

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

Date In: 15/06/2023	Job description	Date & Time Completed	Done by
Ref No: NALHP23006182 / d4	SAS e-filing		
Veh No: 4BK 242 L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 14/06/2023 08:30	i-Motor Claim Form		
OD / <u>TP</u> / 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: SL2 9189B	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2301784

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	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:-		
	OP*		
	*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: Idac Mobile \$30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			



## 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	15/06/2023 09:26 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF GHIM MOH ROAD & COMMONWEALTH AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK242L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MENG GUAN LANDSCAPE & CONSTRUCTION PTE LTD
Company Reg No	1XXXXX793E
Email Address	MIKETANTM@GMAIL.COM
Mobile Phone No	(Phone) +65-91240875
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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V14929/VCV/R02

#### DRIVER

Name of Driver	CHELLAMANI BALASUBRAMANIAN
Passport No/FIN	GXXXX264T
Date Of Birth	15/07/1980
Occupation	Outdoor

Date Of Driving Pass .....	12/03/2015
Driving experience .....	8 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91240875
Alt. Phone Number .....	-
Email Address .....	MIKETANTM@GMAIL.COM
Address .....	1 JOO CHIAT ROAD , JOO CHIAT COMPLEX
Address complement .....	# 05-1001
Postcode .....	420001
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 .....	Wet

#### 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) .....	6
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 .....	THANKARASU CHINNATHAMBI
Gender .....	Male

#### PASSENGER 2

Name .....	PERIYASAMY ARANGASAMY
Gender .....	Male

#### PASSENGER 3

Name .....	KALAM MD
Gender .....	Male

#### PASSENGER 4

Name .....	GOVINDARAJ MADHAVAN
Gender .....	Male

#### PASSENGER 5

Name .....	HASSAN KAMRUL
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? ..... No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLZ9189B  
Vehicle Manufacturer ..... -  
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) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... CHELLAMANI BALASUBRAMANIAN  
Gender ..... Male  
Phone No ..... (Phone) +65-91240875  
Address ..... 1 JOO CHIAT ROAD , JOO CHIAT COMPLEX  
Address Complement ..... # 05-1001  
Post Code ..... 420001  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK AND NECK  
Injured person in which vehicle? ..... GBK242L  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... THANKARASU CHINNATHAMBI  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK AND NECK  
Injured person in which vehicle? ..... GBK242L  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... PERIYASAMY ARANGASAMY  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -

Injuries Sustained .....	BACK AND NECK
Injured person in which vehicle? .....	GBK242L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 4

Name of injured person .....	KALAM MD
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK
Injured person in which vehicle? .....	GBK242L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5

Name of injured person .....	GOVINDARAJ MADHAVAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK
Injured person in which vehicle? .....	GBK242L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 6

Name of injured person .....	HASSAN KAMRUL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK
Injured person in which vehicle? .....	GBK242L
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Wm*



*C. Bue*

*gmu 15/6/2023*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

### JUNCTION OF GHIM MOH ROAD & COMMONWEALTH AVE

A: GBK242L  
B: SLZ9189B





**Describe Circumstances of the Accident**

I (GBK242L) WAS TRAVELLING ALONG JUNCTION OF GHIM MOH ROAD & COMMONWEALTH AVE. TRAFFIC LIGHT TURNED RED AND I STOPPED. WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B (SLZ9189B) REAR-ENDED MY VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

15/6/2023

# Accident Reporting Draft

VEHICLE NO: GBK242L

MODEL: TOYOTA DYNA

AUTO/MANUAL

DATE OF ACCIDENT	14/6/2023	C.C: 2,982
TIME OF ACCIDENT	0830	HRS <u>AM</u> /PM
LOCATION OF ACCIDENT	JUNCTION OF GHIM MOH ROAD & COMMONWEALTH AVE	
EXACT PURPOSE USE DURING ACCIDENT	<u>EMPLOYMENT</u> PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	MENG GUAN LANDSCAPE & CONSTRUCTION PTE LTD	
CONTACT NO.	91240875 (D)	EMAIL: MIKETANTM@GMAIL.COM
NRIC	199103793E	
CLAIM TYPE	<u>OD / THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	LIBERTY	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : CHELLAMANI BALASUBRAMANIAN	
NRIC	G6933264T	ANY PASSENGER: 5
DATE OF BIRTH	15/7/1980	- THANKARASU CHINNATHAMBI (M)
OCCUPATION	<u>OUTDOOR</u> / INDOOR	- PERIYASAMY ARANGASAMY (M)
DATE OF DRIVING PASS	12/3/2015	- KALAM MD (M)
GENDER	<u>MALE</u> / FEMALE	- GOVINDARAJ MADHAVAN (M)
CONTACT NO.	91240875 (D)	EMAIL: MIKETANTM@GMAIL.COM
ADDRESS	1 JOO CHIAT ROAD #05-1001 JOO CHIAT COMPLEX S(420001)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET / OTHER: <u>DRY WET</u>	
ANY INJURIES	NO / IF <u>YES</u> : YES - DRIVER & PASSENGERS	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	SLZ9189B	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP		
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

**Ryder**

Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,  
Singapore 417921


Email: ryderautoworkshop@gmail.com

Tel: 67418277



## 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  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	<b>SI22V14929 /VCV /R02</b>		
<b>Form</b>	<b>MZ300A</b>		
Date of Issue:	03-Nov-2022		
1.Index Mark and Registration No. of Vehicle:	GBK242L		
2.Chassis number of Vehicle:	JTFAT35Y40K214500		
3.Name of Policyholder:	MENG GUAN LANDSCAPE & CONSTRUCTION PTE LTD		
4.Effective date of Commencement of Insurance for the purposes of the Act:	25-NOV-2022 00:00		
5.Date of Expiry of Insurance:	24-NOV-2023 23:59		
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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> <p>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.</p>		
7.Limitations as to use*:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>		
8.The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>		
<small>*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 are not to be included under these headings.</small>			
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.			
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature			
<b>For Information only:</b>			
COVERAGE:	Comprehensive, Unlimited Windscreen		
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS		
EXCESS (\$\$):	Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00		
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED		
PRODUCER NAME:	B.A.S. INSURANCE AGENCY		