

NATIONAL Assessment Centre Services

Form 1 (01/2005)

Date In	26/03/2019 16:22	Job description	Date & Time Completed	Done by
Ref No	NA/CTI19005407/14	SAS e-filing		
Veh No	YN 250SC	E-mail (within 8hrs, AIC 2hrs)		
TP Insurer	25/03/2019 17:00	I-Motor Claim Form		
TP Insurer		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		I-Photo Uploaded		
TP Insurer		Assessment/Survey Report		
TP Insurer		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SHA767SG INC () / Non-INC () Tel: Fax:)

Owner / Driver: () 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car () Date & Time Completed: Done by:

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: Actions:

NA1902220

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
Owner/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Uninjured Portion:	3) TF: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Additional Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: 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: Idno Mobile \$0		
	Invoice dated	Fee Charged	

NA1902220

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	26/03/2019 16:22
Date Of Accident	25/03/2019 17:00
Exact Location Of Accident	JUNC OF UBI AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN2505C
Insured/Policyholder	
Name Of Registered Owner	CRT ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84090967
Alternative Phone No	OFFICE-84090967
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
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	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	DMCVSN3077381801
Cover Note Number	
Driver	
Name of Driver	RAMASAMY SENTHAMILMOORTHY
Passport No/FIN	G2256296M
Date Of Birth	06/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84090967
Fax Number	
Contact Number	OTHERS-84090967
EMail Address	NOEMAIL

Address CRT ENGINEERING PTE LTD
 Postcode
 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 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) 7
 Passenger 1
 NAME: : NIL
 GENDER: : MALE
 Passenger 2
 NAME: : NIL
 GENDER: : MALE
 Passenger 3
 NAME: : NIL
 GENDER: : MALE
 Passenger 4
 NAME: : NIL
 GENDER: : MALE
 Passenger 5
 NAME: : NIL
 GENDER: : MALE
 Passenger 6
 NAME: : NIL
 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES

Remarks/ Reasons: REVERT

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7675G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver SUHAIMI BIN ISMAIL
NRIC/Passport Number S1193741A
Contact Number 96372604
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RAMASAMY SENTHAMILMOORTHY
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? YN2505C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

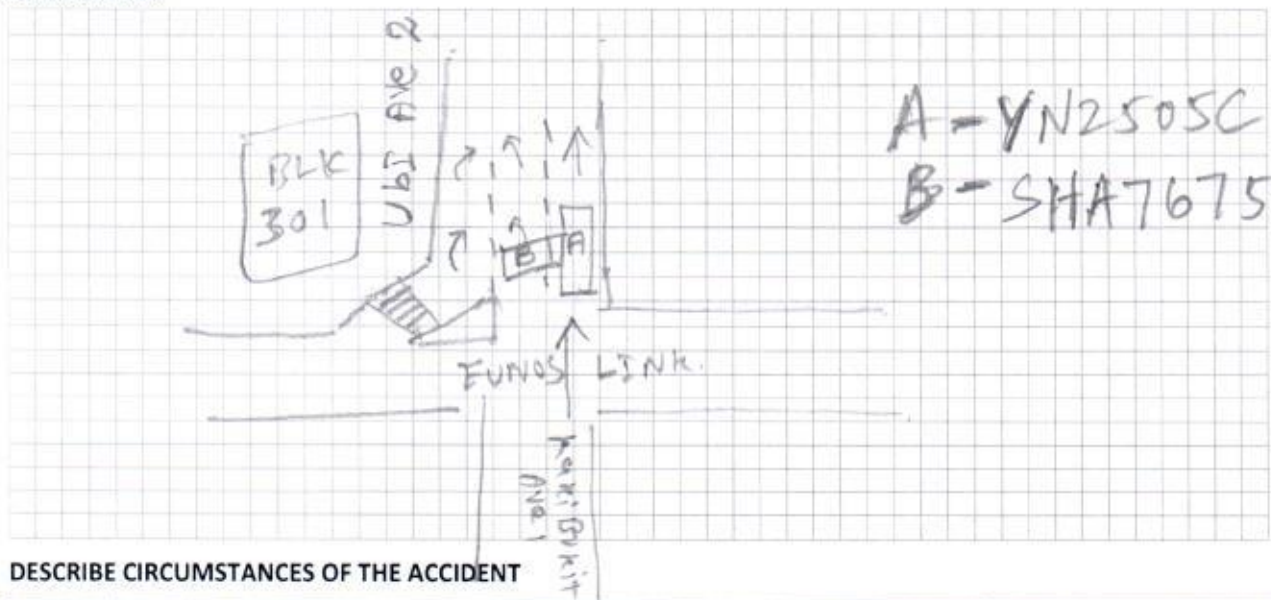


Policyholder's Signature
Date & Time:

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 Junction of Ubi Ave 2. When Vehicle B suddenly from Left came and hit on Vehicle A Left side portions. The damage of Vehicle A was 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.:

26/3/2019

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
CRT ENGINEERING PTE LTD

Sector: **CONSTRUCTION**

Name:
RAMASAMY SETHAMILMOORTHY

Occupation:
SITE SUPERVISOR

S Pass No.: **0 35992634**

Date of Application: **18-03-2017**

Date of Issue: **30-03-2017**

Date of Expiry: **30-03-2019**

L7783142

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 2256296 M**

Name:
RAMASAMY SETHAMILMOORTHY

Birth Date: **06 May 1990**

Issue Date: **21 Nov 2014**

Valid Till: **20 Nov 2019**

002368386F

VISIT PASS
Immigration Regulations

Name:
RAMASAMY SETHAMILMOORTHY

Date of Birth: **06-05-1990** Sex: **M** Nationality: **INDIAN**

File: **G2256296M** Date of Issue: **30-03-2017** Date of Expiry: **30-03-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	21 Nov 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 Nov 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	22 Mar 2018

S / No. 9000279197

Licence No: G2256296M

NP 428A



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0397A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No. DMCVSN3077381801 Engine No : 4M42A88284
ChaNo: FE83BEA20685

1. Index Mark and Registration Number of Vehicle YN2505C AUTOSAFE

2. Name of Policy Holder CRT ENGINEERING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 13 October 2018 Excess Sect I S\$550.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 12 October 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



Issued By: INDEX AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory