

# NATIONAL Assessment Centre Services MNA460 43452

Date In: <b>02/08/2018</b> 12:53	Job description	Date & Time Completed	Done by
File No: <b>NBA/CTI/800592814</b>	SAS e-tiling		
Vehicle: <b>SLK 4169X</b>	E-mail (while there, AIO there)		
D.O.A: <b>02/08/2018</b> 10:55	Inspector Claim Form		
OD / TP / Reporting Only	Inspector VVO (while on duty, if any)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INQ Assign Wksp / OWI:		Tel:	Fax:
TP Particulars	Yell No: <b>STV 6253M</b>	INC ( ) / Non-INC ( )	
Owner / Driver:		Tel:	
Policy No:	Period:	Cover Type:	
Confirmed by:	Date:	Time:	
Insured/Driver Liability:	(%) (Note: B/L Status (WO): NI 0-20%; PI 21-79%; PI 80-100%)		
Year of Registration:	Warranty: YES ( ) / NO ( )		
Excess (\$)	Loading: \$1,000 ( ) / \$2,000 ( )		

General Remarks:

( ) Walk-In Customer: Customers information strictly Confidential & strictly NO refer of repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks: INC by line 5788, 0046	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

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

Date/Time	Action

<b>MNA802066</b> Insured's Particulars: Driver/Owner: Contact No: Assigned Person: Checked by (Under-In-Charge): Vehicle Comments: L1: L2:	<b>Invoice Preparation Checklist</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$50)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (25)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$100/113</td> </tr> <tr> <td>4) PT: Follow Through Survey</td> <td>\$150</td> </tr> <tr> <td>5) RT: Follow Through Survey (Recovery)</td> <td>\$30</td> </tr> <tr> <td colspan="2">Excess/Insuree's INC Deductible (over 10 Jan 200)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$33</td> </tr> <tr> <td>7) NI: 1 day DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Survey/Call</td> <td></td> </tr> <tr> <td>9) NI: Courtesy Car / Tpl Allowance</td> <td>\$3</td> </tr> <tr> <td>10) NI: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>11) NI: Post Repair Inspection</td> <td>\$33</td> </tr> <tr> <td>12) NI: BY / Collision/Unsure Coordination</td> <td>\$1</td> </tr> <tr> <td>13) TP (NI) / TP (Non-INC) / Re-insure INC</td> <td>\$30</td> </tr> <tr> <td>14) NI: 1 day Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated: _____          Issued by: _____          P/L: Charged _____          Status: _____</p>	1) AR: Accident Reporting (\$50)		2) DA: Damage Assessment (\$100)	INC (25)	3) TP: Towing Fee	\$100/113	4) PT: Follow Through Survey	\$150	5) RT: Follow Through Survey (Recovery)	\$30	Excess/Insuree's INC Deductible (over 10 Jan 200)		6) TR: Re-inspection	\$33	7) NI: 1 day DA + SMRT Survey	\$160	8) NTUC Additional Survey/Call		9) NI: Courtesy Car / Tpl Allowance	\$3	10) NI: Repair Coordination	\$10	11) NI: Post Repair Inspection	\$33	12) NI: BY / Collision/Unsure Coordination	\$1	13) TP (NI) / TP (Non-INC) / Re-insure INC	\$30	14) NI: 1 day Mobile	\$0
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## 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	02/04/2018 12:53
Date Of Accident	02/04/2018 10:55
Exact Location Of Accident	BEFORE JUNCTION OF LOWER DELTA AND BUKIT PURMEI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4169X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PURPLUSH PRO SERVICES
Co Reg No	53281623D
Email Address	ORDERNOW2977@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90487710
Alternative Phone No	OFFICE-90487710
<b>Vehicle Particulars</b>	
Manufacturer	SEAT
Model	TOLEDO 1.4 TDI
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN743921801
Cover Note Number	
<b>Driver</b>	
Name of Driver	SEENIVASAN S/O PARAMANANTHAN
NRIC No	S8701579C
Date Of Birth	18/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90487710
Fax Number	
Contact Number	OTHERS-90487710
Email Address	ORDERNOW2977@GMAIL.COM



