

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **MAY/19051889**

Date In: 22/04/2019 15:32	Job description	Date & Time Completed	Done by
Ref No: NBA/ETI/90010417	SAS e-filing		
Veh No: GBJ 374CR	E-mail (Agenda 2hrs, AIC 2hrs)		
D.O.A: 19/04/2019 15:40	I-Motor Claim Form		
OID / 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: Vch No: **SK2 7079K** 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Defective / Action: ()

NBA/902979

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge): **HERB 0**

Additional Comments: ()

Rel. 1:

2 / 3

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	22/04/2019 15:32
Date Of Accident	19/04/2019 15:40
Exact Location Of Accident	ALONG MARINE PARADE ROAD FLYOVER TOWARDS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3744R
Insured/Policyholder	
Name Of Registered Owner	SAS M & E PTE LTD
Co Reg No	201019107Z
Email Address	BCVIJAY.CHANDRAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83090898
Alternative Phone No	OFFICE-62881288

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	GO BACK TO WORK PLACE
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	DMCVSN1915751900
Cover Note Number	

Driver

Name of Driver	CHANDRAMOHAN VIJAYARAJAN
NRIC No	S8686622F
Date Of Birth	08/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83090898
Fax Number	
Contact Number	OFFICE-62881288
EMail Address	BCVIJAY.CHANDRAN@GMAIL.COM

Address	BLK 231 BUKIT BATOK EAST AVENUE 5 #12-75
Postcode	650231
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?	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ7079K
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93666106
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.



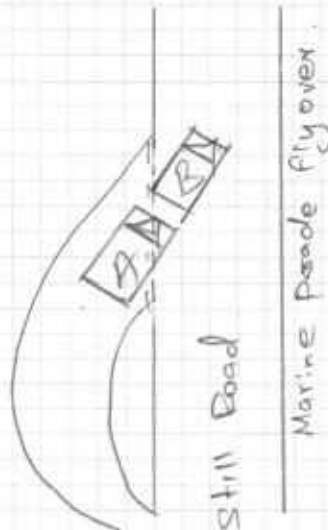
Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

SKETCH PLAN

A) GBJ3744R
B) SKZ7079K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19th April 2019 about 3.42pm I'm drive My Van GBJ3744R towards Still Road along Marine parade ~~by~~ flyover at the spot of merge to still road before ~~giveaway~~ I saw a car SKZ7079K INCH OUT & STOP ~~SUDDENLY~~ & I could not stop on time & just a SLIDE BUMP ON THE REAR OF THE SAID CAR. THAT ALL.

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.:

NOTICE OF REPORTING

This is to confirm that Chandramohan Vijayarajan, S8686622F has reported to the Police a traffic accident which occurred on 19/04/2019 at about 1542hrs along Marine Parade Flyover towards Still Road. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was conveyed by ambulance

Involving the following vehicles:

- V1) GBJ3744R, (Driver: Chandramohan Vijayarajan, S8686622F, HP: 83090898)
- V2) SKZ7079K, (Driver, HP: 93666106)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T170258

Date: 20/04/019


Time: 1538hrs

S/D Ref: 82

Police Post/Unit: Bukit Batok NPC



91 012584-11
Sgt T170258
Bukit Batok NPC
SINGAPORE POLICE
TEL: 606 610000



ACCIDENT STATEMENT

ACCIDENT DATE: 19/04/2019 (DD/MM/YYYY), TIME: 15:42 (HH:MM)

LOCATION: Along Marine Parade Flyover towards Still Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBT 3744R
b) INSURANCE COMPANY: CHINA TAIPIWANG Insurance Pte Ltd
c) POLICY NUMBER: DMCVSN1915751900
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Go back to work place
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: SAS M&E PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2010P1107Z CONTACT: 62881288
c) ADDRESS: 1 TOH TUCK LINK

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: CHANDRAMOHAN N JAYARAJAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 8686622F CONTACT: 83090898
c) ADDRESS: Blk 231, Bukit Batok East Apts.
#12-7K - S 600221

* d) DATE OF BIRTH: 08/06/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 JAN 2016

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)

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: BUKIT BATOK NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKZ 7079K MODEL: MAZDA 3
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 93666106

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = bc jay. chandran @ gmail. com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8686622F



Name

CHANDRAMOHAN VIJAYARAJAN

விஜயராஜன்

Race
INDIAN

Date of birth
08-06-1986

Sex
M

Country/Place of birth
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8686622F

CHANDRAMOHAN VIJAYARAJAN

Birth Date: 06 Jun 1986

Issue Date: 28 Mar 2019



002917462E

9495803



NRIC No. S8686622F



Nationality

INDIAN

Date of issue

28-07-2018

APT BLK 231 BUKIT BATOK EAST AVENUE 5 #12-75
SINGAPORE 850231

NRIC No: S8686622F

Date: 29/10/2018

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

EFFECTIVE DATE

Class 3: Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 13 Jan 2016

NP 428A



License No: S8686622F



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

MZ300/CN SH
AN0650A
Cov.Type: C

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)

CERTIFICATE No.	DMCVSN1915751900	Engine No :1KD2850906 Chassis No:JTFHT02P200248763
1. Index Mark and Registration Number of Vehicle	GBJ3744R	
2. Name of Policy Holder	M/S SAS M&E PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	9 APRIL 2019 (15:14 HOURS)	EXCESS SECT I\$3350.00 EX ON WINDSCREEN\$5100.00
4. Date of Expiry of Insurance	9 APRIL 2020	
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