

NATIONAL Assessment Centre Services. [ref: 1 Jan 05]

Ref: 13/10/18	Job description	Date & Time Completed	Done by
NA/CTI18022402/13	SAS e-filing		
GBH1387L	E-mail (Within 2hrs, AIC 2hrs)		
11/10/18 1230	I-Motor Claim Form		
TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Assigned Wksp / INC Assign Wksp / QW: (Tel: ()	Fax: ()
Particulars:	Veh No: C8C8968R	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 repaler.

Total Loss Case: to e-mail Insurer URGENTLY.

Wksp-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Penalty: (INC 100line: 6788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
C/C Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Time	Actions

NA/808163	Invoice Preparation Checklist	Am (\$)	Am (\$)
Particulars:	1) AR: Accident Reporting (\$30);		
Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Policy No:	3) TP: Towing Fee \$40/\$45		
Assigned Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 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	13/12/2018 10:37
Date Of Accident	11/12/2018 12:30
Exact Location Of Accident	IMM SHOPPING CENTRE LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1387L
Insured/Policyholder	
Name Of Registered Owner	M/S IMEI(EXIM) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96334051

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCVSN1803551800
Cover Note Number	

Driver

Name of Driver	SUBRAMANIAM S/O VADIVELLO
NRIC No	S2090062H
Date Of Birth	13/04/1949
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1969
Driving Experience	49 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93165109
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 704 PASIR RIS DRIVE 10 #02-137
Postcode	510704
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	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	
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)	2
Passenger 1	NAME: : ZHONG
	GENDER: : MALE

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

ON 11/12/2018 AT AROUND 12:30PM, I WAS REVERSING MY VEH INTO PARKING LOT WHEN VEH B ALSO REVERSE INTO PARKING LOT AND BOTH OUR VEH HIT EACH OTHER.

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	GBC8968R
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.

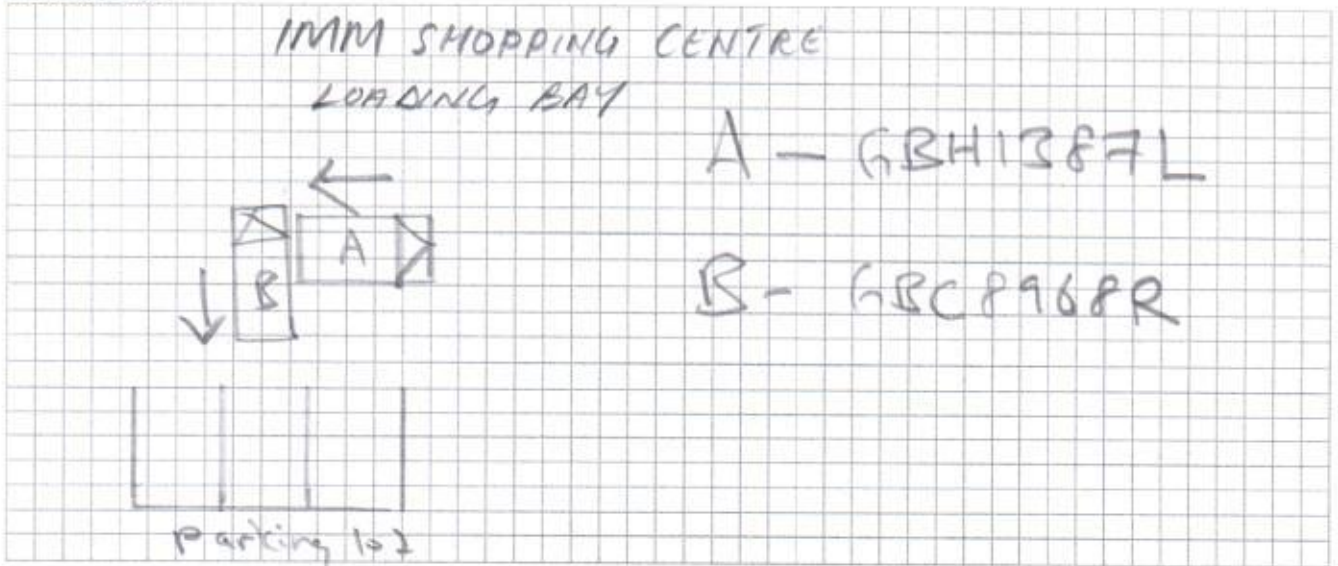


Policyholder's Signature
Date & Time:

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

on 11/12/18 at around 12.30 p.m. I was reversing my veh into parking lot when veh B also reverse into parking lot and both car vehicle hit each other.

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.:

VEHICLE NO: GBH1387L MAKE & MODEL: Toyota Dyna

DATE OF ACCIDENT	11 / 12 / 18
TIME OF ACCIDENT	1230 AM/PM
LOCATION OF ACCIDENT	Imm Shopping Centre loading Bay
Exact Purpose use during accident	
NAME OF OWNER	IMEI (EXIM) PTE LTD
TELP NO	96334051
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
INSURANCE CO.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMCVSN1803551800
NAME OF DRIVER	As above / If No. SUBRAMANIAM S/O VADIVELLO
NRIC	S209006214 Any passengers: 01 Zhang (M)
DATE OF BIRTH	13 / 04 / 1949
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	24 / 07 / 1969
GENDER	Male / Female
CONTACT NO.	95165109 Office. Home.
ADDRESS	Blk 704 PASIR RIS PR 10 #02-133
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No. 5510703
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	Clear / Raining / Other.
ROAD SURFACE	Dry / Wet / Other.
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	GBCF968R. Any Passenger.
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger.
VEHICLE D NO.	Any Passenger.
VEHICLE E NO.	Any Passenger.
VEHICLE F NO.	Any Passenger.
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki Bukit Ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883
	Telp: 67476106 (6 lines)

Tr by
CHIN MENG MOTORS
 1 Kaki Bukit Ave 6 #02-15
 Autobay @ Kaki Bukit (S) 417883
 Tel: 6747 4810 Fax: 6747 4810



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2090062H**

Name: **SUBRAMANIAM S/O VADIVELLO**

Birth Date: **13 Apr 1949**
Issue Date: **25 Apr 2007**

001493624A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2090062H**



Name: **SUBRAMANIAM S/O VADIVELLO**

சுப்ரமணியம்

Race: **INDIAN**

Date of birth: **13-04-1949** Sex: **M**

Country of birth: **MALAYSIA**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	18 Mar 1982
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	24 Jul 1969

S2090062H

S/No. 9000194718

Licence No. S2090062H



4065583

NRIC No. **S2090062H**

Date of issue: **02-07-2007**

Address: **APT BLK 704 PASIR RIS DRIVE 10 #02-137 SINGAPORE 510704**




LKK Auto
⇒ IDAC

51 Ubi Ave 1
#01-25
Paya Ubi Ind Park
S408933

Chia Tri Ping
E-filing
Reporting only.

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. DMCVSN1803551800 Engine No :1KD2769873
Chassis No:JTFAT35Y00K209682

1. Index Mark and Registration Number of Vehicle GBH1387L

2. Name of Policy Holder M/S IMEI (EXIM) PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 23 JANUARY 2018 (11:36 HOURS) EXCESS SECT IS\$500.00
EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance 22 JANUARY 2019

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 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: *

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

* 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