

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

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <b>28/06/2023</b>       | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/C1123006564/d4</b> | SAS e-filing                             |                       |         |
| Veh No: <b>GBJ 854B</b>          | E-mail (within 8hrs. A/C 2hrs)           |                       |         |
| D.O.A: <b>28/06/2023 06:55</b>   | i-Motor Claim Form                       |                       |         |
| <b>OD / TP / Reporting Only</b>  | 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: <b>GBF 7084G</b>                                    | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

**NA2301937**

| Claimant's Particulars:         | Invoice Preparation Checklist                   | Am't (\$)   | Ac |
|---------------------------------|---|-------------|----|
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30);              |             |    |
| Contact No:                     | 2) DA : Damage Assessment (\$100); INC (\$30)   |             |    |
| 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:-                   |             |    |
| QC Checked by (Engr-In-Charge): | ON*   |             |    |
|                                 | *N5: Courtesy Car / Tpl Allowance \$5           |             |    |
|                                 | *N6: Repair Co-ordination \$10                  |             |    |
|                                 | *N7: Post Repair Inspection \$25                |             |    |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |    |
| Auditors Comments:              | TP (N11) : TP (Non INC) against INC \$20        |             |    |
| Cat. 1:                         | 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              | 28/06/2023 15:39 (SGT)       |
| Reported by                     | Actual Driver                |
| Date of Accident                | 28/06/2023 06:55 (SGT)       |
| Exact Location of Accident      | Singapore                    |
| Additional Location Information | CHANGI AIRPORT , T4 ENTRANCE |
| Country/State of Loss           | Singapore                    |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | GBJ854B |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                               |
|--------------------------|-------------------------------|
| Is company?              | Yes                           |
| Name Of Registered Owner | GINLEE CONSTRUCTION PTE. LTD. |
| Company Reg No           | 1XXXXX891N                    |
| Email Address            | ginlee86@singnet.com.sg       |
| Mobile Phone No          | (Phone) +65-62826686          |
| 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         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMCVSNW00000502302                            |

#### DRIVER

|                 |                     |
|-----------------|---------------------|
| Name of Driver  | MADHAVAN SELVAKUMAR |
| Passport No/FIN | GXXXX945L           |
| Date Of Birth   | 27/07/1983          |
| Occupation      | Outdoor             |

|  |  |
|--|--|
| Date Of Driving Pass   | 29/11/2011                                 |
| Driving experience   | 11 YEARS AND 7 MONTHS                      |
| Gender   | Male                                       |
| Mobile Number  | (Phone) +65-81425088                       |
| Alt. Phone Number  | -  |
| Email Address  | ginlee86@singnet.com.sg                    |
| Address  | 53 UBI AVENUE 1 , PAYA UBI INDUSTRIAL PARK |
| Address complement   | # 05-22                                    |
| Postcode   | 408934                                     |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other vehicle or property damaged?  | Yes |
| Number of Passengers (Including Driver)   | 11  |
| 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 | Male    |

#### PASSENGER 4

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |

#### PASSENGER 5

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |

#### PASSENGER 6

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |

#### PASSENGER 7

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |



## PASSENGER 8

Name ..... UNKNOWN  
 Gender ..... Male

## PASSENGER 9

Name ..... UNKNOWN  
 Gender ..... Male

## PASSENGER 10

Name ..... UNKNOWN  
 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 ..... GBF7084G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... ESWARATHASAN THUSHIYANTHAN  
 NRIC No ..... SXXXX766D  
 Contact Number ..... (Phone) +65-91837724  
 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.



