

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

Sued 237 J0002

Date In: 19/07/2023 12:40	Job description	Date & Time Completed	Done by
Ref No: NBS/EP12800786/Y	SAS e-filing		
Veh No: XP 3297E	E-mail (within 3hrs. AIC 2hrs)		
D.O.A: 18/07/2023 00:24	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: YP 49537 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 Add
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idao Mobile \$30		
	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	19/07/2023 12:01 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2023 00:24 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE EXIT 18
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3397E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T.C.W. TRADING
Company Reg No	5XXXX540W
Email Address	tcwtrading88@gmail.com
Mobile Phone No	(Phone) +65-90106268
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52r
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	15681

### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ22-003885

### DRIVER

Name of Driver	V THANGARAJ A/L VEERIAH
Passport No/FIN	FXXXX093R
Date Of Birth	02/09/1973
Occupation	Outdoor

Date Of Driving Pass	08/07/2002
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-91592937
Alt. Phone Number	-
Email Address	tcwtrading88@gmail.com
Address	BLK 244 JURONG WEST STREET 24 #11-583
Address complement	-
Postcode	600244
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	AFTER RAIN
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230718/2084

#### 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	YP4953T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Rease 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. 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 (POPA)**

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.

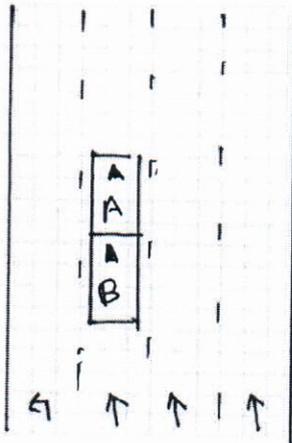


Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Vehicle A - XD3397E

Vehicle B - YP4953T

AYE bef Exit 18

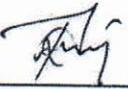
**Describe Circumstances of the Accident**

Refer Police Report  
T/20230718/2084

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
19/07/2023  
Witnessed by Reporting Centre Personnel



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2023 17:43	Vide Report No.: G/20230718/0033	Station Diary No.: 125
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**Informant's Particulars**

Name of Informant: V THANGARAJ AL VEERIAH		Address: T.C.W. TRADING SINGAPORE 000000	
ID Type / ID No.: FIN NO / F7253293R		Contact No.:	Mobile: 91592937
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 49	Date of Birth: 02/09/1973	Type of Informant: Driver
Race: Indian		Language:	
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2023 06:25	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD3397E	Lorry				Slightly Damaged	0
YP4953T	Lorry				Totally Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230718/2084

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Report No. T/20230718/2084

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**CONTINUATION OF REPORT**

Driver			
Name	V THANGARAJ A/L VEERIAH	ID No.	F7253293R
Related Vehicle	NIL	Contact No.	91592937
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/07/2023 at about 0624hrs, I was driving my lorry XD3397E along AYE towards Tuas on the third lane. I was going straight near the Pioneer Rd North exit when suddenly I felt an impact from the back of my lorry. I checked my mirror and noticed that another lorry YP4953T had collided into the rear of my lorry.

The lorry stopped about 500metres from the point of impact. The front of the lorry cabin was totally crushed. Traffic Police and Ambulance were at scene and the driver and passenger of the lorry driver was conveyed to the hospital. Due to the impact, the lower beam and bracket at the back of my lorry was dented in and the rear lights was broken.



**SINGAPORE  
POLICE FORCE**



T/20230718/2084

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20230718/2084

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

J /

SR STAFF SGT IQBAL  
PRATAMA PUTRA BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/07/2023 17:43

Officer In Charge Of Case:  
TP / GIT /  
SI MUHAMMAD FARHAN BIN MOHAMED  
Contact No.: 65476224

Classification Of Case:

NP168

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

**\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 18-Jul-2023 (dd/mm/yy) Time of Accident: 00 : 24 (24-HR-FORMAT)

Vehicle No.: XD 3397 E Vehicle Make & Model / Engine (cc): ISUZU CYZ52R Private Hire: (/N)

Exact location of Accident: AYE Changi Before Exit 18

Policyholder's Name / IC No.: T.C.W. TRADING 53013540W

Driver's Name / IC No.: V THANGARAJ A/L VEERIAH F7253293R (As Above)

Driver's Contact No.: 9159 2937 Company Contact No / Owner Contact No: 9010 6268

Driver's Address: 244 Jurong East Street 24, #11-583, Singapore 600244

Owner Email address: tcwtrading88@gmail.com Insurance Company:

Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

Private use /  Work purpose

**Occupation (nature of job)**  Indoor /  Outdoor

**\*No. of Passengers (Including Driver):** \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

Gender:

\*Passanger Name: \_\_\_\_\_

Gender:

**Weather condition & Road conditions?** (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:**  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: YP 4953 T

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE PRIVATE (SCH I)  
Third Party**

**Certificate No. : DMCPHQ22-003885**

**1. Index Mark and Registration Number of Vehicles**

XD3397E

**2. Name of Policyholder**

T.C.W. TRADING

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

01/12/2022

**4. Date of Expiry of Insurance**

30/11/2023

**5. Person or Classes of persons entitled to drive\***

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

- 1)Use in connection with the Insured's business.
- 2)Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3)Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

- 1)Use for hire or reward or for racing pace-making reliability trial or speed testing.
- 2)Use whilst drawing a greater number of trailers in all than is permitted by Law.
- 3)Use for the carriage of passengers for hire or reward.
- 4)Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase :

A000137/I. Insurance  
Date of Issue : 14/11/2022 17:17

Form: LCVPI  
Excess:  
TPPD by Crane: S\$20,000.00  
YEID-AC Additional: S\$3,000.00



\_\_\_\_\_  
Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCPHQ21-004287

A Member of Citystate