

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 29/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/PC23005502/d4	SAS e-filing		
Veh No: GBL 8896S	E-mail (within 3hrs. AIC 2hrs)		
D.O.A : 27/05/2023 09:00	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: SJA 42E	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%. F: 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

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	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	29/05/2023 17:26 (SGT)
Reported by	Actual Driver
Date of Accident	27/05/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMS AVENUE TOWARDS CHANGI ROAD BEFORE LOR 39 GEYLANG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8896S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPER 99 PTE LTD
Company Reg No	2XXXXX459E
Email Address	selvam31101988@gmail.com
Mobile Phone No	(Phone) +65-85887519
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1597

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05012498

#### DRIVER

Name of Driver	RAMACHANDRAN SELVAM
Passport No/FIN	GXXXXX045W
Date Of Birth	14/05/1988

Occupation	Outdoor
Date Of Driving Pass	26/11/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83050467
Alt. Phone Number	-
Email Address	selvam31101988@gmail.com
Address	BLOK 703 WOODLANDS RISE
Address complement	# 04-21
Postcode	734783
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	MADHAPPAN SAMPATHKUMAR
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/20230527/7061

#### 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	SJA42E
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHYE KIAH
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	RAMACHANDRAN SELVAM
Gender	Male
Phone No	(Phone) +65-83050467
Address	BLOK 703 WOODLANDS RISE
Address Complement	# 04-21
Post Code	734783
Approximate Age Years Old	-
Injuries Sustained	FEELING ACHES ON NECK,HOULDER AND BACK AREAS AND HAD KNOCKED ON TOP OF THE KNEE-GIVEN 3 DAYS OF MC GBL8896S
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	MADHAPPAN SAMPATHKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FEELING ACHES ON NECK,HOULDER AND BACK AREAS AND HAD KNOCKED ON TOP OF THE KNEE-GIVEN 3 DAYS OF MC GBL8896S
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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.

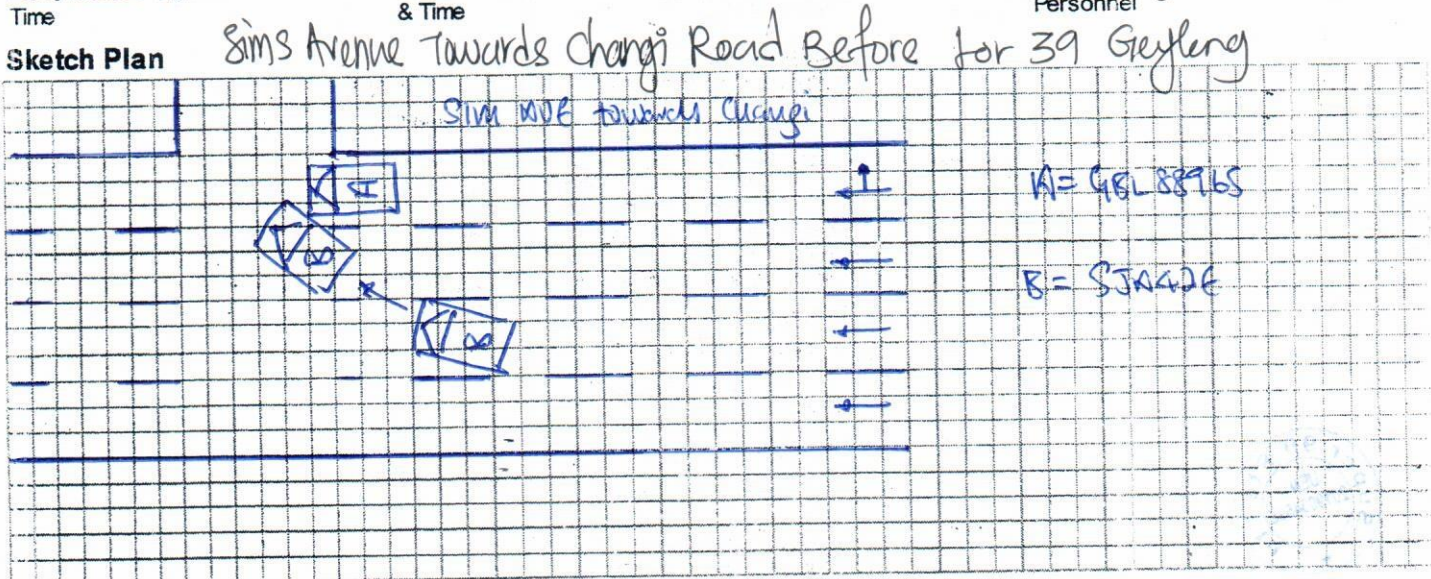


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

Refer to police report: T/20230537/7061



**Declaration**

We declare the foregoing particulars are true in every respect.



