

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA18057633**

Date In: <b>3/5/18-11:07</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CTI18008085/24</b>	SAS e-filing		
Veh No: <b>SL035624</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>2/5/18-18:40</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>6BE64556</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% P: 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>NA1802760</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b> for Bill	<b>Am't (\$)</b> Add. Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Dat. 1:</b>	6) TR: Re-inspection \$75		
<b>Dat. 2 / 3:</b>	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 (N-in 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 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	03/05/2018 11:07
Date Of Accident	02/05/2018 18:40
Exact Location Of Accident	EUNOS LINK TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3562Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR KUPPUSAMY PERIYASAMY CHANDRAGUPTHAN
NRIC No	S7263612J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92376292
Alternative Phone No	OFFICE-92376292

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT
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	DMPCSN1768081700
Cover Note Number	

### Driver

Name of Driver	KUPPUSAMY PERIYASAMY CHANDRAGUPTHAN
NRIC No	S7263612J
Date Of Birth	15/05/1972
Occupation	INDOOR
Date Of Driving Pass	03/02/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92376292
Fax Number	
Contact Number	OFFICE-92376292
EMail Address	NOEMAIL

Address	BLK 435B FERNVALE ROAD #04-214
Postcode	792435
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	2
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)	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

REFER TO 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	GBE6455G
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



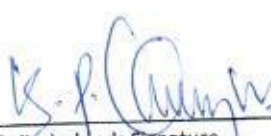
## SKETCH PLAN

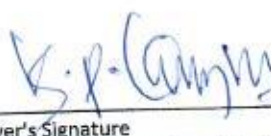
### IMPORTANT NOTICE

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:

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling slow in the slow traffic from eunos link towards Hongkong ave 3, Suddenly I felt a huge impact at the front the back of my vehicle. when I alighted the car I found out that my car was badly damage

K.P. (Amph)

## DECLARATION

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

K.P. (Amph)  
Policyholder's Signature  
Date & Time:

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

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



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	2 May 2018	(DD/MM/YY)
Time of accident	6:40pm	(HH:MM)
Exact location of accident	Euros link towards Hougang Ave 3.	

## DETAILS OF VEHICLE

Vehicle registration number	SLW 3562Y		
Vehicle make and model	NISSAN QASHQAI		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company			
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	KUPPUSAMY PERIYASAMY CHANDRA GUPTHEW. Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S72636123
Contact	9237 6292
Address	Blk 435B Fernvale road #04-214 Singapore 792435

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Male ☐ Female ☐

Name	
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	15 MAY 1972.
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	03 Feb 1999



# GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	01 (Inclusive of driver)

## PASSENGER 1

Name	KUPPUSAMY PERIYASAMI
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

## WITNESS 1

Name	
------	--

## WITNESS 2

Name	
------	--



**THIRD PARTY VEHICLE 1**

Vehicle registration number	G8E 6455G
Vehicle make model	Nissan NV200
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 2**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 3**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 4**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 5**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 6**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 7**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



**INJURED PERSON 1**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 5**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 6**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



REPUBLIC OF SINGAPORE DRIVING LICENCE

1. Card No. S7263612J  
Name: KUPPUSAMY PERIYASAMY CHANDRAGUPTHAN

Birth Date: 15 May 1972  
Issue Date: 08 Sep 2006

0014434508



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7263612J



Name: KUPPUSAMY PERIYASAMY CHANDRAGUPTHAN  
கு பெ சந்திரகுப்தன்

Recs: INDIAN  
Date of birth: 15-05-1972 Sex: M  
Country of birth: INDIA



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

PASS DATE: 03 Feb 1999

Class 2B Motorcycles  $\leq$  200 cc  
Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

NP 428A

Licence No: S7263612J



481523



NRIC No: S7263612J



Date of birth: 29-07-2010

APT BLK 435B FERNVALE ROAD #04-214  
SINGAPORE 792435  
NRIC No: S7263612J Date: 08/02/2012 (R)



## 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)

CERTIFICATE No.	DMPCSN1768081700	Engine No :HRA2519672A Chassis No: SJNFEAJ11U2097575
1. Index Mark and Registration Number of Vehicle	SLU3562Y	
2. Name of Policy Holder	MR KUPPUSAMY PERIYASAMY CHANDRAGUPHTAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 NOVEMBER 2017	NAMED DRIVERS EX SECT. I .....S\$900.00 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	26 NOVEMBER 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. : STANDARD CHARTERED BANK(S) LIMITED AS HP OWNER

\* 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.

Countersigned By:



Authorised Officer

Authorised Signatory