

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 02/08/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III2300-7801/d4	SAS e-filing		
Yeh No: GBD 5455T	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 01/08/2023 07:30	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:	Yeh No: GBH 61SRZ	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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2362296	Invoice Preparation Checklist	Ant (\$)	Ad
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) NI: 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 (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 First Submission	02/08/2023 09:08 (SGT)
Reported by	Actual Driver
Date of Accident	01/08/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOH GUAN CENTER GANTRY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5455T
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	P-FIRE ENGINEERING PTE LTD
Company Reg No	2XXXXX895M
Email Address	pfireengng@gmail.com
Mobile Phone No	(Phone) +65-91459519
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Commercial vehicle
Transmission	Manual
CC	2953

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0008582

### DRIVER

Name of Driver	RENGANATHAN ARAVINDHAN
Passport No/FIN	GXXXX235N
Date Of Birth	12/07/1997
Occupation	Outdoor

Date Of Driving Pass .....	28/10/2020
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89195365
Alt. Phone Number .....	-
Email Address .....	pfireengng@gmail.com
Address .....	24 TOH GUAN ROAD EAST
Address complement .....	# 05-69
Postcode .....	608594
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 on 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 .....	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? .....	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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH6158Z
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
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 .....	RENGANATHAN ARAVINDHAN
Gender .....	Male
Phone No .....	(Phone) +65-89195365
Address .....	24 TOH GUAN ROAD EAST
Address Complement .....	# 05-69
Post Code .....	608594
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	GBD5455T
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.

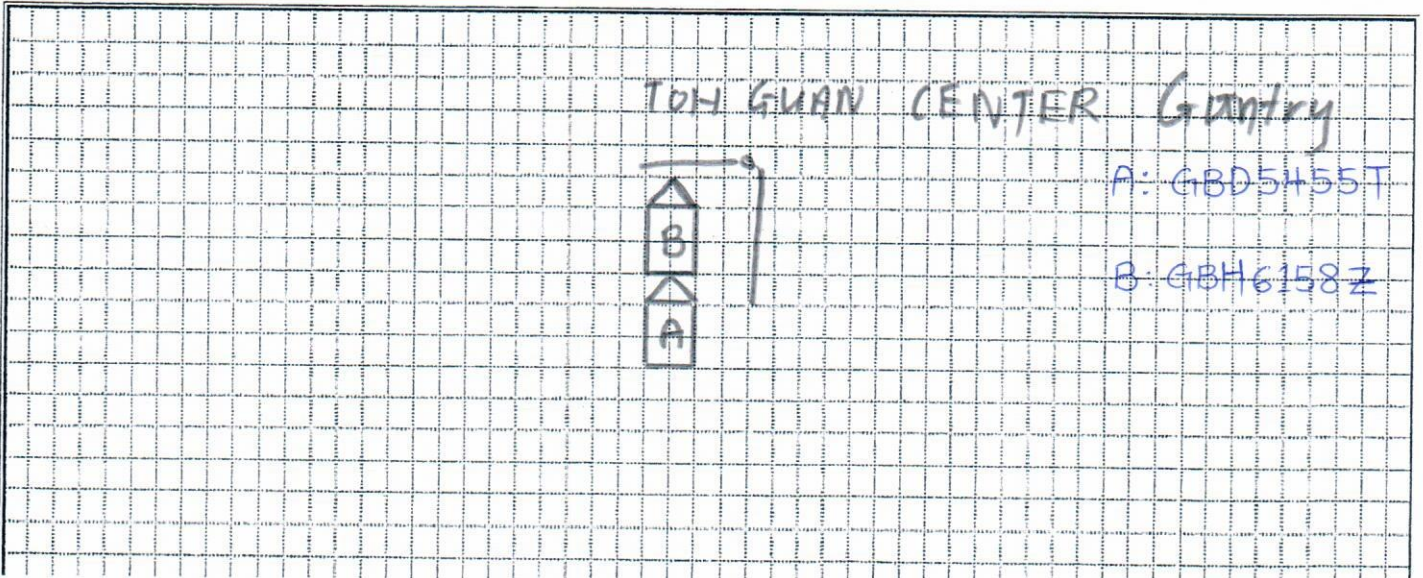


Policyholder's Signature / Date & Time

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

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

Sketch Plan





Describe Circumstance of the Accident

I am travelling along Toh Guan Center gantry. I am stationary while waiting for vehicle B to exit gantry. Suddenly, vehicle B reverse and hit on my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

*P. Loh*

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

*James* 02/08/2023

Witnessed by Reporting Centre Personnel

Date of Accident : 01/08/2023 Accident Time: 07:30 (24-HR-FORMAT)  
Accident Place : TOH GUAN CENTER GANTRY  
Vehicle Reg. No (Car plate No.) : GBD 5455 T cc : 2500 Vehicle Make/Model: NISSAN CABSTAR  
Insurance Company : INDIA INTERNATIONAL Policy No. D22MCV0008582  
Name of Registered Owner : Company / Individual P-FIRE ENGINEERING PTE LTD  
ID of Registered Owner : Co Reg No: 201908895M Owner's NRIC No: —  
OWNER EMAIL ADDRESS: pfireengng@gmail.com Co Contact No: — Owner's Contact No: 9145 9519  
DRIVER'S Name : RENGANATHAN DRIVER'S NRIC No: G2994235N  
DRIVER'S Date of Birth : 12 JUL 1997 DRIVER'S License Pass Date 28 OCT 2020  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —  
DRIVER'S Address : 24 TOH GUAN RD EAST #05-69 S 608594  
DRIVER'S Contact No./ Alt No. : 1) 8919 5365 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : —  
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): 1 Name & Gender: RENGANATHAN (MALE)  
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 injuries, if yes (name of the injured person) RENGANATHAN ARAVINDHAN

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>GBH 6158 Z</u>	Vehicle Reg No: <u>—</u>
Vehicle Make/Model: <u>TOYOTA DYNA</u>	Vehicle Make/Model: <u>—</u>
Name DRIVER: <u>—</u>	Name DRIVER: <u>—</u>
IC No. DRIVER: <u>—</u>	IC No. DRIVER: <u>—</u>
DRIVER'S Contact & add: <u>—</u>	DRIVER'S Contact & add: <u>—</u>

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: —

WHO REPORTED THE ACCIDENT : OWNER DRIVER / BOTH



## 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)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

**CERTIFICATE NO.: D22MCV0008582**

**COVER: Comprehensive**

**1. Index Mark and Registration Number of Vehicle : GBD5455T**

**Chassis No : JN1SC2F24Z0856533**

**2. Name of Policyholder : P-FIRE ENGINEERING PTE. LTD.**

**3. Effective date of Insurance : 30 Sep 2022**

**4. Expiry date of Insurance : 29 Sep 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\***

a) Use in connection with the Policyholder's business.

b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

c) Use for social, domestic and pleasure purposes.

**The Policy does not cover**

a) Use for hire or reward.

b) Use for racing, pace-making, reliability trial or speed-testing.

c) 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.

Excess Section I : SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : N.A

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF S\$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD

Date of Issue : 28/09/2022 17:03:04

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



\_\_\_\_\_  
Authorised Signatory