

# NATIONAL Assessment Centre Services

NAIR 1801823

Date In <b>22/02/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NAIR 18005397/13</b>	SAS e-filing		
Veh No <b>YP4331M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <b>21/03/18</b> <b>1940</b>	i-Motor Claim Form		
OD TR <b>Reporting Only</b>	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: <b>PC6275D</b>	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

<b>NAIR 1801823</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) iT : 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 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	22/03/2018 09:35
Date Of Accident	21/03/2018 19:40
Exact Location Of Accident	JALAN TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4331M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J & J INFRASTRUCTURE PTE LTD
Co Reg No	200919705M
Email Address	HUISHAN@JJINFRA.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96906196

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1758071700
Cover Note Number	

### Driver

Name of Driver	MALAIRAJ ILANGO VAN
Passport No/FIN	G2306239P
Date Of Birth	02/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	13/04/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90198472
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 850 HOUGANG CENTRAL #03-49
Postcode	530850
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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)	8

#### 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

MY VEH WAS STATIONARY AT JALAN TOA PAYOH ON THE LEFT LANE DUE TO THE RED TRAFFIC LIGHT AHEAD. SUDDENLY VEH(B) BEARING REG NO PC6275D CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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	PC6275D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KASIM BIN OSMAN
NRIC/Passport Number	S6806743Z
Contact Number	81506972
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:

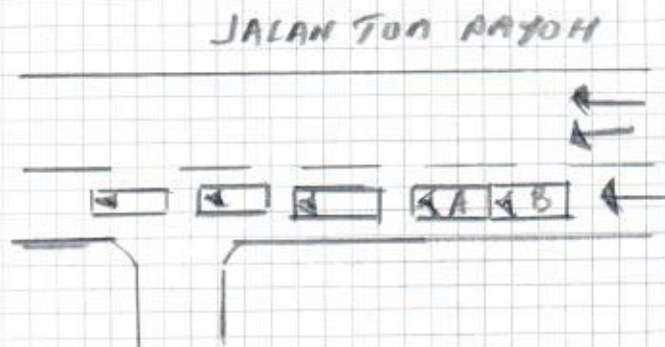
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

A-YP4331M

B-PC6275D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement

## 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.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA115038756 Vehicle Registration No: YP4331M  
Name (as shown in NRIC) : MAHAIRAJ ILANGOVAN NRIC/FIN/Passport No : G2306239D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 850 HOUGANG CENTRAL #03-49 Singapore( 530850 )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 90198472  
Email Address : \_\_\_\_\_  
Date of Accident : 21/03/18 Time of Accident : 19:40  
Place of Accident : JALAN TOA PAYOH  
Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND INSURANCE COMPANY NAME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

shym 22/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**J & J INFRASTRUCTURE PTE. LTD.**

Sector: **CONSTRUCTION**

Name:  
**MALAIRAJ ILANGOAN**

Occupation:  
**CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No.  
**0 36033355**

Date of Application  
**13-09-2016**

Date of Issue  
**06-10-2016**

Date of Expiry  
**18-09-2018**

**L7278482**

*Singtel 3079117*

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G2306239P**

Name:  
**MALAIRAJ ILANGOAN**

Birth Date: **02 Jul 1990**

Issue Date: **13 Apr 2015**

Valid Till **12 Apr 2020**

**002415889E**

**SG 50**

**VISIT PASS**  
Immigration Regulations

Name:  
**MALAIRAJ ILANGOAN**

**90198472**

Date of Birth: **02-07-1990** Sex: **M** Nationality: **INDIAN**

FIN: **G2306239P** Date of Issue: **06-10-2016** Date of Expiry: **18-09-2018**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	13 Apr 2015
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	13 Apr 2015

**NP 428A**

Licence No: **G2306239P**



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
CIN. Reg. No. 2002043847

N2300/C  
N 5N  
AN0605A  
Cov. Type: C

MOTOR (COMMERCIAL VEHICLE)

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCVSN1758071700	Engine No. : 4P10C35128 Chassis: FEB216A20985
1. (Cover Mark and Registration) Number of Vehicle	YP4111H	AUTOSAFE
2. Name of Policy Holder	M/S J & J INFRASTRUCTURE PTE LTD	
3. Effectivity date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	30 September 2017	Excess SECT I ..... \$5550.00 EX ON WINDSCREEN ..... \$5100.00
4. Date of Expiry of Insurance	29 September 2018	
5. Persons or Classes of Persons entitled to cover	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	(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 policyholder's business. (3) use for social, domestic or pleasure purposes. The policy does not cover: (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.	
NOTE: PURCHASE CO. : ETHOS CAPITAL LTD AS HP OWNER  * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act 1967 (Malaysia); are not to be included under these headings.		

DMCVSN1758071700

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 188) and Part IV of the Road  
Transport Act, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CHNG PEI WEI ADELIN  
Authorized Officer

Authorized Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6399 6111 Fax: 6225 3582 Website: www.sg.cntaiping.com

IMPORTANT NOTICE

If you sell your motor vehicle this NOTICE is IMPORTANT  
And MUST be complied with

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 88), it shall be unlawful  
for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to  
the insurance company concerned. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must  
be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 88).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly  
notified to and agreed to by the insurance company concerned. If the insurance company agreed to cover the new owner they will endorse  
the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

重要通告

若您欲售去摩多车辆时，请详细阅读此重要通告并严格遵守。兹警告各保险单持有人，依照摩多车辆第三者责任与赔偿法  
（今条文第八十八）凡使用或造成或准许他人使用未拥有有效保险单之摩多车辆属违法。

其次摩多车辆一经出售，保险单持有人须将保险证书及保险单交回相关的保险公司。若保险证书及保险单已遗失或毁损，须  
提供法定宣誓书，否则也属违反摩多车辆第三者责任与赔偿法（今条文第八十八）。

车辆一经售予他人，保险证书及保险单即告失效。除非此转让事项已通知有关保险公司并获其同意。该保险公司若接受新车  
主的投保，将在保险单载明，并以新车主之名又发出一份新的保险证书。

