

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

540823700001

Date In: 26/01/2023 17:35	Job description	Date & Time Completed	Done by
Ref No: NRIC72230075864	SAS e-filing		
Veh No: SLN 5841X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 25/01/2023 16:10	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: YN 6957E	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

NA2302233

## Invoice Preparation Checklist

Amf (\$)  
1st Bill 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 : Idac 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 (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 First Submission	26/07/2023 17:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 16:10 (SGT)
Exact Location of Accident	Seletar North Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5841X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIVABALAN S/O MARIYAPPAN
NRIC No	SXXXX570G
Email Address	siva_comamando@hotmail.com
Mobile Phone No	(Phone) +65-97810984
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00185722200

## DRIVER

Name of Driver	SIVABALAN S/O MARIYAPPAN
NRIC No	SXXXX570G
Date Of Birth	21/09/1984
Occupation	Outdoor

Date Of Driving Pass	30/12/2002
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97810984
Alt. Phone Number	-
Email Address	siva_comamando@hotmail.com
Address	2 PERUMAL ROAD #22-04
Address complement	-
Postcode	218773
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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 POLICE REPORT T/20230726/7053

#### 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	YN6957E
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) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	SIVABALAN S/O MARIYAPPAN
Gender .....	Male
Phone No .....	(Phone) +65-97810984
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLM5841X
Were seat belts worn? .....	Yes
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.

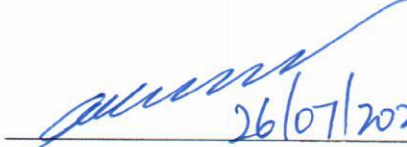
(collectively the "**Purposes**")

(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.