*M. Selahmy*  
28/06/2023

*gmuul* 28/6/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

*Changi Airport T4 - Entrance*

*A - GBJ 854B  
B - GBJ 7084G*

*please Refer to the attached*



Describe Circumstance of the Accident

Please Refer to the attached  
statement

Declaration

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



Policyholder's Signature / Date & Time

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

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



**GINLEE CONSTRUCTION PTE LTD**

53 Ubi Avenue 1, #05-22 Paya Ubi Industrial Park,

Singapore 408934

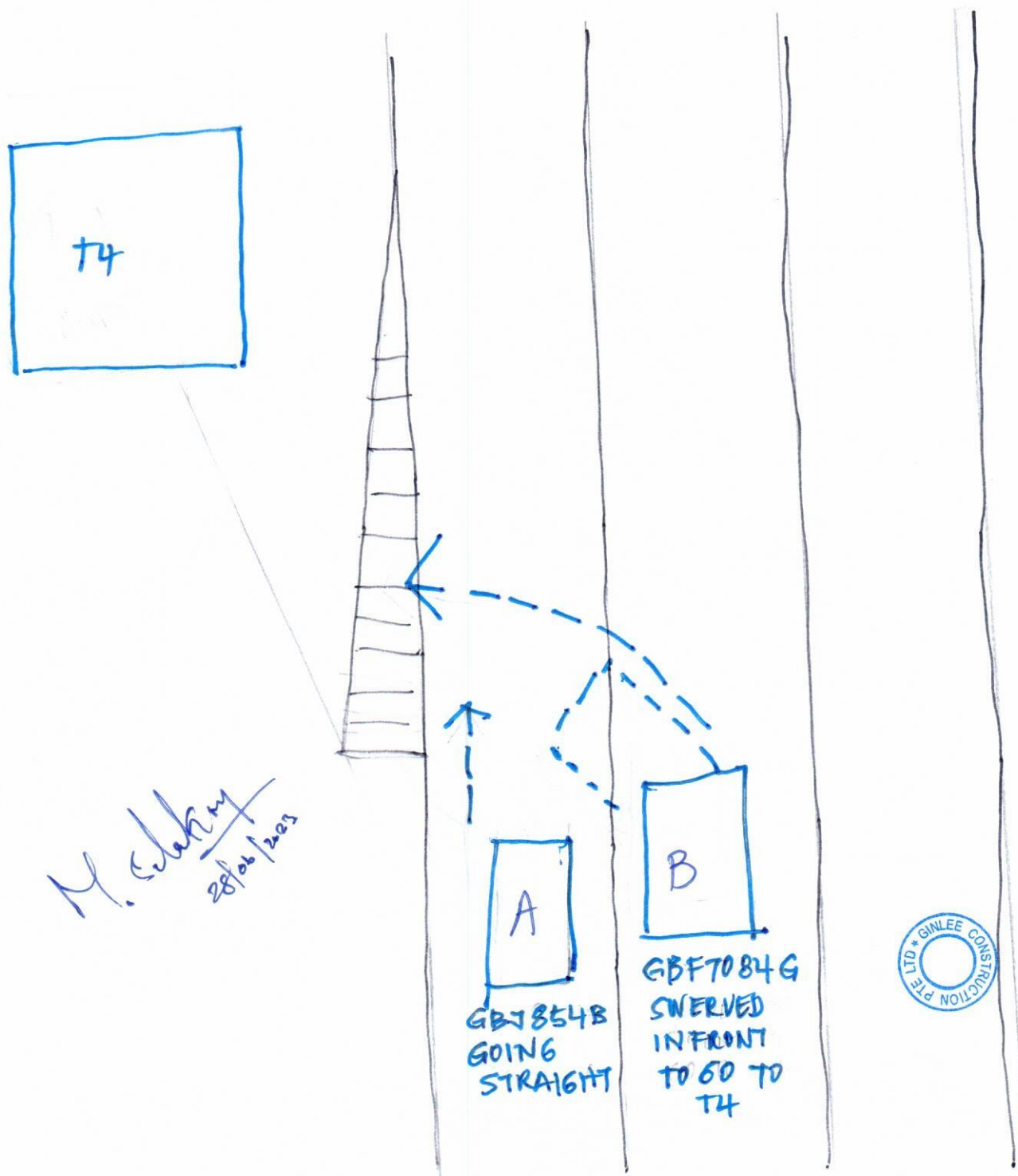
Tel: (65) 6282 6686 Fax: (65) 6288 6616

Email: ginlee86@singnet.com.sg

Co. Reg. No.: 199306891N GST Reg. No. 19-9306891-N

**ACCIDENT ON 28 JUNE 2023 INVOLVING GBJ854B**

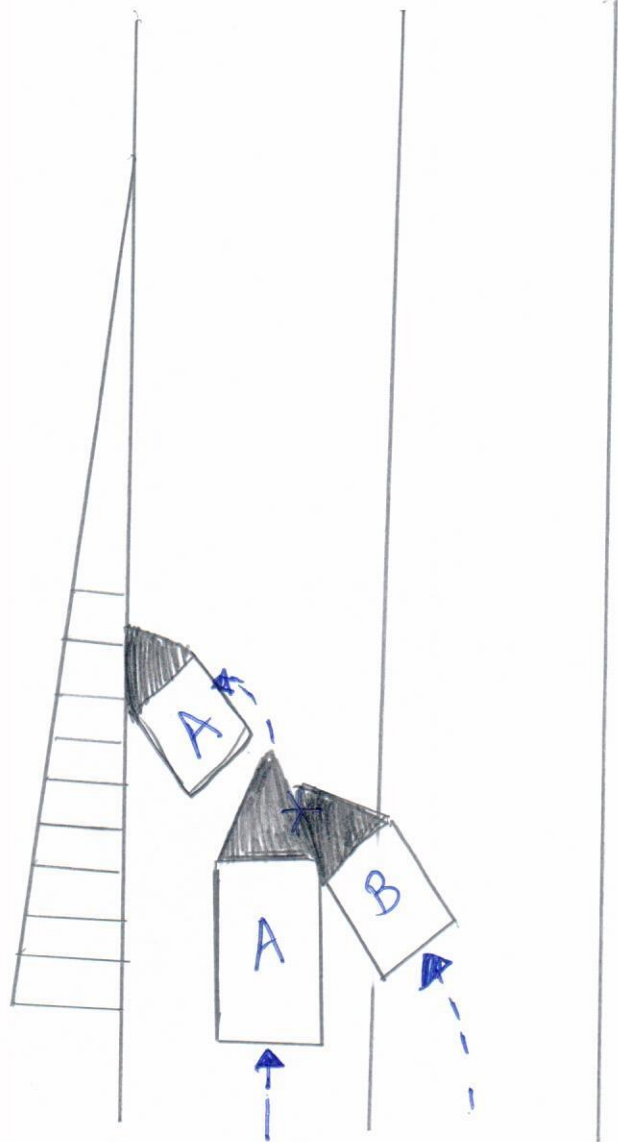
