

NATIONAL Assessment Centre Services (Ref: 102-195)

Date In 22/02/18	Job description	Date & Time Completed	Done by
Ref No NA/CTI18003393/13	SAS e-filing		
Veh No SKF18900	E-mail (within 8hrs, AIC 2hrs)		
DOA 21/02/18 1815	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: (VISION AUTOWORK Tel: Fax:)
TP Particulars: Veh No: SKF1496J 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

NA1801105	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
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		
	5) iT : 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:-		
	OR*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac 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 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 ability.
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 Report	22/02/2018 17:07
Date Of Accident	21/02/2018 18:15
Exact Location Of Accident	AYE TWDS YUAN CHING RD(AFT ESSO PETROL KIOSK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF1890D
Insured/Policyholder	
Name Of Registered Owner	SANGEETHA D/O SURENDAR PRASAD YADAV
NRIC No	S8307925H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92370534
Alternative Phone No	OTHERS-92370534

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3024911700
Cover Note Number	

Driver

Name of Driver	SHIV SHANKAR YADAV S/O SHASIPAL YADAV
NRIC No	S8936877D
Date Of Birth	25/10/1989
Occupation	INDOOR
Date Of Driving Pass	11/07/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97226877
Fax Number	
Contact Number	
Email Address	SHIVSY89@GMAIL.COM

Address	BLK 346 KANG CHING ROAD #02-115
Postcode	610346
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF1496J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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

 22/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A = SKF1890D
B = SKF1496J
A/E towards City,
Juan Ching Road
(After Esso Petrol Station)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 21.02.18 at about 18:15 hours, along AYE towards CITY, Yuan Ching Road (After Esso Petrol Station). While I was stationary as I was in queue waiting to turn left into Yuan Ching Road.

Suddenly I heard a loud bang and felt a bang from behind. When I alighted I realized vehicle (B) had hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : SKF1890D

Vehicle (B) : SKF1496J


A handwritten signature in blue ink, consisting of a large, stylized 'S' followed by a smaller, less distinct mark.


SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/07/18	Time: 18:15	(hh:mm) 24 hr format
Location AYE towards Juran Ching Road (After ESSO Petrol Station)		
Vehicle Number SKF1890D		
Insured Name Sangeetha D/o Surendar Prasad Jadar		
NRIC/FIN 58307925H	Contact Number 92370534	
Make Volkswagen	Model New Golf	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: () Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft	() TP Only
Policy Number DMPCSN3024911700		
Name of Driver Shiv Shankar Jadar S/o Shasipal () Same as Insured Jadar		
NRIC / FIN 58936877D	Contact Number 97226877	
Date of Birth 25/10/1989		
Driving Pass Date 11/07/2009		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address Shwasy89@gmail.com	() NO EMAIL	
Address of Driver B1K 346 Kang Ching Road #02-115 S (610346)		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children (<input checked="" type="checkbox"/>) Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SKF1496J		
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8936877D





Name
SHIV SHANKAR YADAV S/O
SHASIPAL YADAV

Race
HINDUSTANI

Date of birth
25-10-1989


Sex
M

Country of birth
SINGAPORE


S8936877D

S8936877D
driver

3629255



SPIC No. S8936877D



Date of issue
27-10-2004

Address
APT BLK 346 KANG CHING ROAD
#02-115
SINGAPORE 610346

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a man.

Licence Number: **S8936877D**
Name: **SHIV SHANKAR YADAV S/O SHASIPAL YADAV**
Birth Date: **25 Oct 1989**
Issue Date: **12 Apr 2010**

Barcode: 001846597E

SKF 1890 D

driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Valid From	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	19 Jan 2014	11 Jul 2019
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2500 KILOGRAMS		

S / No. 9000229973

Licence No. S8936877D

NP 428A

SKF1890D (c-lner)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8307925H



Name

SANGEETHA D/O SURENDAR
PRASAD YADAV

Race

INDIAN

Date of birth

16-03-1983

Sex

F

S8307925H

Country of birth

SINGAPORE

4069079



NRIC No. S8307925H

Date of issue

21-06-2007

BLK 21 TAMPINES STREET 86 #02-13
SINGAPORE 528592

NRIC No: S8307925H

Date: 31/01/2018

SEF1890 D (owner)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8307925H**

Name
**SANGEETHA D/O SURENDAR
PRASAD YADAV**

Birth Date **16 Mar 1983**
Issue Date **26 Sep 2009**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

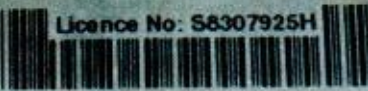
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

PASS DATE
26 Sep 2009



NP 428A

Licence No: S8307925H





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1E
E SN
AM0621A
Cov. Type: C

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)

PLM 303896
ORIGINAL

Engine No : CAXA35455
Chassis No: WVWZZZ1K3CW283432

CERTIFICATE No.

DMPCEM3024911700

1. Index Mark and Registration
Number of Vehicle

SEF1890D

AutoSafe

2. Name of Policy Holder

SANGKETHA D/O SURENDAR PRASAD YADAV

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

17 March 2018

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

03 May 2018

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 Authorized Workshops for each Policy Year.

HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE

Sued By:

Authorized Officer

Authorized Signatory

Website: www.sg.cntaping.com