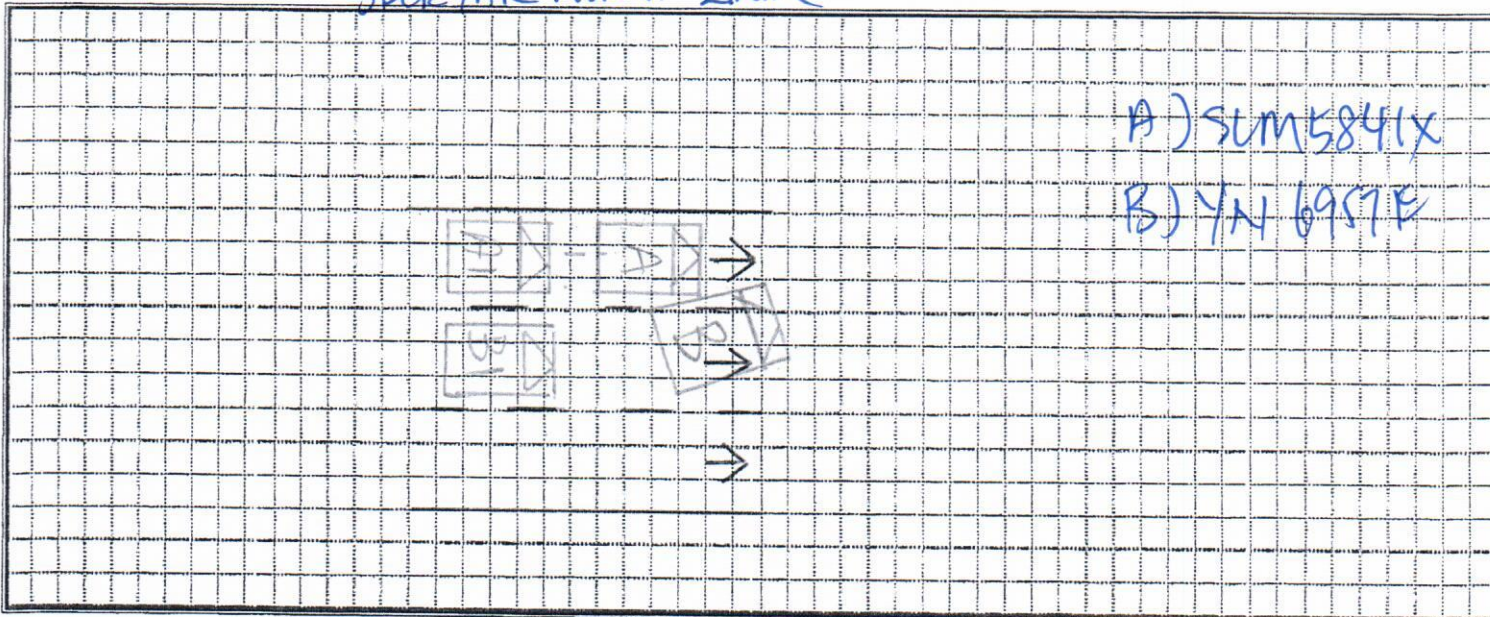
  
Policyholder's Signature / Date & Time

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

  
26/07/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

SELETAH XORNI LINK



A) SUM5841X  
B) YN 6957E

The sketch plan area contains a grid with handwritten notes and a diagram. The diagram shows a road layout with arrows indicating directions. The notes are written in blue ink.

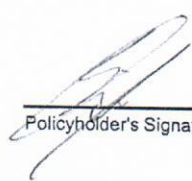


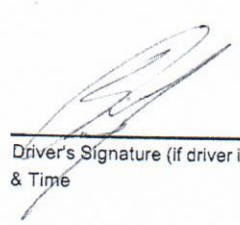
Describe Circumstance of the Accident

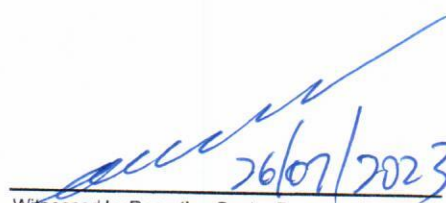
Refer to Police Report  
T/20230726/7053

Declaration

I/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

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



# SINGAPORE POLICE FORCE



T/20230726/7053

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

1 of 3

Report No. T/20230726/7053

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2023 14:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIVABALAN S/O MARIYAPPAN			Address: 2 PERUMAL ROAD #22-04 SINGAPORE 218773		
ID Type / ID No.: NRIC NO / S8430570G			Contact No.: Home/Office: Mobile: 97810984		
Nationality: SINGAPORE CITIZEN			Email: SIVA_COMMANDO@HOTMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 21/09/1984	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2023 16:15	Type of Location:
Location:  SELETAR NORTH LINK				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLM5841X	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Blue	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM5841X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001857 22200	03/08/2022	29/10/2023





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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SIVABALAN S/O MARIYAPPAN	ID No.	S8430570G
Related Vehicle	SLM5841X (Car)	Contact No.	97810984
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, i was driving my vehicle SLM5841X along Seletar North Link.

I was driving on the the extreme left lane on a 3 lane road. There was a lorry in front of me travelling on the straight road. As i was about to turn left towards S11 Dormitory, suddenly, a huge impact rocked my vehicle from the right side. I was caught completely off guard by the said impact which caused my right elbow to knock onto my driver's side door. I immediately slammed my brakes as i noticed a huge lorry had abruptly swerve into my lane from my right side, colliding onto my vehicle right side. The lorry did not stop immediately after the collision, which dragged my car further down the road. I assumed the driver of the lorry did not noticed that he had collided onto my vehicle. Only when he realised that he had collided onto my vehicle, he immediately swerve back to his lane and stopped.

I was completely shocked by what had happened. I felt pain on my right elbow and even more painful when touched. I alighted and realised lorry YN6957E had collided onto my vehicle right side which caused my vehicle to be badly damaged. My front bumper was almost completely detached from my vehicle and also my right side mirror was broken. When the said lorry driver alighted, he was holding onto a fruit in his left hand. I assumed he was eating while driving and did not concentrate which caused this accident to happen.

I exchanged particulars and took some photos at the scene. I called a tow truck to tow my vehicle to my workshop. I left the scene together with the tow truck.