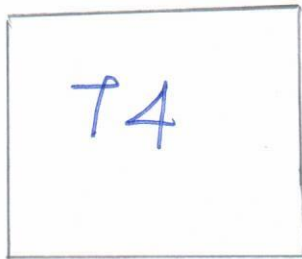
**ILLUSTRATION OF ACCIDENT**



Changi Airport, T4 Entrance.

A - GBT 854B

B - GBF 7084G



H. Selahmy  
28/06/2023



ON THE 28<sup>TH</sup> OF JUNE 2023 , WEDNESDAY ; OUR COMPANY DESIGNATED DRIVER MADHAVAN SELVAKUMAR WAS PICKING UP WORKERS FROM CHANGI AIRPORT TERMINAL 2 PROJECT SITE AT 06.55AM. OUR LORRY WAS AT THE LANE 4 ( SLOW LANE ) NEAR TERMINAL 4 ENTRANCE. AND SUDDENLY FROM THE 3<sup>RD</sup> LANE , ONE LORRY CUT INTO OUR LANE AND HIT OUR LORRY .

THE LORRY PARTICULARS ARE AS FOLLOW : GBF7084G ( TOYOTA DYNA ) ; DRIVEN BY ESWARATHASAN THUSHIYANATHAN. DRIVER M SELVAKUMAR HAD TO BRAKE HARD INTENDING TO AVOID THE COLLISION BUT CANNOT. THIS RESULT IN DAMAGES TO OUR LORRY WHEN THE OTHER LORRY HIT US. THE LOCATION OF THE ACCIDENT IS AT CHANGI AIRPORT , NEAR T4 ENTRANCE.