Address	BLK 747 YISHUN STREET 72 #03-112
Postcode	760747
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

PLEASE REFER TO SKETCH PLAN

#### 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	SJV6253M
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAWRENCE LIM AIK WAN
NRIC/Passport Number	S1251692D
Contact Number	97844177
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

## 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:

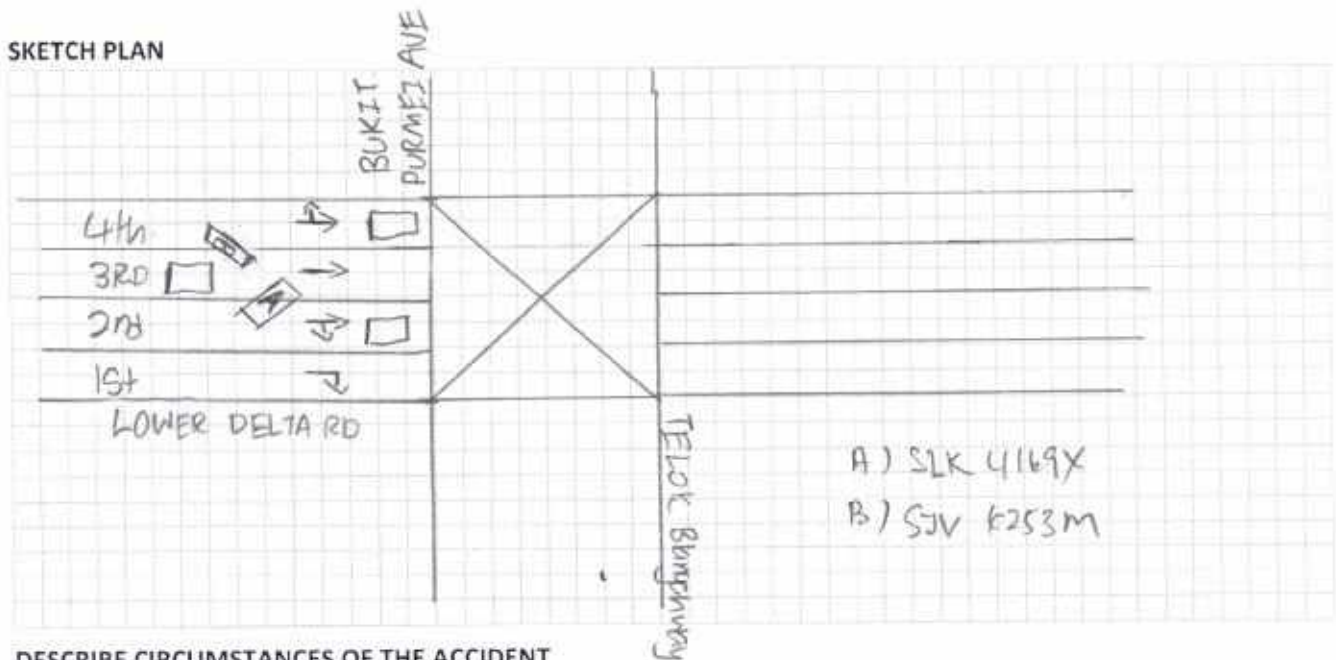


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Travelling on Lower Delta RD on the 2nd lane. AS I was going Straight and there was a car Infront of me, I decided to change to the 3rd lane. So I put my left signal on and was waiting for the 3rd lane to clear. On the 3rd lane there was a Toyota Estima who gave way to me. So I slowly moved in to the 3rd lane. On the 4th lane there was a vehicle turning left into Bukit Purmei Ave. Behind that vehicle on the 4th lane there was a HONDA STREAM coming at a high speed and swerved <sup>right</sup> into the 3rd lane while I was halfway into the 3rd lane and hit my side.

We moved forward and parked our vehicles at the side after the traffic Junction. When the lady passenger of the other vehicle came out she apologised to me and said that. she is very sorry as they were rushing to collect ashes.

