

# NATIONAL Assessment Centre Services (ver 1.00/02)

Date In: 03/12/2018 17:56	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18021733/K9	SAS e-filing		
Veh No: GBH 8890D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/12/2018 19:45	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: SJS9863Z	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

NA1807883

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-			
Ref:			
2/3			



## 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	03/12/2018 17:56
Date Of Accident	02/12/2018 19:45
Exact Location Of Accident	JALAN BUKIT MERAH NEAR LAMP POST 110
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8890D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SHARON ENGINEERING PTE LTD
Co Reg No	-
Email Address	MALATHIBASKARAN5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97521642
Alternative Phone No	OFFICE-91646061

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at time of accident	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	DMCVSN1833541800
Cover Note Number	

### Driver

Name of Driver	GUNASAGER MUNAINDY @ GUNASAGER A/L MUNAINDY
NRIC No	S2746351G
Date Of Birth	16/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97521642
Fax Number	
Contact Number	OTHERS-91646061
Email Address	NOEMAIL

Address	BLK 484 JURONG WEST AVENUE 1 #06-103
Postcode	640484
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	CHAIN COLLISION
Weather Conditions	AFTER RAIN
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

PLS REFER TO THE ATTACHED 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	SJS9863Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW PANG KEE
NRIC/Passport Number	S1791689J
Contact Number	93850546
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH5346D
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Vehicle Make/Model/Colour

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.

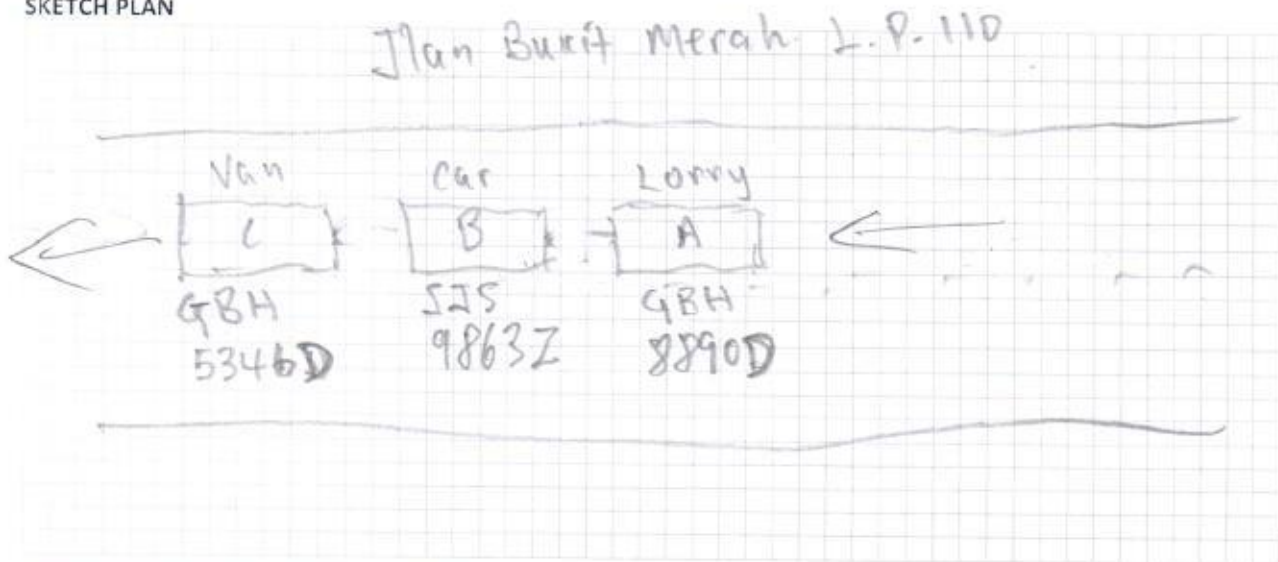


Policyholder's Signature  
Date & Time:

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

Vehicle A was driving along Jalan Bukit Merah near Lamp Post 110. When Vehicle B in front of me slow down and Vehicle C over in front of Vehicle B and Vehicle A was too close and slightly hit on Vehicle B rear portion. Vehicle A in front Bumper slightly damages.

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.:

3/12/2018



Reported on 3/12/2018  
@ 1650hrs.