VEHICLE A – GBJ854B

VEHICLE B- GBF 7084G

D.O.A : 28<sup>TH</sup> JUNE 2023 @ 06.55AM



*M. Selvakumar*  
28/6/2023

## IDAC ACCIDENT STATEMENT

|  |   |
|--|---|
| DATE OF ACCIDENT : 28/06/2023  | TIME OF ACCIDENT : 06:55am  |
| VEHICLE NO : GBJ 854 B   | TRANSMISSION : AUTO / <u>MANUAL</u>   |
| MAKE & MODEL :   | LOCATION : <u>Changi Airport - T4 Entrance</u>                                  |
| EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u><br>/ PRIVATE USE / PRIVATE HIRE | CLAIM TYPE:<br><u>OD / THIRD PARTY / REPORTING ONLY</u>                         |
| INSURANCE COMPANY : <u>China Taiping</u>   | POLICY NO : <u>DMCVSNW 00000 5 02302</u>  |
| TYPE OF COVERAGE :   | VEHICLE TYPE :<br>( SALOON /<br>COUPE/MPV/VAN/LORRY/MOTORCYCLE)                 |
| <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT                             | NRIC : <u>199306891N</u>  |
| NAME OF OWNER : <u>Gin Lee Construction Pte Ltd</u>                                  | CONTACT NO : <u>6282 6686</u>   |
| ADDRESS :  | VIDEO RECORDING : YES / <u>NO</u>   |
| EMAIL ADDRESS : <u>ginlee86@singnet.com.sg</u>                                       | NRIC: <u>97506945L</u> CONTACT NO: <u>8142 5088</u>                             |
| NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :<br><u>Madhavan Selvakumar</u>             | PASSENGER : 11(10) MALE ( <input checked="" type="checkbox"/> ) FEMALE ( )      |
| DRIVER OWNER RELATIONSHIP: <u>employee</u>   | DRIVING PASSING DATE : <u>29 / 11 / 2011</u>                                    |
| DATE OF BIRTH : <u>27 / 07 / 1983</u>  | ADDRESS : <u>53 Ubi Avenue 1 # 05-22</u><br><u>Paya Ubi Ind. Park S 408 934</u> |
| OCCUPATION: <u>INDOOR</u> / <u>OUTDOOR</u>   | POLICE REPORT : <u>NO</u> / IF YES WHERE ?                                      |
| ANY INJURIES: <u>NO</u> , IF YES :   | ROAD SURFACE: <u>DRY</u> / WET / OTHERS   |
| WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:                                  |   |
| VEHICLE B REG NO : <u>GBF 7084G</u>  | VEHICLE C REG NO : _____  |
| DRIVER NAME : <u>Eshwarathasan Thushiyerathan</u>                                    | DRIVER NAME : _____   |
| NRIC : <u>S7763766D</u>  | NRIC : _____  |
| CONTACT : <u>9183 7724</u>   | CONTACT : _____   |
| VEHICLE D REG NO : _____   | ANY WITNESS ? <u>NO</u> , IF YES :  |
| DRIVER NAME : _____  | NAME : _____  |
| NRIC : _____   | CONTACT : _____   |
| CONTACT : _____  |   |
| WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> )<br>IF YES, AGAINST WHOM :       | WERE SEAT BELTS WORN ? : YES / <u>NO</u>  |
|  | WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>                             |
| DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>                           |   |
| VEHICLE NUMBER:  | HANDLING INSURER:   |



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

BR0040A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00000502302

Engine No.: 1KD2831652

Cha. No.:JTFAT35Y40K211869

1. Index Mark and Registration  
Number of Vehicle

GBJ854B

AUTOSAFE

=====

2. Name of Policy Holder

GINLEE CONSTRUCTION PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment02/01/2023  
(00:00:00)Excess Sect I . S\$500.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

01/01/2024

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

\* 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: NEWSTATE STENHOUSE (S) PTE LTD-

Authorised Officer

Authorised Signatory