

NATIONAL Assessment Centre Services

| | | | |
|-------------------------|--|-----------------------|---------|
| Date: 19/05/2023 | Job description | Date & Time Completed | Done by |
| RefNo NA/C1123005140/d4 | SAS e-filing | | |
| VehNo GX8917T | E-mail (within 2hrs, Aft 2hrs) | | |
| DOA 19/05/2023 07:15 | 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: GBJ 7866X | 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 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA2301495 | Invoice Preparation Checklist | Amc (\$) | Amc (\$) |
| Claimant's Particulars | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 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: Idau 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: Idau 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 | 19/05/2023 19:10 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 19/05/2023 07:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE TOWARDS TUAS BEFORE STEVENS ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | GX8917T |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---|
| Is company? | Yes |
| Name Of Registered Owner | SAFETY INNOVATORS (INTERNATIONAL) PTE. LTD. |
| Company Reg No | 2XXXXX801G |
| Email Address | thtan@safetyinnovators.com |
| Mobile Phone No | (Phone) +65-97853791 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Liteace |
| 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 | 2184 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMCVSNW00027972308 |

DRIVER

| | |
|----------------|---------------------------|
| Name of Driver | S MURUGUNATHAN S/O SINNIH |
| NRIC No | SXXXX636F |
| Date Of Birth | 26/08/1979 |
| Occupation | Outdoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 02/01/2020 |
| Driving experience | 3 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81302297 |
| Alt. Phone Number | - |
| Email Address | thtan@safetyinnovators.com |
| Address | APT BLK 96 LORONG 3 TOA PAYOH |
| Address complement | # 11-32 |
| Postcode | 310096 |
| 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 | Geylang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008486999 |
| Alt. Police Station Phone No | (Fax) +65-68486799 |
| Police Station Address | 1 Cassia Link Singapore 397618 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230519/2041

ATTACHMENT(S)

| | |
|---|-----------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | SD CARD WITH TP |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBJ7866X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | WEI YANFENG |
| Passport No/FIN | GXXXX387T |
| Contact Number | (Phone) +65-89418760 |
| 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 Authorised 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. The 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.

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.

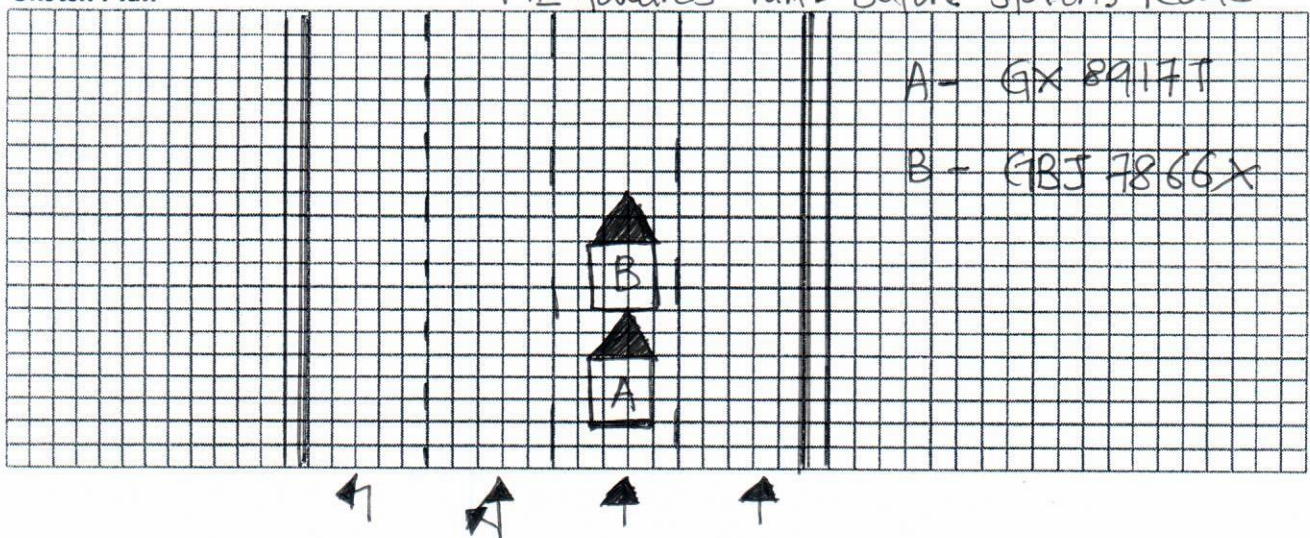


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident


please Refer to the attached police Report
- T/20230519/2041 -

Declaration

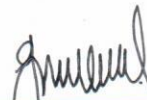
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 19/5/23.

