

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 26/07/2023

Ref No: NA/C123007562/d4

Veh No: YP 1634

D.O.A: 25/03/2023 09:19

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

I-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: JMP 6966

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

NA2302227

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Ant (\$)

Am

Est. Bill

Add

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

on*

*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 (N'n 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 First Submission	26/07/2023 12:07 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 09:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TURNING TO BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP163H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PIPE FITTER ENGINEERING PTE. LTD.
Company Reg No	2XXXXX444K
Email Address	KONGKOKSENG@GMAIL.COM
Mobile Phone No	(Phone) +65-93801793
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	DMCVSNW00131092203

DRIVER

Name of Driver	KARUPPIAH SARAVANAN
Passport No/FIN	FXXXX689W

Date Of Driving Pass	15/01/2018
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84366745
Alt. Phone Number	-
Email Address	KONGKOKSENG@GMAIL.COM
Address	11 YISHUN INDUSTRIAL STREET 1 , NORTH SPRING BIZHUB
Address complement	# 02-108
Postcode	768089
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?	Yes
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)	7
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JMP6966
Vehicle Category	Commercial vehicle

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

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Traffic Police
Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230725/7048

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

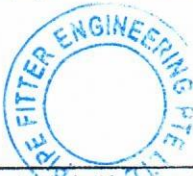
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JMP6966
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. 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.



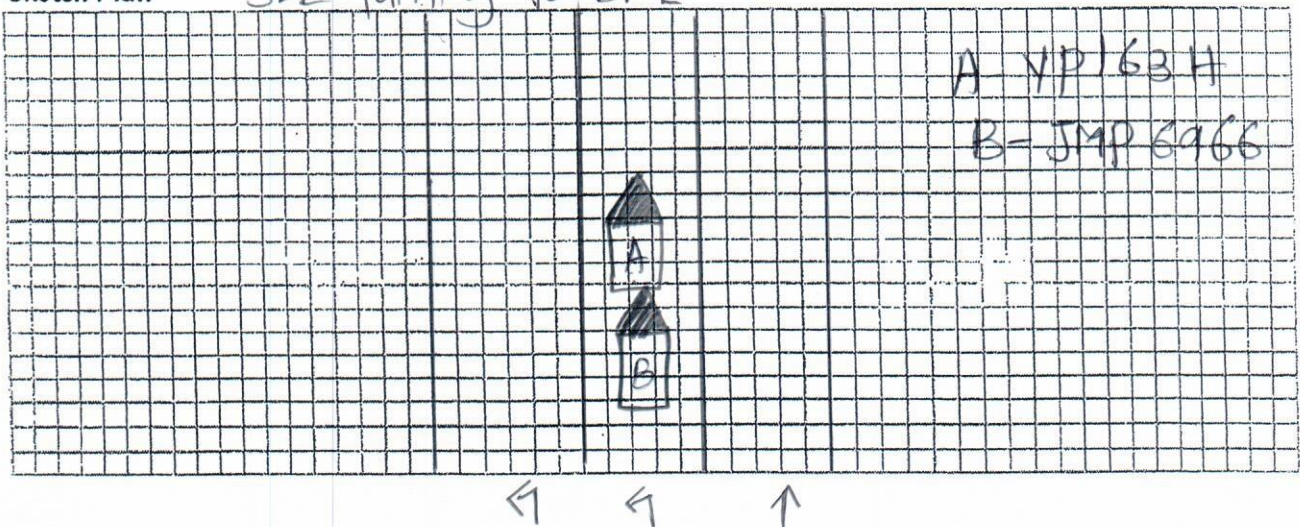
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE turning to BKE



Describe Circumstance of the Accident

please Refer to the attached Police Report
- 7120230725/7048

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)



SINGAPORE POLICE FORCE



T/20230725/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230725/7048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
25/07/2023 14:54

Vide Report No.:
L/20230725/0053

Station Diary No.:

Informant's Particulars

Name of Informant:
KONG KOK SENG

Address:
409B FERNSVALE ROAD #07-58 SINGAPORE 792409

ID Type / ID No.:
NRIC NO / S7955751Z

Contact No.:
Home/Office: Mobile: 93801793

Nationality:
MALAYSIAN

Email:
KONGKOKSENG@GMAIL.COM

Sex: Male Age: 43 Date of Birth: 27/12/1979

Type of Informant:
Lorry Owner

Race:
Chinese

Language:
English

Occupation:
Construction manager

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 25/07/2023 09:19	Type of Location: Flyover
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Location:
SLE turning to BKE

Weather:
Sunny

Road Surface:
Dry

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
JMP6966	Lorry	SCANIA VABIS		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230725/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230725/7048

CONTINUATION OF REPORT

Lorry Owner			
Name	KONG KOK SENG	ID No.	S7955751Z
Related Vehicle	NIL	Contact No.	93801793
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 9:19am at 25/07/2023, My driver name Karuppiah Saravanan, Work Permit Fin Number: F7666689W. My driver was driving my truck, number plate: YP163H along SLE highway. The traffic was heavy then my driver brake as the car infront of him was coming to a stop. Then suddenly, the Malaysia truck behind my driver hit my lorry. The Malaysia truck number plate is JMP 6966.



**SINGAPORE
POLICE FORCE**



T/20230725/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230725/7048

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/07/2023 14:54

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1
NP168

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 25/07/2023	TIME OF ACCIDENT : 09:19am
VEHICLE NO : YP163H	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Mitsubishi / Canter	LOCATION : SLE turning to BKE
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : China Taiping	POLICY NO : DMCVSNW00131092203
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : PIPE Fitter Engineering Pte Ltd	NRIC : 200711444K
ADDRESS :	CONTACT NO : 93801793
EMAIL ADDRESS : KONGKOKSENG@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : karuppiah samvaran	NRIC : F7666689W CONTACT NO : 84366745
DRIVER OWNER RELATIONSHIP : employee	PASSENGER : (7) MALE (6) FEMALE ()
DATE OF BIRTH : 26 / 03 / 1975	DRIVING PASSING DATE : 15 / 01 / 2018
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ? Traffic
WEATHER CONDITION : CLEAR / RAINING / OTHERS :	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : JMP 6966	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES : YES / NO	
VEHICLE NUMBER :	HANDLING INSURER :



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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

AN0646A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00131092203

Engine No.: 4P10B85057

Cha. No.: FEB21EA10656

1. ☐ Index Mark and Registration
☐ Number of Vehicle

YP163H

AUTOSAFE

=====

2. ☐ Name of Policy Holder

PIPE FITTER ENGINEERING PTE. LTD.

3. ☐ Effective date of the Commencement of 20/11/2022
☐ Insurance for the purposes of the Regulations, (00:00:00)
☐ Ordinance or Enactment

Excess Sect I. S\$450.00
EX ON WINDSCREEN. S\$100.00

4. ☐ Date of Expiry of Insurance

19/11/2023

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. : ETHOZ CAPITAL LTD 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: NET LINK COMMERCIAL PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com