

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 15/06/2023	Job description	Date & Time Completed	Done by
Ref No: NALCT123006187/d4	SAS e-filing		
Veh No: PC 5794D	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 15/06/2023 11:30	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: SLT 2496S	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

NA2301788	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add.
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Auditors Comments :-	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 1:	OP*			
Cat. 2 / 3:	*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 \$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	15/06/2023 18:15 (SGT)
Reported by	Actual Driver
Date of Accident	15/06/2023 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CANTONMENT ROAD TOWARDS KEPPEL ROAD BESIDE PINNACLE @ DUXTON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5794D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SATHIKA CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No	2XXXXX381C
Email Address	SATHIKA_KUMAR@YAHOO.COM
Mobile Phone No	(Phone) +65-94875725
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003562301

DRIVER

Name of Driver	SHANMUGAM VIJAYAKUMAR
Passport No/FIN	GXXXX186R
Date Of Birth	20/04/1979

Occupation	Outdoor
Date Of Driving Pass	23/12/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94875725
Alt. Phone Number	-
Email Address	SATHIKA_KUMAR@YAHOO.COM
Address	80 GENTING LANE , RUBY INDUSTRIAL COMPLEX
Address complement	# 05-09
Postcode	349565
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOYED
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 SLT2496S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver KHO BOO SENG
 Contact Number (Phone) +65-97490949
 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 SHANMUGAM VIJAYAKUMAR
 Gender Male
 Phone No (Phone) +65-94875725
 Address 80 GENTING LANE , RUBY INDUSTRIAL COMPLEX
 Address Complement # 05-09
 Post Code 349565
 Approximate Age Years Old -
 Injuries Sustained BACKPAIN
 Injured person in which vehicle? PC5794D
 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 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.



bkt

bkt

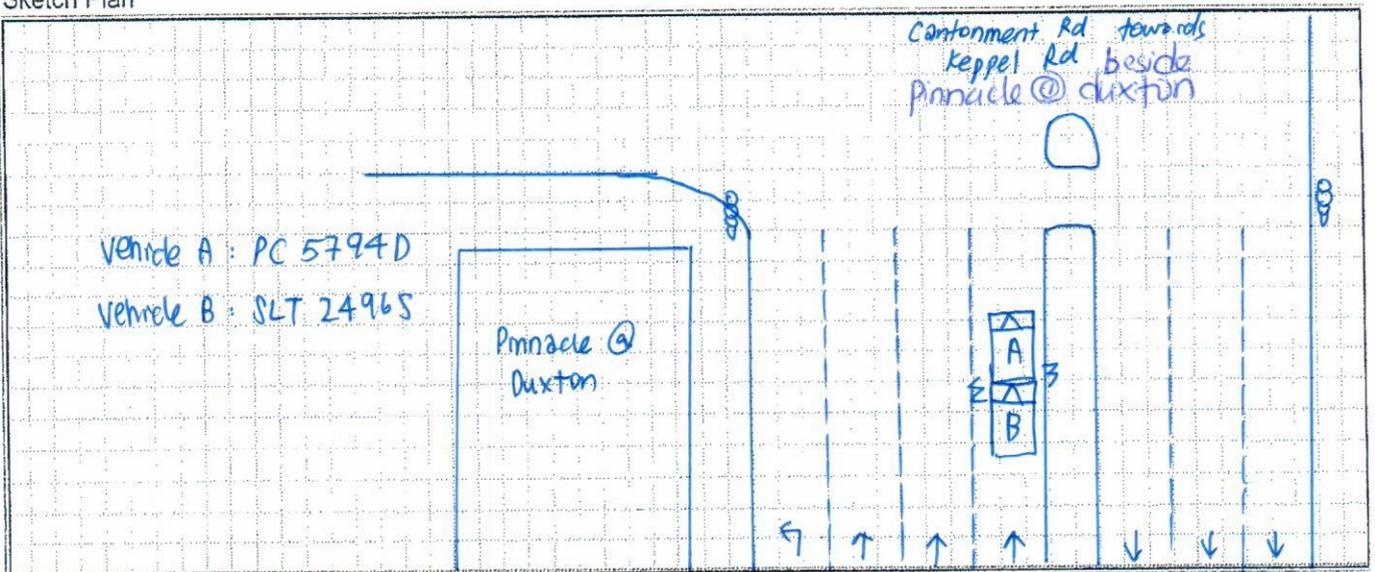
gmu 15/6/2023

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle
(PC 5794 D) along Cantonment Rd towards Keppel Rd on the
extreme right lane of a 4 lane Rd. My vehicle was
stationary due to traffic barrier Pinnacle @ Axten. As the traffic
light turned green, when I was about to move my vehicle,
vehicle B (SLT 2496 S) collided into the rear portion of my
vehicle.

