

# NATIONAL Assessment Centre Services

[Ref: 1st 2003]

19A/18130588

Date In: 08/10/2018 17:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 19A/18130588			
Veh No: SK 1605 Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/10/2018 12:45	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: SHB 7619C	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

NA1806422	<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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	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 \$0			
	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 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. 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	08/10/2018 17:30
Date Of Accident	06/10/2018 12:45
Exact Location Of Accident	ALONG LORONG MAMBONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1605Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PERIATHAMBI SENTHILMURUGAN
NRIC No	S7570681B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98513242
Alternative Phone No	OTHERS-94523501

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	DMPCSN3001721800
Cover Note Number	

### Driver

Name of Driver	GOVINDASAMY S/O PERIATHAMBI
NRIC No	S7970776G
Date Of Birth	10/07/1979
Occupation	INDOOR
Date Of Driving Pass	31/12/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98513242
Fax Number	
Contact Number	OTHERS-94523501
Email Address	NOEMAIL



Address	BLK 21 HOLLAND DRIVE #10-411
Postcode	271021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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

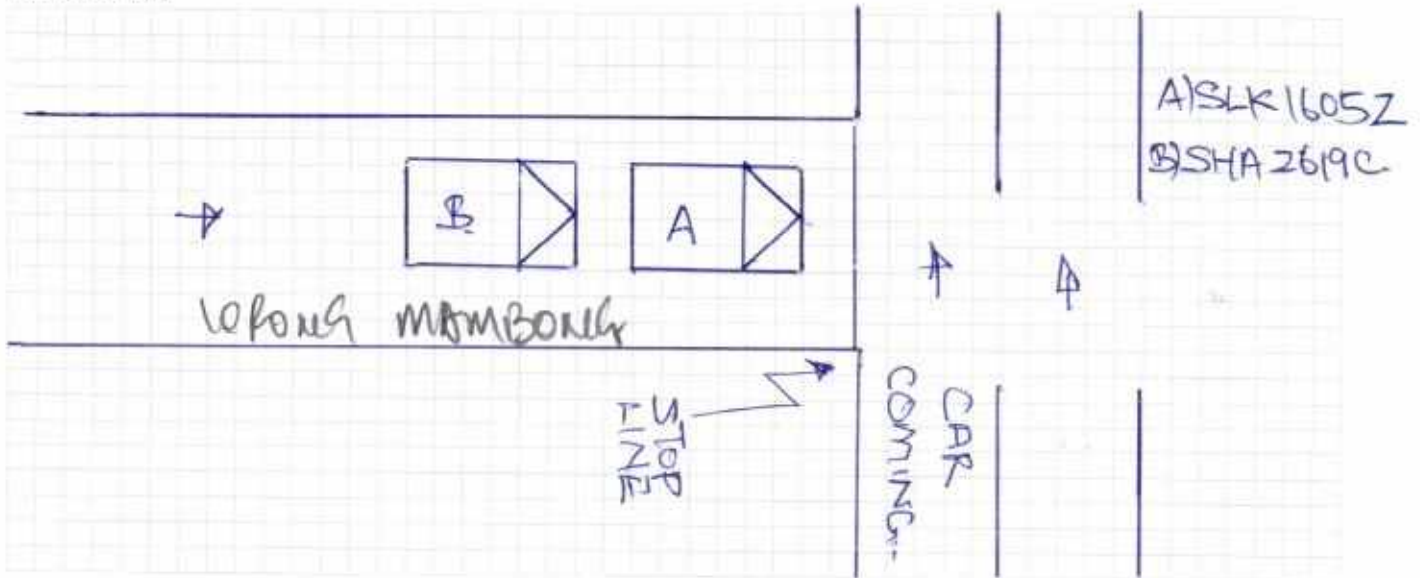
#### Attachment(s)

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	SHA2619C
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA NG CHING
NRIC/Passport Number	S0539198I
Contact Number	98898190
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had stopped my car at "STOP LINE" wait to turn to Holland Road. Car coming from my right hand so I can't go out.

When I stationary waiting taxi bang my car at the back.

We go down to talk driver say sorry and want to pay the repair. I call my brother and he come to talk to taxi driver.

They then go to workshop but taxi driver say to expensive he ask my brother to claim his insurance.

## DECLARATION

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

*Ali. Shari*  
 Policyholder's Signature  
 Date & Time:

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

*[Signature]* 08/10/2018  
 Reporting Centre Personnel's Signature  
 Name: *Kelli Watters*  
 NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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.
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5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of 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

Date Of Accident / Time 06/10/18 1244 AM

Exact Location Of Accident LOR MAMBONG

Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK 1805Z

Insured/Policyholder

Name Of Registered Owner / company PERIATHAMBI SENTHILMURUGAN

NRIC No / CO. REG NO. S7570681B

Email Address

Mobile Phone No 98513242

Alternative Phone No

Vehicle Particulars

Manufacturer TOYOTA

Model WISH

Exact Purpose for which vehicle was being used at time of accident PERSONAL

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken CLAIM THIRD PARTY

Vehicle Category SALOON MPV

Insurance Company

Name of Insurance Company CHINA TAI PING

Type Of Coverage COMPREHENSIVE

Fleet Policy

Policy Number DMPCSN3001721800

Cover Note Number

Driver GOVINDASAMY S/O PERIATHAMPI

Name of Driver

NRIC No S7970776G

Date Of Birth 10 07 1979

Occupation

Date Of Driving Pass 31 DEC 2015

Driving Experience

Gender

Mobile Number

Fax Number

Contact Number

Email Address



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7970776G



Name  
GOVINDASAMY S/O PERIATHAMBI

பெ கோவிந்தசாமி

Sex  
INDIAN

Date of birth  
10-07-1979

Country/Place of birth  
INDIA

Sex  
M





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7970776G

Name  
GOVINDASAMY S/O PERIATHAMBI

Birth Date: 10 Jul 1979

Issue Date: 31 Dec 2015

002508419D




5710645



NRIC No: S7970776G



Date of issue  
07-03-2017

APT BLK 21 HOLLAND DRIVE #10-411  
SINGAPORE 271021


NRIC No: S7970776G Date: 21/05/2018

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

EFFECTIVE DATE


Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 31 Dec 2015

Licence No: S7970776G



NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7570681B



Name  
PERIATHAMBI SENTHILMURUGAN

பெரியதம்பி செந்தில்முருகன்

Race  
INDIAN

Date of birth  
17-03-1975

Sex  
M

Country/Place of birth  
INDIA



5244195



NRIC No: S7570681B



Date of issue  
03-12-2013

Address  
APT BLK 2 HOLLAND AVENUE  
#09-90  
SINGAPORE 271002

**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.	DMPCSN3001721800	Engine No : 2ZR1713309 Chassis No: ZGE206029436
1. Index Mark and Registration Number of Vehicle	SLK1605Z	
2. Name of Policy Holder	MR PERIATHAMBI SENTHILMURUGAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 JANUARY 2018	NAMED DRIVERS EX SECT. I ..... S\$750.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	05 JANUARY 2019	EX SECT. I - AGE <= 25 ..... S\$1,000.00 EX SECT. I - AGE >= 26 ..... S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN ..... S\$100.00
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 WILL BE DOUBLED). A FLAT S\$5,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE.

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. : HL BANK 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

**動力企業**  
**HIGH POWER ENTERPRISE**  
Blk 150 Bishan Street 11  
#01-137 Singapore 570150  
Tel: 6258 1988 Fax: 6258 7167  
Email: [gi@highpower.sg](mailto:gi@highpower.sg)

  
Authorised Signatory