

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In <b>02/06/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CTI18009996/13</b>	SAS e-filing		
Veh No <b>51638585</b>	E-mail (w/In 8hrs, A/C 2hrs)		
D.O.A <b>02/06/18 0930</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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>ym78745</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>NA1803446</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b> 1st Bill	<b>Amt (\$)</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>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2 / 3:</b>	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		
	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	02/06/2018 15:39
Date Of Accident	02/06/2018 09:30
Exact Location Of Accident	PORTSDOWN AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3858S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S FORTE AUTO LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	GRABCAR
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1721251700
Cover Note Number	

### Driver

Name of Driver	RAMANAN S/O JOSEPH
NRIC No	S7636503B
Date Of Birth	08/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84678566
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 231 BUKIT BATOK EAST AVE 5 #03-61
Postcode	650231
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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

I WAS TRAVELLING STRAIGHT ALONG PORTSDOWN ACE TWDS NORMANTON PARK ON THE 3RD LANE OF A4-LANES RD. SUDDENLY VEH(B) BEARING REG NO YM7874J FROM MY RIGHT LANE CUT INTO MY LANE. I HAVE NOT ENOUGH TIME TO REACT AND MY VEH COLLIDED INTO FRT LEFT SIDE PORTION OF VEH B.

#### 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	YM7874J
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PARAMASIVAM MANIGANDAN
NRIC/Passport Number	G2131169W
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.



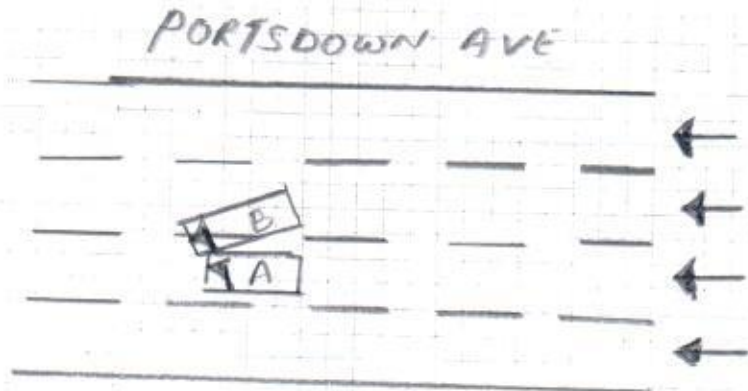
Policyholder's Signature  
Date & Time:

 2/6/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 02/06/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A- 5J638585  
B- YM7874J



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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 6 / 2018) (DD/MM/YYYY), TIME: (9.30 AM) (HH:MM)

LOCATION: Portstown Road AVE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9JG 3858s  
b) INSURANCE COMPANY: China Taiping  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda CITY  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Doing grabcar Pickup  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) X

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9144 9265 (mervin)  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Ramanan S/o Joseph (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 7636503/B CONTACT: 84678566  
c) ADDRESS: Blk 231, Bukit Batok East Ave 5  
# 03-61 (Spore 60231)

\* d) DATE OF BIRTH: (02 / 11 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19 yrs

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Ym 7874J MODEL: MITSUBISHI  
b) DRIVER'S NAME: Paramasivam Manigandan  
c) NRIC/FIN/PASSPORT: G 2131169 W CONTACT: -

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

02/06/18  
waiting for CI ✓

Email =

Fax =

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait of RAMANAN S/O JOSEPH

Licence Number: **S7636503B**

Name: **RAMANAN S/O JOSEPH**

Birth Date: **08 Nov 1976**

Issue Date: **19 Sep 2003**

Barcode: 000847322D

**REPUBLIC OF SINGAPORE**

Identity Card No. **S7636503B**

Portrait of RAMANAN S/O JOSEPH

Name: **RAMANAN S/O JOSEPH**

Height: **171.0 6001 601**

Race: **INDIAN**

Date of Birth: **08-11-1976**

Country of Birth: **SINGAPORE**

Sex: **M**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **20 Sep 1999**

Licence No: **S7636503B**

NP 426A

2004058

Barcode

NRIC No: **S7636503B**

Fingerprint

Blood Group: **B+**

Date of issue: **10-05-1994**

APT. BLK 231 BUKIT BATOK EAST AVENUE 5 #03-B1

SINGAPORE 650231

NRIC No: **S7636503B**

Date: **22/11/2012**

No: **7268739**



**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)

\$1791.23

CERTIFICATE No.	DMHCSN1721251700	Engine No :L15A26801465
		Chassis No:MRHGD86908P010098
1. Index Mark and Registration Number of Vehicle	SJG3858S	
2. Name of Policy Holder	M/S FORTE AUTO LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 MARCH 2017	EXCESS SECT I .....S\$1,500.00 EXCESS SECT. I (OUTSIDE SINGAPORE) .....S\$3,000.00
4. Date of Expiry of Insurance	26 JUNE 2018	EXCESS SECT. II .....S\$1,500.00 EXCESS SECT.II (OUTSIDE SINGAPORE) .....S\$3,000.00 EX ON WINDSCREEN .....S\$100.00
5. Persons or Classes of Persons entitled to drive *		

AS PER NAMED DRIVER(S) STATED BELOW.

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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER/DRIVER ONLY

6. Limitations as to use: \*

- (1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
  - (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED.
- THE POLICY DOES NOT COVER
- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
  - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD 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:



德威信託私人有限公司  
**TECK WEI CREDIT PTE LTD**

Co. Reg. No.200512300K  
Authorised Officer 210 Turf Club Road, The Grandstand  
Lot A8 Singapore 287995  
Tel: 6465 0020 Fax: 6465 0017  
Email: teckwei\_sg@ahq.com.sg

Authorised Signatory