Declaration

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



B.K.T.

Policyholder's Signature / Date & Time

B.K.T.

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

General 15/6/2023

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

VEHICLE NO: PC 5794D	MAKE & MODEL: Toyota Hrace Hi-roofs (AUTO) MANUAL	
DATE OF ACCIDENT: 15 / 06 / 2023	CC: 3-0	
TIME OF ACCIDENT: 1130 HRS		
LOCATION OF ACCIDENT: Cantonment Rd towards Keppel Rd beside Pinnacle @ Duxton		
EXACT PURPOSE USE DURING ACCIDENT: () EMPLOYMENT / PRIVATE USE / (X) PRIVATE HIRE		
NAME OF OWNER: Sathika Construction & Engineering Pte Ltd		
TEL NO:	H/P: 9487 5725	OFFICE: HOME:
NRIC: 201226381C		
ADDRESS: 80 Genting Lane #05-09 Ruby Industrial Complex S 349565		
EMAIL: SATHIKA_KUMAR@yahoo.com		
CLAIM TYPE: OD / (X) THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES (X) NO?		
INSURANCE COMPANY: China Taiping		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: DMB1SNW00003562301		
NAME OF DRIVER: AS ABOVE / IF NO: Shanmugam Vijayakumar		
NRIC: G0882186R	ANY PASSENGER: X S (2F 2M)	
DATE OF BIRTH: 20 / 04 / 1979	LICENCE PASSED DATE: 23 / 12 / 2009	
OCCUPATION: (X) OUTDOOR / INDOOR		
GENDER: (X) MALE / FEMALE		
CONTACT NO:	H/P: 9487 5725	OFFICE: HOME:
ADDRESS: 80 Genting Lane #05-09 Ruby Industrial Complex S349565		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: (X) NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Self-Employed		
WEATHER CONDITION: (X) CLEAR / RAINING / OTHERS:		
ROAD SURFACE: (X) DRY / WET / OTHER:		
ANY INJURIES: NO / IF (X) YES, WHO?		
NAME & CONTACT: Shanmugam Vijayakumar (9487 5725) Baekapain		
NAME & CONTACT:		
POLICE REPORT: (X) NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? (X) NO / IF YES, WHO?		
VEHICLE B REG NO: SLT 2496S	ANY PASSENGERS: N/A	
NAME OF DRIVER: Kho Boo Seng	CONTACT NO: 9749 0949	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? (X) YES / NO		
WAS THERE ANY AUDIO RECORDED? YES / (X) NO		
ACCIDENT SCENE PHOTOS TAKEN? (X) YES / NO		
ACCIDENT PORTION: Rear Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES (X) NO		
WORKSHOP PARTICULAR: N-51 Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		

Motor Bus

MZ601

R SN

AN0597A

Cov. Type: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)

CERTIFICATE No.	DMB1SNW00003562301	Engine No.: 1KD2686831	Cha. No.:KDH2230030866
1. Index Mark and Registration Number of Vehicle	PC5794D	AUTOSAFE	=====
2. Name of Policy Holder	SATHIKA CONSTRUCTION & ENGINEERING PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/03/2023 (00:00:00)	Excess Sect I .	\$S\$2,000.00
		Excess Sect. II	\$S\$3,000.00
		EX ON WINDSCREEN .	\$S\$100.00
4. Date of Expiry of Insurance	23/03/2024		
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>		
<p>HIRE PURCHASE CO.: TOYOTA FINANCIAL SERVICES SINGAPORE PTE. LTD. * 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.</p>			

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: ABS INSURANCE AGENCY PTE LTD
Authorised Officer



Authorised Signatory