

NATIONAL Assessment Centre Services

Date In 11/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/III 23004809 /d4	SAS e-filing		
Veh No GBH 4905Y	E-mail (w/ John 3hrs, AP 2hrs)		
DOA 10/05/2023 13:30	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBF 92894	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 repaler.		
() Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()		

Remarks: (INC Hotline: 6788 6610)	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	Action

NA2301385	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idau Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	11/05/2023 10:04 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE THOMSON FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4905Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YOROSHIKU ENGINEERING PTE LTD
Company Reg No	2XXXXXX873K
Email Address	yoroshiku888@gmail.com
Mobile Phone No	(Phone) +65-97387644
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	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0005572

DRIVER

Name of Driver	MOULIK SUBIR KUMAR
Passport No/FIN	GXXXX311U
Date Of Birth	02/02/1987
Occupation	Outdoor

Date Of Driving Pass	11/08/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98700881
Alt. Phone Number	-
Email Address	yoroshiku888@gmail.com
Address	98 WHAMPOA DRIVE
Address complement	# 06-146
Postcode	320098
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9289U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-65004650
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	GBK9367B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DAMIEN TAN CHUN HAO
NRIC No	SXXXX956E
Contact Number	(Phone) +65-90099158
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 ~~fill~~ 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 ~~is~~ issuance 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 ~~issuance~~ 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.

B. 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.



Subi
11/05/2023

Amuel 11/5/2023

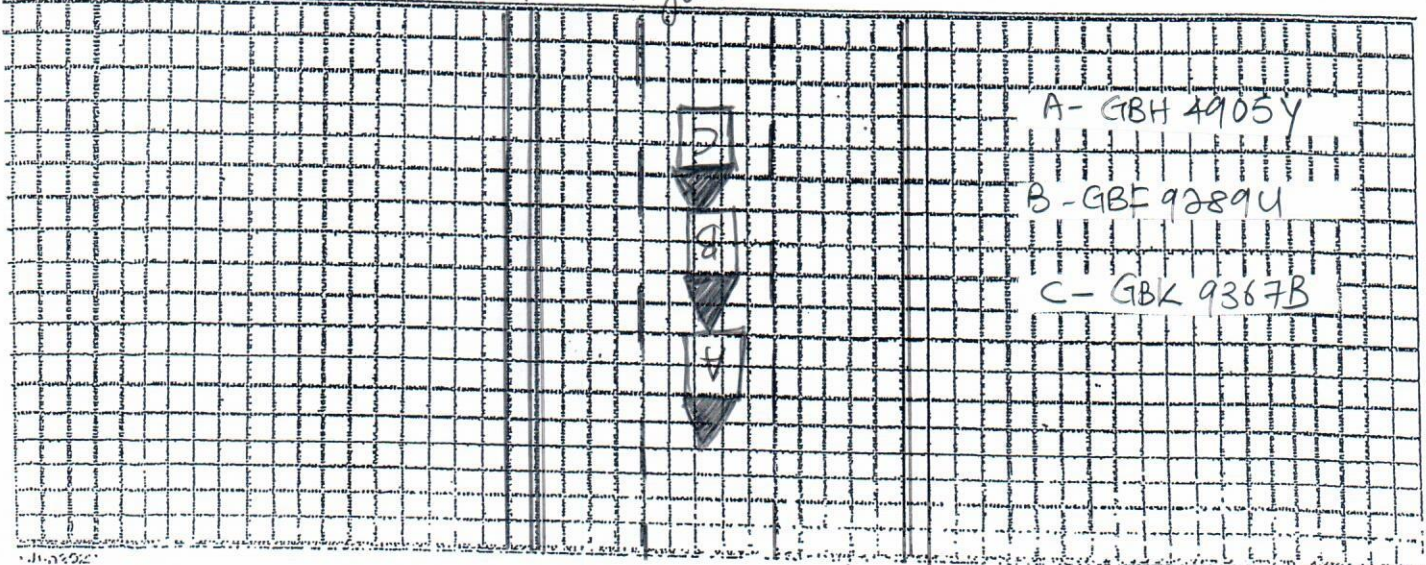
Policyholder's Signature / Date & Time

Actual 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 Thomson Flyover



Describe Circumstance of the Accident

I was travelling along PIE towards Thomson Flyover. It was slightly traffic jam. There was a vehicle in front of me slowed down and stopped. I also follow suit. I slowed down and stopped my vehicle as well. Suddenly I heard one loud bang at the rear of my vehicle. Then I came down from my vehicle to take a look and it was vehicle C Bang into vehicle B and due to the impact vehicle B bang into my rear portion of the vehicle.

Declaration

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



Policyholder's Signature / Date & Time

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

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

Subin 11/05/2023

Amrinal 11/5/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 10/05/2023 (DD/MM/YYYY) TIME: 13:30 (HH/MM)

LOCATION: PIE Thomson Flyover

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBH 4405Y
 b) INSURANCE COMPANY: India International
 c) POLICY NUMBER: D22MCV0005572
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Dyna : AUTO / MANUAL
 f) TYPE: SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: working time
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Yoroshiku Engineering Pte. Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201205873K CONTACT: 9738 7644
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Maulik Subir Kumar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G66033114 CONTACT: 9870 0881
 c) ADDRESS: 98 Whampoa Drive #06-146

d) DATE OF BIRTH: 02/02/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 11/08/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITIONS: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBF 92894 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 6506 4650

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: GBK 9367B MODEL: _____
 e) DRIVER'S NAME: Damien Tan Chun Hoo
 f) NRIC/FIN/PASSPORT: S9533956E CONTACT: 9009958

Email = yoroshiku888@gmail.com

Sex = _____

Notes = No



INDIA
INTERNATIONAL
INSURANCE
SINGAPORE
Serving the region since 1987

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. MZ-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0005572		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBH4905Y	
Chassis No	: JTFAT35Y40K218379	
2. Name of Policyholder	: YOROSHIKU ENGINEERING PTE. LTD.	
3. Effective date of Insurance	: 20 Jun 2022	
4. Expiry date of Insurance	: 19 Jun 2023	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes. The Policy does not cover a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	
*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.		
Excess Sect I : SGD600.00 Windscreen Excess: SGD100.00 Hire Purchase Company : United Overseas Bank Limited		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.		
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).		
Agent/Broker : A000050/Sunmex Enterprise Date of Issue : 27/05/2022 17:23:57 M.Z. 300C - GOODS CARRYING(ORGANIZATION)		For India International Insurance Pte Ltd Authorised Signatory

SUNMEX ENTERPRISE
8 ENGGOR STREET
#24-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698