*Sc*

Policyholder's Signature / Date & Time

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

*[Signature]* 29/5/2023  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230527/7061

1 of 3

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

Report No. T/20230527/7061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2023 19:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RAMACHANDRAN SELVAM			Address: 26 LORONG 33 GEYLANG #02-02 CHEN FANG MANSIONS SINGAPORE 387986		
ID Type / ID No.: FIN NO / G6718045W			Contact No.: Home/Office: Mobile: 83050467		
Nationality: INDIAN			Email: SELVAM31101988@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 14/05/1988	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Supervisor			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2023 09:00	Type of Location:
Location:  SIMS AVENUE				
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	Conditio	No of
GBL8896S	Van					1

**Details of Person Involved**

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



# SINGAPORE POLICE FORCE



T/20230527/7061

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

2 of 3

Report No. T/20230527/7061

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	RAMACHANDRAN SELVAM		ID No.	G6718045W
Related Vehicle	GBL8896S (Van)		Contact No.	83050467
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 stated date and time, I was driving GBL8896S along the extreme right lane of Sims Ave, which could either turn right into Lorong 39 Geylang or go straight, with my colleague Madhappan Sampathkumar as my front passenger.

We were both belted.

As I was approaching the junction of Lorong 39, I was slowing down and had already signalled my intentions to turn right.

Suddenly, SJA42E, which was initially travelling along the third lane from the right of Sims Ave, swerved and slammed into the front right portion of my vehicle before overtaking us and turning into Lorong 39.

The impact was huge and caused my vehicle to rock sideways violently, catching us off guard.

My colleague knocked his left shoulder and left knee against the front passenger door while I knocked my left knee against the centre console of my vehicle as a result of the impact.

Later the same day, I started feeling aches in my neck, shoulder and back areas on top of the knee I had knocked.

My colleague also experienced similar symptoms.

As such, we proceeded to Livewell Medical Clinic near our work site the same evening to seek treatment after our work ended.

We were given 3 days MC each.

I wish to state that I am residing at 26 Lorong 33 Geylang #02-02 S387986.



**SINGAPORE  
POLICE FORCE**



T/20230527/7061

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

3 of 3

Report No. T/20230527/7061

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

Signature Of Informant:

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

Date/Time:  
27/05/2023 19:40

Classification Of Case:

**PROFI AUTOMOTIVE**

10 KAKI BUKIT ROAD 2 #01-05, FIRST EAST CENTRE, SINGAPORE 417868

TEL: 94335558 EMAIL: profi.automotive@asia.com

Date of Accident : 27-05-2023 Accident Time: 0900hrs (24 HR Format)  
Accident Place : SIMS AVE towards CHANGI RD Before Lor 39 Geylang  
Vehicle Number : GBL8896S Make/Model: NISSAN NV200  
Insurance Co. : LONPAC Policy No. : ZJ2VC05012498  
Owner/Company Name & IC No. : SUPER 99 PTE LTD , 3019034596  
Owner/Company Tel No. : 85887519  
Driver Name and IC No. : RAMACHANDRAN SELVAM , G6718045W  
Driver Date of Birth : 14/05/1988 License Pass Date: 26/11/2020  
Driver Address : 51703 WOODLANDS ESE #04-21 S734783  
Driver Contact No : 83050467 Driver Occupation: Indoor | Outdoor  
Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: \_\_\_\_\_  
Email Address : Selvam31101988@gmail.com  
Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET  
Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance  
Number of Passenger (Including Driver) : 2 Vehicle Usage Purpose : Private Use | Work Purpose  
Was there any Video Capture by Car Camera : Yes | No  
Any Injury (State, if Yes) : Yes.

Details of Other Vehicle

Vehicle No. : <u>SJA42E</u>	Vehicle No. : _____
Make/Model : <u>HONDA VEZEL</u>	Make/Model : _____
Driver Name : <u>LIM CHYE KAH</u>	Driver Name : _____
Driver Contact No. : _____	Driver Contact No. : _____

\* NEW - Passenger Name & Gender : ① MADHAPPAN SAMPATHKUMAR (MALE)



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).

ROAD TRANSPORT ACT 1987 (MALAYSIA).

ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z22VC05012498

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN NV200  
- GBL8896S

2. Name of Policy Holder

SUPER 99 PTE LTD

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

25/06/2022

4. Date of Expiry of the Insurance

24/06/2023

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: XLCHEN

Date Issued: 24/06/2022