

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MN4418/64012

Date In: 21/12/08 10:40	Job description	Date & Time Completed	Done by
Ref No: NIA 11 6022890/4	SAS e-filing		
Veh No: GBB 2565P	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 20/12/08 13:30	I-Motor Claim Form		
QID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YP470TM	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.

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

Remarks	INC () / Non-INC ()	Date	Completed 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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>2 / 3:</p>	<p>Invoice No: NIA 11 6022890/4</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2005)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Ideal DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>* N5: Courtesy Car / Tpl Allowance \$5</p> <p>* N6: Repair Co-ordination \$10</p> <p>* N7: Post Repair Inspection \$25</p> <p>* N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Ideal Mobile \$0</p>	<p>Fee Charged</p> <p>Fee Charged</p>
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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	21/12/2018 10:40
Date Of Accident	20/12/2018 13:30
Exact Location Of Accident	ALONG PAYA LEBAR ROAD TOWARDS TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2565P
Insured/Policyholder	
Name Of Registered Owner	M/S VINZ CARGOTRANS
Co Reg No	53367189B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81918281
Alternative Phone No	OFFICE-81918281

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1834291800
Cover Note Number	

Driver

Name of Driver	ARAVIND MANUFERAN
NRIC No	S8633246I
Date Of Birth	20/10/1986
Occupation	INDOOR
Date Of Driving Pass	01/12/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81918281
Fax Number	
Contact Number	OTHERS-81918281
Email Address	NOEMAIL

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

VINZ
CARGOTRANS
533671898

Policyholder's Signature
Date & Time:

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

21/12/2010
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A GBB 2565 P

Vehicle B YP 4707M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the mention date & time of accident 20/12/2018 about 13:30pm

I was driving along Paya Lebar Road towards in front Traffic Junction

and the traffic was heavy congestion, my vehicle was at the

most right lane as I am going to turn right at the in front traffic

Junction. I slow down and stopped because in front all vehicle came

to a stop. So I follow as well, suddenly vehicle B "YP 4707M"

collided onto my rear portion impact quite heavy. I came down

and driver of "YP 4707M" apologize saying he fall sleep

and did not notice all vehicle in front have stopped.

DECLARATION

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

53367189B

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

ACCIDENT STATEMENT

Date & Time of Accident 20/12/2018 / 13:30pm
Exact Location of Accident Along Paya Lebar Road towards traffic Junction

DETAILS OF OWN VEHICLE

Vehicle Registration Number G8B 2565 P

Insured/ Policyholder

Name of Registered Owner M/S VINZ CAR & TRANS
NRIC Number / Co Reg. Number 533671878

Vehicle Particulars

Vehicle Make & Model Toyota Hiace
Exact Purpose for which vehicle was being used at time of accident Private Use / Work Use
Please state action to be taken for type of insurance claim Own Damage / Third Party / Reporting Only
Vehicle Category Private Car / Commercial / Private Hire / Others

Insurance Company

Name of Insurance Company China Taiping Insurance
Policy Number DMC USN 1834291800

Driver

Name of Driver ARAVIND MANUFRAN
NRIC Number S8633246I
Date of Birth 20/10/1986
Date of Driving Pass 01/12/2010
Contact Number 8191 8281
Address Blk 12 Mansiling Lane # 06-31
S(730012)
Relationship of the Driver with the Insured owner

General Information of the Accident

Weather Conditions Clear / Raining / Others
Road Surface Wet / Dry / Others

Other Information

Was anybody injured in the Accident? Yes / No
Was any other vehicle or property damage? Yes / No
Number of Passengers (Incl Driver) 01 Name & Gender _____
Name & Gender _____
Was the Accident reported to the Police? Yes / No
Was there any video captured? Yes / No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number YP 4707 M
Name of Driver BRYDEN YAP Yong Chuan
NRIC Number G6847470T
Contact Number _____
Address _____
Vehicle Category Private Car / Commercial / Private Hire / Others

Details of Witness

Name & Contact Number _____

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number **S8633246I**
Name: **ARAVIND MANUFERAN**

Birth Date: **20 Oct 1986**
Issue Date: **01 Dec 2010**

 001915643F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8633246I**



 Name: **ARAVIND MANUFERAN**

 Race: **INDIAN**
Date of birth: **20-10-1986** Sex: **M**
Country/Place of birth: **SINGAPORE**

S863324

5744055



NRIC No. S8633246I



Date of issue
18-05-2017

Address

APT BLK 12 MARSILING LANE
#05-31
SINGAPORE 730012

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 01 Dec 2010



Licence No: S8633246I

IP 428A

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.	DMCVSN1834291800	Engine No :1KD1869612 Chassis No:JTFHT02P700032679
1. Index Mark and Registration Number of Vehicle	GBB2565P	
2. Name of Policy Holder	M/S VINZ CARGOTRANS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 OCTOBER 2018	
4. Date of Expiry of Insurance	26 OCTOBER 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.</p> <p>(2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPULSED VEHICLE.</p> <p>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.</p>	

HIRE PURCHASE CO. : HITACHI CAPITAL ASIA PACIFIC 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:

Authorised Officer

Authorised Signatory