

NATIONAL Assessment Centre Services

Date In: 19/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTJ18005091/13	SAS e-filing		
Veh No: SLH329913	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 18/02/18 1400	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: FRJ72740	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
) Apply for Transport Allowance () / Courtesy Car ()		
) QC Check / Post Repair Inspection ()		
) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1801712	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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			
Checked by (Engr-In-Charge):	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:-			
	OD:			
	*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			
Editors' Comments:-	Invoice dated	Fee Charged		
1:	Invoice dated	Fee Charged		
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 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	19/03/2018 15:37
Date Of Accident	18/03/2018 14:00
Exact Location Of Accident	PIE TWDS CHANGI B4 KALLANG WAY EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3299B
Insured/Policyholder	
Name Of Registered Owner	GOMATHINAYAGAM KANDASAMI
NRIC No	S7087867D
Email Address	GKANDASAMI@MSN.COM
Mobile Phone No	(LOCAL) +65-85002416
Alternative Phone No	OTHERS-85002416

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO
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	DMPCSN3113851701
Cover Note Number	

Driver

Name of Driver	GOMATHINAYAGAM KANDASAMI
NRIC No	S7087867D
Date Of Birth	02/03/1970
Occupation	INDOOR
Date Of Driving Pass	03/04/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85002416
Fax Number	
Contact Number	OTHERS-85002416
Email Address	GKANDASAMI@MSN.COM

Address	8 RIVERVALE LINK #02-14
Postcode	545043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : SUGANYA GENDER: : FEMALE
Passenger 2	NAME: : NAGUL GENDER: : MALE

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	FBJ7274D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

SKETCH PLAN

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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)**

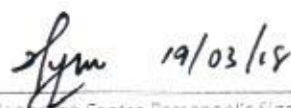
I understand, acknowledge, agree and consent that:

- (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:

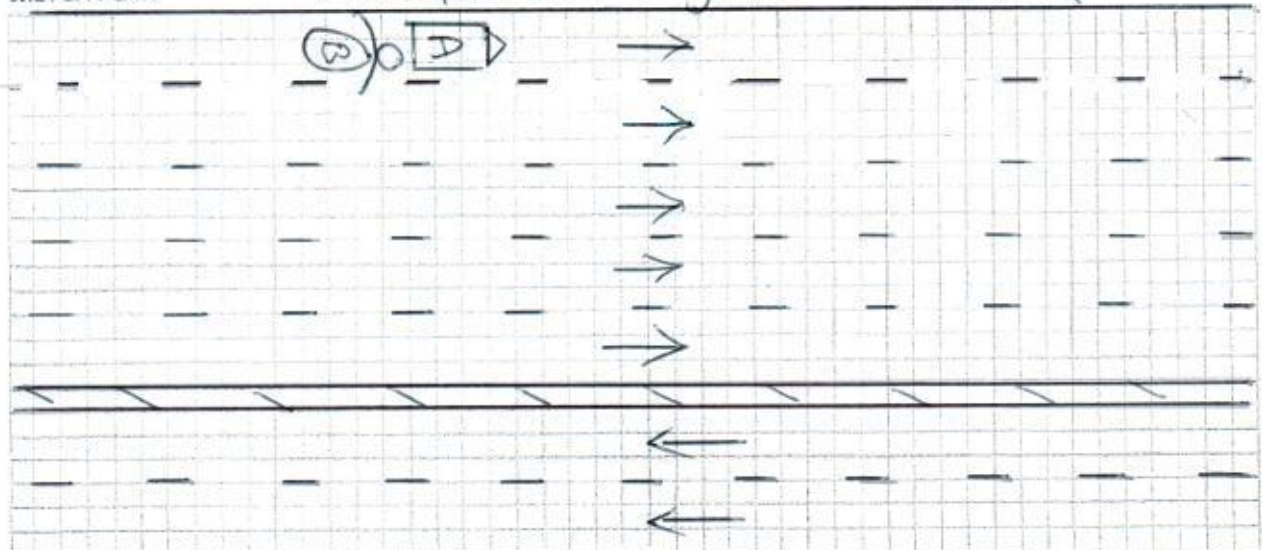
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 19/03/18

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

SKETCH PLAN

Woodsville Flyover 14 1/2 km



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/03/2018 at about 1400 hrs at along PIE towards Changi before Kallang Way Exit. I was travelling on the extreme left lane and when my front vehicle slows down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have two passengers inside my vehicle.

(A) SLH 3299 B

(B) FBJ 7274 D

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 19/03/18

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 18/03/2018		Time: 1400 hrs (hh:mm) 24 hr format	
Location PIE towards Changi before Kallang Way exit			
Vehicle Number SH 3299 B			
Insured Name GOMA THINA YAGAM KANDASAMI			
NRIC/FIN 570878670		Contact Number 8500-2416	
Make KIA		Model SORENTO 2.4 AT ABS D/AB JND SDR H10 SR	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes If No, Pls select: () Third Party () Reporting			
Insurance Company CHINA TAI PING INSURANCE			
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number DMPCSN 3113851701			
Name of Driver		() Same as Insured	
NRIC / FIN		Contact Number 8500-2416	
Date of Birth 02-03-1970			
Driving Pass Date 03-APR-2012			
Occupation () Indoor () Outdoor			
Gender () Male () Female			
Email Address * gkandasami@msn.com		() NO EMAIL	
Address of Driver 8 RIVERVALE LINK #02-14 S (565043)			
Was driver an employee of the Insured's Company? () Yes () No			
If No, Relationship of the Driver with the Insured			
() Owner () Spouse () Friend () Relative () Children () Sibling			
Does the Driver Own Any Other Vehicle? () Yes () No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions () Clear () Raining () Others			
Road Surface () Dry () Wet () Others			
Was any foreign vehicle involved in this accident? () Yes () No			
Was anybody injured in the accident? () Yes () No			
If yes, injured detail			
Was there any video captured by Car Camera? () Yes () No			
Was the Accident reported to the Police? () Yes () No If yes attach police report			
DETAILS OF 3 rd party		Name / Nric Contact	
Veh B FB5 7274 D			
Veh C			
Veh D			
Veh E			
Veh F			

Include Driver 3 person only. - Suganya (Female)
- Nagul (male).

Owner & Drive

SH 3299B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7087867D



Name

GOMATHINAYAGAM KANDASAMI

Race

INDIAN

Date of birth

02-03-1970

Sex

M

S7087867D

Country/Place of birth

INDIA



9380047



NRIC No. S7087867D



Nationality

BRITISH

Date of issue

30-08-2015

8 RIVERVALE LINK #02-14
SINGAPORE 545043
NRIC No: S7087867D

Date: 11/05/2016

Owner & Driver

SLH 3299B

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a man.

Licence Number: **S7087867D**

Name: **GOMATHINAYAGAM KANDASAMI**

Birth Date: **02 Mar 1970**

Issue Date: **14 Jul 2015**

Barcode: 002451094C

SG 50

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **03 Apr 2012**

NP 428A





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.
Co Reg No 230203094E

MX1F
R SN
AN0478A
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)


ORIGINAL

CERTIFICATE No.	DMPCSN3113851701	Engine No :G4KECH729133 Chano:KNAKU811MC5328020
1. Index/Mark and Registration Number of Vehicle	SLH32998	AUTOSAFE
2. Name of Policy Holder	GOMATHINAYAGAM KANDASAMI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29 December 2017	Named Drivers Ex Sect. I S\$1,600.00 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	28 December 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\$500 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. : 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. LTD.

Issued By:  INSURE HUB PTE LTD
Authorised Officer


Authorised Signatory