The following morning, i woke up feeling pain over my neck, shoulders, lower back and right elbow. The pain got worse subsequently and i decided to seek medical treatment at Healthcare AMK Medical Clinic near my work place.

I was given 3 days MC for injuries caused by the accident.





**SINGAPORE  
POLICE FORCE**



T/20230726/7053

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

3 of 3

Report No. T/20230726/7053

**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:  
26/07/2023 14:16

Classification Of Case:



## ACCIDENT REPORTING

Accident Date: (25 / 7 / 2023) (DD/MM/YYYY)

Time: (16 : 10) (HH:MM)

Location: Seletar North Link

### 1. Accident Details

- a) Type Of Accident: Side Swipe
- b) Weather Condition: (Clear / Raining / Others: \_\_\_\_\_)
- c) Road Surface: (Dry / Wet / Others: \_\_\_\_\_)
- d) Are You Claiming Under Your Own Insurance? (Yes / No)  
If No, Please State: (Third Party Claim / Reporting Only)
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)  
If Yes, Please State Vehicle No: \_\_\_\_\_
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- g) Was The Accident Reported To The Police? (Yes / No)  
If Yes, Police Station Name: Online
- h) Was Notice Of Prosecution Given?  
If Yes, Against Whom?: \_\_\_\_\_

### 2. Details Of Own Vehicle

- a) Vehicle Registration No: SLM 5841X
- b) Vehicle Category: Private Use
- c) Vehicle Manufacturer: Mercedes Benz Vehicle Model: C 180
- d) Transmission: Manual / Auto CC: 1600
- e) No. Of Passengers (Including Driver) 01
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)

### 3. Own Vehicle Policy

- a) Handling Insurer: China Taiping
- b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / No)
- d) Owner Name: Sivabalan s/o Mariyappan (Female / Male)
- e) ID Type: S84305706 (UEN / NRIC / Passport Or Fin / Work Permit)
- f) Email: SIVA\_COMMANDO@HOTMAIL.COM Mobile: 97810984
- f) Alt No. Type: (Home / Office / Not In List) : \_\_\_\_\_

### 4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
- b) Driver Name: SIVABALAN S/O MARIYAPPAN (Female / Male)
- c) ID Type: S84305706 (UEN / NRIC / Passport Or Fin / Work Permit)
- d) Date Of Birth: 21/09/1984
- e) Driving Pass Date: 30/12/2002
- f) Email: SIVA\_COMMANDO@HOTMAIL.COM Mobile: 97810984
- g) Address: 2 PERUMAL ROAD # 22-04 (S) 218773
- h) Postal Code: 218773
- i) Occupation: (Indoor / Outdoor)
- j) Driver Owner Relationship: \_\_\_\_\_ Does Driver Own Other Vehicles: (Yes / No)  
If Yes, Please Provide Vehicle Registration No: \_\_\_\_\_ Handling Insurer: \_\_\_\_\_



## ACCIDENT REPORTING

### 5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: YN 6957E

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

### 6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: SIVABALAN S/O mariyappan (Female / Male)

Vehicle Registration No: SLM 5841 X

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: \_\_\_\_\_

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: \_\_\_\_\_

### 7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: \_\_\_\_\_ (Female / Male)

Witness Contact: \_\_\_\_\_

### 8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)





Motor Private Car

# 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)

MX1E

E SN

AN0420A

Gov. Type C

CERTIFICATE No.

DMPCSNW00185722200

Engine No.: 27191031354532

Cha. No.: WDO2040452A702459

1. Index Mark and Registration  
Number of Vehicle

SLMS541X

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

SIVABALAN S/O MARIYAPPAN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (11:41:44)  
Ordinance or Enactment

03/08/2022

Named Drivers Ex Sect. I \$S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S\$3,000.00

Ex Sect. I - Age >= 26 \$S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN \$S\$100.00

4. Date of Expiry of Insurance

29/10/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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.\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : SWEE SENG CREDIT 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.

**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



*[Signature]*

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*[Signature]*

Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory