

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1190402W

Date In: 27/3/19-17:24	Job description	Date & Time Completed	Done by
Ref No: NA/C7/1900486/24	SAS e-filing		
Veh No: G28006L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/3/19-07:10	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: SHF7591A

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 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

NA1902W5

Invoice Preparation Checklist

Amr (\$)

Amr (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: 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:-
- QD\*
- \*N5: Courtesy Car / Tpt Allowance \$5
- \*N6: Repair Co-ordination \$10
- \*N7: Post Repair Inspection \$25
- \*N8: DV / Collect Excess Coordination \$3
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idac 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	27/03/2019 17:34
Date Of Accident	27/03/2019 07:10
Exact Location Of Accident	SLIP RD JURONG TOWN HALL RD TWDS WEST COAST RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ8006L
Insured/Policyholder	
Name Of Registered Owner	CAUSEWAY MARINE PTE LTD
Co Reg No	200606130K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62249989
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	MUSO 4X4 2.9L AUTO D/CAB ABS AIRBAG
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1660331802
Cover Note Number	
Driver	
Name of Driver	JAYARAMAN SENTHIL KUMAR
NRIC No	S7366201Z
Date Of Birth	27/06/1973
Occupation	INDOOR
Date Of Driving Pass	17/05/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90677424
Fax Number	
Contact Number	OFFICE-90677424
Email Address	NOEMAIL

Address	BLK 33 TEBAN GARDENS ROAD #10-265
Postcode	600033
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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

REFER TO 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	SGF7591A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	JAYARAMAN SENTHIL KUMAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GZ8006L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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

VEHICLE A - GZ8006L

VEHICLE B - SGF7591A

COMMONWEALTH  
SECONDARY SCHOOL

JURONG TOWNHALL ROAD

WEST COAST ROAD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AT THE GIVEWAY LINE OF THE SLIP ROAD GOING INTO WEST COAST ROAD FROM JURONG TOWNHALL ROAD.

WHILE STOPPED AT THE GIVEWAY LINE GIVING WAY TO ON-GOING TRAFFIC ALONG THE MAIN ROAD (WEST COAST ROAD) SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

AUGMENTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SGF7591A) COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - GZ8006L

VEHICLE B - SGF7591A

## 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.:




<b>Vehicle No.</b>	G28006L	<b>Model / Make</b>	SSANGYONG MUSSO
<b>Date of Accident</b>	27/03/2019		
<b>Time of Accident</b>	0710	<b>HRS</b>	
<b>Location of Accident</b>	PRIVATE USE GOING TO OFFICE		
<b>Exact purpose use during accident</b>	SLIP ROAD FROM JURONG TOWN HALL INTO WEST COAST ROAD		
<b>Name of Owner</b>	CAUSEWAYS MARINE PTE LTD		
<b>Telephone No.</b>	H/P :	Home :	Office : 62249989
<b>NRIC</b>	200606130K		
<b>Address</b>	20 MAXWELL ROAD #10-09C MAXWELL HOUSE S(069113)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	CHINA TAIPING		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	PMCVSN1660331702		
<b>Name of Driver</b>	As Above If No, JAYARAMAN SENTHIL KUMAR		
<b>NRIC</b>	S7366201Z	<b>Any Passengers :</b>	1 (DAUGHTER)
<b>Date of birth</b>	27/06/1973		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	17 MAY 2001		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9067 7424	Home :	Office :
<b>Address</b>	BLK 33 TEBAN GARDENS ROAD #10-265 S(600033)		
<b>Driver have any own vehicle</b>	No	If yes, Reg No.	
<b>Relationship</b>	Employee	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No	If Yes, Who?	
<b>Name And Contact No.</b>	JAYARAMAN SENTHIL KUMAR, 9067 7424		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No	If Yes, Where?	
<b>Vehicle B No.</b>	SGF 7591A	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	REAR PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TUNCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S7366201Z**  
 Name  
**JAYARAMAN SENTHIL KUMAR**  
 Birth Date **27 Jun 1973**  
 Issue Date **18 Jan 2008**

001563193H



**REPUBLIC OF SINGAPORE**


 IDENTITY CARD NO. **S7366201Z**


Name  
**JAYARAMAN SENTHIL KUMAR**  
**செ செந்தில் குமார்**  
 Race  
**INDIAN**  
 Date of birth  
**27-06-1973** Sex **M**  
 Country of birth  
**INDIA**

S7366201Z

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES**


		PASS DATE
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	17 May 2001
Class 4	Heavy motor cars and motor tractors > 2500 kg	17 Jul 2011

S7366201Z

S / No. 9000148481

NP 428A

Licence No. S7366201Z



S7366201Z


 Licence No. **S7366201Z**

Nationality  
**INDIAN**  
 Date of issue  
**18 Jan 2008**







**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  
AND044A  
Cov.Type: T

MOTOR COMMERCIAL VEHICLE

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1660331802

Engine No :66292012162448

Chano:KPAWA2EDS6P414224

1. Index Mark and Registration  
Number of Vehicle

GZ8006L

2. Name of Policy Holder

CAUSEWAY MARINE PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

12 September 2018

4. Date of Expiry of Insurance

11 September 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.

Issued By: LIM SHU MIN  
Authorised Officer

[Signature]  
Authorised Signatory