

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SN0923750007

Date In: 28/07/2023 14:34	Job description	Date & Time Completed	Done by
Ref No: XIA/TM228007658/4	SAS e-filing		
Veh No: YP6797P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/07/2023 12:22	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: YN 4714C	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

XIA2802251

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	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 \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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	28/07/2023 14:34 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2023 12:22 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE PAYA LEBAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6797P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PROJECT BUILDER PTE. LTD.
Company Reg No	2XXXXXX891H
Email Address	sg86115300@gmail.com
Mobile Phone No	(Phone) +65-94528062
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZC03316

DRIVER

Name of Driver	MALAIYAPPAN MURUGESAN
Passport No/FIN	GXXXX672Q
Date Of Birth	16/05/1992
Occupation	Outdoor

Date Of Driving Pass	09/03/2021
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96123709
Alt. Phone Number	-
Email Address	sg86115300@gmail.com
Address	85 KALLANG AVENUE
Address complement	-
Postcode	LEVEL 2F
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
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	MURUGAIAH PALANIKUMAR
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 SKETCH PLAN

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	YN4714C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ3680Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PB3586G
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	MALAIYAPPAN MURUGESAN
Gender	Male
Phone No	(Phone) +65-96123709
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6797P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2



Name of injured person	MURUGAIAH PALANIKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6797P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

I, VEHICLE A, BRAKE AT THE VEHICLE
IN FRONT BRAKE. VEHICLE B, BANG ONTO
MY REAR PORTION. DUE TO THE POWERFUL
IMPACT, MY VEHICLE PROPEL AND HIT ONTO
VEHICLE D.

Declaration

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] 28/07/2023
Witnessed by Reporting Centre
Personnel

Date of Accident : 27/07/2023 Accident Time: 12:22 (24-HR-Format)
Accident Place : PIE / CHANGI BEF PAYA LEBAR EXIT
Vehicle No. (Car Plate No.) : YP6797P Make/Model: MITSUBISHI FUSO
Insurance Company : TOKIO MARINE Policy No: MZCD3316
Owner or Company Name / IC No. : PROJECT BUILDER PTE. LTD. / 201523891H
Owner or Company Contact No. : 9452 8062 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : MALAIYAPPAN MUGGESAN 92987672Q
DRIVER'S Date Of Birth : 16/05/1992 DRIVER'S License Pass Date 09 'MAR' 2021
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 85 KALLANG AVE LEVEL 2F
DRIVER'S Contact No./ Alt No. : 1) 9612 3709 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : SG86115300 @ GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
Was the accident reported to the police? YES ☒ NO
Was there any video Captured by car camera: YES ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): DRIVER 9 PAX

Other Party Driver's Particular (if any)

Vehicle No: YN4714C Vehicle No: 623680Y
Vehicle Make/Model: MITSUBISHI FUSO Vehicle Make/Model:
Name Driver: Name Driver:
IC No. Driver/Contact: IC No. Driver/Contact:

DB 3586G

* NEW - Passenger's name & gender:

MURUGANATH PALANIKUMAR (m)

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MZ300

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)

Policy No.: MZC03316 (Commercial Vehicle)

- | | | |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | YP6797P | Chassis No.: FEB21EA21274 |
| 2. Name of Policyholder | PROJECT BUILDER PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 05/07/2023 (08:35:36) | |
| 4. Date of Expiry of Insurance | 04/07/2024 | |
| 5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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 Policyholders' 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 trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account No: 2942DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Excess - All Claims	SGD 1,000.00	
	Additional Excess for Young, Elderly or Inexperienced Driver(s)	SGD 2,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature