

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 22/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23006330/d4	SAS e-filing		
Yeh No: GBK 1570 H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/06/2023 08:25	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **GBT 36x** 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

NA2301844

	Invoice Preparation Checklist	Am't (\$)	Am't
		1st Bill	Add
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
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	22/06/2023 11:39 (SGT)
Reported by	Actual Driver
Date of Accident	21/06/2023 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI AFTER JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1570H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WAVES FLUID ENGINEERING PTE LTD
Company Reg No	2XXXXX766Z
Email Address	sales@wavesfluid.com.sg
Mobile Phone No	(Phone) +65-91680720
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00006982303

DRIVER

Name of Driver	AROCKIASAMY JANIN NELSON
Passport No/FIN	GXXXX367X
Date Of Birth	16/02/1993
Occupation	Indoor

Date Of Driving Pass	01/12/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94608697
Alt. Phone Number	-
Email Address	sales@wavesfluid.com.sg
Address	PIONEER CENTRE 1 SOON LEE STREET
Address complement	# 04-69
Postcode	627605
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	KALIAMOORTHI SATHISH
Gender	Male

PASSENGER 2

Name	PANNEERSELVAM SASIKUMAR
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	GBJ36X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOSSAINI MOHAMMAD RAKIB
Contact Number	(Phone) +65-81861638
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AROCKIASAMY JANIN NELSON
Gender	Male
Phone No	(Phone) +65-94608697
Address	PIONEER CENTRE 1 SOON LEE STREET
Address Complement	# 04-69
Post Code	627605
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	GBK1570H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KALIAMOORTHY SATHISH
Gender	Male
Phone No	(Phone) +65-94460737
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	GBK1570H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PANNEERSELVAM SASIKUMAR
Gender	Male
Phone No	(Phone) +65-97796393
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	GBK1570H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle
(GBK 1570 H) along PIE towards Changi After Jurong, Toon Hill Rd,
on the middle lane of 2 & 3 lane rd. The traffic was
heavy and all vehicle was going at a slow speed. Out of
a sudden, vehicle B (GBJ 36 X) collided into the rear left portion
of my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

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

[Signature] 22/06/2023

VEHICLE NO: <u>GBK 1570 H</u>	MAKE & MODEL: <u>Mitsubishi Fuso</u>	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT: <u>21 / 06 / 2023</u>	CC: <u>3.0</u>	
TIME OF ACCIDENT: <u>0825</u> HRS		
LOCATION OF ACCIDENT: <u>PIE towards Changi After Jurong Town Hall Rd</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: <u>Waves Fluid Engineering Pte Ltd</u>		
TEL NO: <u>H/P: 9168 0720</u> OFFICE: HOME:		
NRIC: <u>2019007662</u>		
ADDRESS: <u>Pioneer Centre, 1 Soon Lee Street #04-69 S 627605</u>		
EMAIL: <u>SALES@WAVESFLUID.COM.SG</u>		
CLAIM TYPE: <u>OD / THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY: <u>YES</u> / <u>NO</u>		
INSURANCE COMPANY: <u>Chma Tarping</u>		
TYPE OF COVERAGE: <u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO: <u>DMCVSNW0006982303</u>		
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO: <u>Arockiasamy Janin Nelson</u>		
NRIC: <u>G2082367X</u> ANY PASSENGER: <u>2 (2M)</u>		
DATE OF BIRTH: <u>16 / 02 / 1993</u> LICENCE PASSED DATE: <u>01 / 12 / 2014</u>		
OCCUPATION: <u>OUTDOOR</u> / <u>INDOOR</u>		
GENDER: <u>MALE</u> / FEMALE		
CONTACT NO: <u>H/P: 9460 8697</u> OFFICE: HOME:		
ADDRESS: <u>Pioneer Centre, 1 Soon Lee Street #04-69 S 627605</u>		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <u>NO</u> IF YES, REG NO: INSURER:		
RELATIONSHIP: <u>Employee</u>		
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:		
ROAD SURFACE: <u>DRY</u> / WET / OTHER:		
ANY INJURIES: <u>NO</u> / IF <u>YES</u> WHO?		
NAME & CONTACT: <u>Arockiasamy Janin Nelson (9460 8697)</u>		
NAME & CONTACT: <u>Kaliamoorthi Satharukumar (9446 9737) Panneerselvam Sasikumar (9779 6393)</u>		
POLICE REPORT: <u>NO</u> / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO</u> / IF YES, WHO?		
VEHICLE B REG NO: <u>GBJ 36X</u> ANY PASSENGERS: <u>1 (1M)</u>		
NAME OF DRIVER: <u>Hossaini Mohammad Rizki</u> CONTACT NO: <u>8186 1638</u>		
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? <u>YES</u> / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES</u> / <u>NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES</u> / NO		
ACCIDENT PORTION: <u>Rear left Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES</u> / <u>NO</u>		
WORKSHOP PARTICULAR: <u>TurnCar Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve 8821 5151</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		

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

AN0663A

Cov. Type C

CERTIFICATE No.	DMCVSNW00006982303	Engine No.: 4P10D81408 Cha. No.: FEA01BA30341
1. Index Mark and Registration Number of Vehicle	GBK1570H	AUTOSAFE *****
2. Name of Policy Holder	WAVES FLUID ENGINEERING PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/01/2023 (00:00:00)	Excess Sect I. S\$350.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of Insurance	14/01/2024	
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.	

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER
* 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:  SGML PTE LTD
Authorised Officer


Authorised Signatory