The other vehicle had 4 occupants while mine was only me.

We exchanged particulars and photo ~~etc~~ on the spot.

## 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 02/04/2018 (DD/MM/YYYY), TIME: 10.55 (HH:MM)

LOCATION: JA Before Junction of Lower Delta and Bukit Purnei

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLK 4169X  
 b) INSURANCE COMPANY: CHINA TAIPIING  
 c) POLICY NUMBER: DMHCSN1743921801  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: SEAT TOLEDO 1.4 TDI  
 f) TYPE: COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB DRIVER  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: PURPLUSH PRO SERVICES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53281623 D CONTACT: 90487710  
 c) ADDRESS: Blk 747, Yishun St 72, #03-12, Singapore 760747

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(including driver)  
(1)

DRIVER  
 a) NAME: SEENIVASAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8701579C CONTACT: 90487710  
 c) ADDRESS: Blk 747, Yishun St 72, #03-12, S 760747

\* d) DATE OF BIRTH: 18/01/1987 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR  
 f) DATE OF DRIVING PASS: 15/05/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) owner  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: clear / RAINING / OTHERS  
 b) ROAD SURFACE: dry / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. c) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
(4)

a) VEHICLE NUMBER: SJU 6253M MODEL: HONDA STREAM  
 b) DRIVER'S NAME: LAWRENCE LIM AIK WAN  
 c) NRIC/FIN/PASSPORT: S12516920 CONTACT: 97844177

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

Email: ordernow2977@gmail.com

Fax: \_\_\_\_\_

Video: \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8701579C



Name  
SEENIVASAN S/O  
PARAMANANTHAN  
சீனிவாசன் பரமாநந்தன்

Race  
INDIAN

Date of birth  
18-01-1987

Sex  
M

Country/Place of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8701579C

Name  
SEENIVASAN S/O  
PARAMANANTHAN

Birth Date 18 Jan 1987

Issue Date 21 Oct 2009




5578483



NRIC No. S8701579C



G.S.T. AUTOMOBILE TRADING PTE LTD  
DEALING NEW & USED CARS, INSURANCE & FINANCES  
TEL: (65) 6758 9559 HP: (65) 9757 9559

Date of issue  
07-03-2016

Address  
APT BLK 747 YISHUN STREET 72  
#03-112  
SINGAPORE 760747

<http://www.gstauto.com.sg>


Class 3 Motor cars < 2000 kg < 10 m<sup>3</sup> passengers, exclusive of the driver, and motor tractors < 2000 kg

Class 4 Heavy motor cars and motor tractors > 2000 kg

15 May 2010

01 Jul 2010

No. 6000117614





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M24079 EN  
AN0567A  
Cov. Type: C  
AUTOSAFE

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMHCSN1743921801	Engine No: 10V5222105 Chassis No: V592222NH21021030
1. Index Mark and Registration Number of Vehicle	SLK4169X	
2. Name of Policy Holder	FURFURSH PRO SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 JANUARY 2018 (08:37 HOURS)	EXCESS SECT. I .....S\$1,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE) .....S\$2,000.00 EXCESS SECT. II .....S\$1,000.00 EXCESS SECT. II (OUTSIDE SINGAPORE) .....S\$2,000.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	25 JANUARY 2019	
5. Persons or Classes of Persons entitled to drive *	ANY EMPLOYEE OR ANY PERSON WHO IS DRIVING WITH 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: *	<p>(1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILEST DRIVING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	
<p>HIRE PURCHASE CO. : GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HP</p> <p>* 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.</p>		

**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.

Countersigned By:

Authorised Officer

Jermaine Kung  
Autoshield Pte Ltd  
Senior Manager,  
Business Development

Authorised Signatory

DID: 63850777 Mobile: 85981688  
Email: jermaine@autoshield.com.sg  
Website: www.autoshield.com.sg

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6385 8111 Fax: 6225 3592 Website: www.sg.cntaiping.com