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

 19/5/2023

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



SINGAPORE POLICE FORCE



T/20230519/2041

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20230519/2041

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 19/05/2023 11:33 | | Vide Report No.: E/20230519/0032 | | Station Diary No.: 64 |
| Informant's Particulars | | | | |
| Name of Informant: S MURUGANATAN S/O SINNIH | | Address: APT BLK 96 LORONG 3 TOA PAYOH #11-32 SINGAPORE 310096 | | |
| ID Type / ID No.: NRIC NO / S7925636F | | Contact No.: Home/Office: Mobile: 81302297 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 43 | Date of Birth: 26/08/1979 | Type of Informant: Driver | |
| Race: Indian | | Language: | | |
| Occupation: OPERATIONS MANAGER | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 19/05/2023 07:15 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Drizzling | | Road Surface: Wet | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| GX8917T | Van | | | | Seriously Damaged | 0 |

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20230519/2041

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20230519/2041

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------------------|--|--|-----------------------------------|
| Driver | | | | |
| Name | S MURUGANATAN S/O SINNI AH | | ID No. | S7925636F |
| Related Vehicle | NIL | | Contact No. | 81302297 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Driver | | | | |
| Name | Wei Yanfeng | | ID No. | G8804387T |
| Related Vehicle | NIL | | Contact No. | 89418760 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On 19/05/2023 at about 0715hrs, I was driving along second lane of PIE towards Tuas before Stevens Rd exit. Suddenly, a lorry (GBJ7866X) in front of me did an emergency brake and I did brake as well however due to the slippery road surface as it was drizzling, my vehicle could not stop in time and collided into the lorry. I did not sustain any injuries. The front bumper of the van was damaged. Traffic police also came down to scene and my camcar SD card was seized. I am lodging this report for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20230519/2041

Police Station Of Origin:

Geylang N.P.C

1 Cassia Link SINGAPORE 397618

Tel No: 1800-8486999

3 of 3

Report No. T/20230519/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 POH HUI MIN JASMINE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2023 11:33

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD RAIMIE BIN ABDUL
KARIM

Contact No.: 65476437

Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E120230519/0032

I, Sgt(2) Pongmuhd Aker
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 16GB memory card m. used
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S7925636F / S. Muruganathan S/O A Sinnich
(Name, NRIC or Passport No. / Rank and No.)

of 96 Loring 3 Tan Rajah #11-32 S310096

(Address / Police Station / NPC / NPP)

on 17/5/23 at 0823
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

S7925636F S. MURUGANATHAN
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

Sgt(2) Pongmuhd Aker
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 159: 6547 6187

IDAC ACCIDENT STATEMENT

| | |
|--|---|
| DATE OF ACCIDENT: 19/05/2023 | TIME OF ACCIDENT: 07:15 a.m |
| VEHICLE NO: GX 8917T | TRANSMISSION: AUTO / <u>MANUAL</u> |
| MAKE & MODEL: Toyota Ateace. | LOCATION: PIE towards TUNAS before Stevens Road |
| EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE | CLAIM TYPE: OD / THIRD PARTY / <u>REPORTING ONLY</u> |
| INSURANCE COMPANY: China Taiping | POLICY NO: DMCVSNW0002797 2308 |
| TYPE OF COVERAGE: COMPREHENSIVE / <u>THIRD PARTY</u> / THIRD PARTY & THEFT | VEHICLE TYPE: (SALOON / <u>COUPE</u> / MPV / VAN / LORRY / MOTORCYCLE) |
| NAME OF OWNER: Safety Innovators International Pte Ltd | NRIC: 200312801G |
| ADDRESS: | CONTACT NO: 9785 3791 |
| EMAIL ADDRESS: thfan@safetyinnovators.com | VIDEO RECORDING: <u>YES</u> / NO with 7P |
| NAME OF DRIVER: AS ABOVE / IF NO: smuruganathan slo Sinniah | NRIC: <u>87925636F</u> CONTACT NO: <u>8130 2297</u> |
| DRIVER OWNER RELATIONSHIP: <u>employee</u> | PASSENGER: <u>0</u> MALE () FEMALE () |
| DATE OF BIRTH: 26 / 08 / 1979 | DRIVING PASSING DATE: 02 / 01 / 2020 |
| OCCUPATION: INDOOR / <u>OUTDOOR</u> | ADDRESS: Apt 816 Blk 96 Hong 3 Toa Payoh # 11-32 S, 310096 |
| ANY INJURIES: <u>NO</u> , IF YES: _____ | POLICE REPORT: <u>NO</u> / IF YES WHERE? <u>Geylang</u> |
| WEATHER CONDITION: CLEAR / RAINING / <u>OTHERS</u> <u>Drizzling</u> | ROAD SURFACE: DRY / <u>WET</u> / OTHERS |
| VEHICLE B REG NO: <u>GBJ 7866X</u> | VEHICLE C REG NO: _____ |
| DRIVER NAME: <u>Wei Yanteng</u> | DRIVER NAME: _____ |
| NRIC: <u>G8804387T</u> | NRIC: _____ |
| CONTACT: <u>89418760</u> | CONTACT: _____ |
| VEHICLE D REG NO: _____ | ANY WITNESS? NO, IF YES: |
| DRIVER NAME: _____ | NAME: _____ |
| NRIC: _____ | CONTACT: _____ |
| CONTACT: _____ | |
| WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) <u>NO</u> IF YES, AGAINST WHOM: _____ | WERE SEAT BELTS WORN?: YES / NO WERE INJURY CONVEYED BY AMBULANCE: YES / <u>NO</u> |



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

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)

R SN

AN0328A

Cov. Type:T

CERTIFICATE No.

DMCVSNW00027972308

Engine No.: 3C4003618

Cha. No.:CR425010655

1. Index Mark and Registration
Number of Vehicle

GX8917T

2. Name of Policy Holder

SAFETY INNOVATORS (INTERNATIONAL) PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

23/04/2023

4. Date of Expiry of Insurance

22/04/2024

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.

* 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: LOW TECK HOCK

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

