capacity (including driver) : NIL	Premium (incl. GST) S\$ 1,516.83
Estimated value of Vehicle : Market Value at time of loss	
Hire Purchase Owner : NIL	

Vehicle Usage : Company Use

Coverage : Comprehensive-ExcelDrive Classic

Excess : S\$ 500 - Section I

Additional Excess : The following terms & conditions shall apply to this policy:

Elderly, Young & Inexperienced Drivers Excess (All Claims)

It is hereby understood and agreed that an excess of S\$2,000 shall apply for accident, loss or damage if the insured vehicle is driven by a driver who:

- is age 70 years old & above at the time of accident or
- is below the age of 25 years old at the time of accident or
- has less than 2 years of driving experience on Singapore roads

If however there is(are) other Excess(es) applicable under different Endorsement(s) of this Policy, this said Excess of S\$2,000 shall be considered as an additional Excess over and above all other Excess(es).

 Endorsements Applicable : Strike Riot Or Civil Commotion ME No.25
 Special Perils ME No.57
 Legal Liability of Passengers for Acts of Negligence ME No.72
 Endorsement H - Total Loss
 Endorsement I2 - Breakage of Glass in Windscreen or Window (Excess \$100)
 Endorsement M - Own Damage, Fire and Theft Claims

Additional Covers/conditions : Own damage repair: Insured is required to use the Company's panel of workshops for their own damage claims.

- | | |
|--|--------------|
| 1. Breakage of Glass in Windscreen or Window Endorsement (Endt I2) | - \$1,000.00 |
| 2. Flood | - Defined |

Named Drivers : NIL

Date of Issue : 28 JUNE 2022

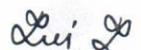
Intermediary Name : SYNERGY FINANCIAL ADVISERS PTE. LTD..

Producer Code & Name : SYF18374 & ZHUO LIMIN

User Code : UWYLTAN/ELYNNONG

Old Policy No : NIL

 Signed on this 28th day of June 2022
 for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.



Authorised Signatory

CI Code : 20D