## ACCIDENT STATEMENT

ACCIDENT DATE: (2/12/2018) (DD/MM/YYYY), TIME: (19:45) (HH:MM)

LOCATION: Jalan Bukit Merah near Lamp Post 110.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 8890 D  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

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

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97521642 / 91646061 /  
c) ADDRESS: \_\_\_\_\_  
\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rain)  
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: SJS 9863 Z MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: LOW PANB KEE  
c) NRIC/FIN/PASSPORT: S17 91689 J CONTACT: 938 50546

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBH 5346 D MODEL: Car  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = malathi baskaran 5 @ Gmail - com

fax = Malathi baskaran 5 @ gmail . com ✓

VIDEO =

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: 201002801D  
 Owner ID Type: Company  
 Owner Name: SHARON ENGINEERING PTE. LTD.  
 Registered Address: 20 MAXWELL ROAD #09-17 MAXWELL HOUSE SINGAPORE 069113  
 Mailing Address: -  
 Birth Date: -

**Vehicle Particulars**

Vehicle No.: GBH8890D  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 18 Oct 2018  
 Original Regn Date: 18 Oct 2018  
 Registration Date: 18 Oct 2018  
 Year of Manufacture: 2017  
 Vehicle Type: Goods (Open) Lorry (Metal Body)/Pickup  
 Vehicle Scheme: -  
 Vehicle Attachment 1: With Hood  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: TOYOTA  
 Vehicle Model: DYNA 3.0 DIESEL TURBO M/T 2WD LORRY  
 Primary Colour: White  
 Secondary Colour: -  
 Passenger Capacity: 2  
 Chassis No.: KDY2318031526  
 Engine No.: 1KD2755888  
 Engine Capacity / Power Rating: 2982 cc / -  
 Maximum Power Output: -  
 Propellant: Diesel  
 Max Unladen Weight: 1800 kg  
 Maximum Laden Weight: 3425 kg  
 Open Market Value: \$33,193.00  
 PARF Eligibility: No  
 PARF Eligibility Expiry Date: -  
 Minimum PARF Benefit: -  
 No. of Transfers: 0  
 IU Label No.: 1043084192  
 COE No.: 2018100105000331G  
 COE Expiry Date: 17 Oct 2028  
 COE Category: C - Goods Vehicle & Bus  
 COE Registration Category: C - Goods Vehicle & Bus  
 Quota Premium (QP) / Prevailing Quota Premium: \$27,001.00 / -  
 Actual QP Paid: \$27,001.00  
 QP (Regn Cat): \$27,001.00  
 OPC Cash Rebate Eligibility: No  
 QP during COE Bidding Exercise: \$27,001.00  
 Additional Registration Fee Rate: 5.00 %  
 Actual ARF Paid: \$1,660.00  
 Vehicle Lifespan Expiry Date: 17 Oct 2038  
 CO2 Emission: 193.00 (g/km)  
 CEV/VES Rebate Utilised Amount: -  
 CO Emission: -  
 HC Emission: -  
 NOx Emission: -  
 PM Emission: -  
 Message: null


Print

OK

Save as PDF



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2746351G



Name  
GUNASAGER MUNAINDY  
@GUNASAGER A/L MUNAINDY

Race  
INDIAN

Date of birth  
16-02-1964

Sex  
M

Country of birth  
MALAYSIA

S2746351G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2746351G  
Name: GUNASAGER MUNAINDY  
@GUNASAGER A/L MUNAINDY

Birth Date: 16 Feb 1964  
Issue Date: 06 Nov 2007

001541920G

837860



NRIC No. S2746351G



Nationality  
MALAYSIAN

Date of issue  
22-03-2007

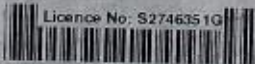
Address  
APT BLK 484 JURONG WEST AVENUE 1  
#06-103  
SINGAPORE 640484

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 cc	14 Jun 1994
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	14 Jun 1994
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	14 Jun 1994
Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

NP 428A

Licence No. S2746351G





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

**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	DMCVSN1833541800
1. Index Mark and Registration Number of Vehicle	GBH8890D
2. Name of Policy Holder	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 OCTOBER 2018
4. Date of Expiry of Insurance	31 OCTOBER 2018
5. Persons or Classes of Persons entitled to drive *	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 DRIVING UNDER THE INFLUENCE OF ANY DRUGS OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT RESPECT FROM DRIVING A MOTOR VEHICLE.
6. Limitations as to use *	<ul style="list-style-type: none"> <li>1. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</li> <li>2. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</li> <li>3. USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</li> <li>4. POLICY DOES NOT COVER:</li> <li>5. USE FOR HIRE OR REWARD OR RACING, RACE-SIMULATING, RECREATION, TRIAL OR TEST DRIVING.</li> <li>6. USE WHILE DRIVING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MOTORCYCLE OR MOTORBIKE.</li> </ul>

\* 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



Countersigned By

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com