

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA1915799

Date In: 23/11/19-13:41	Job description	Date & Time Completed	Done by
Ref No: NA1915799	SAS e-filing		
Veh No: QBS7406	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/19-23:30	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: 567 7466m

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

NA1928845

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2/3:

Invoice Preparation Checklist

Ant (\$)

Est Bill

Ant (\$)

Add Bill

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) FT: 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:-

Q1*

*N5: 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: 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	23/11/2019 13:41
Date Of Accident	22/11/2019 23:30
Exact Location Of Accident	AIRPORT BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5740L
Insured/Policyholder	
Name Of Registered Owner	S DEVENDIRAN
NRIC No	S1634586E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96746645
Alternative Phone No	OFFICE-96746645

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3034581903
Cover Note Number	

Driver

Name of Driver	D VINOD
NRIC No	S9837572D
Date Of Birth	06/11/1998
Occupation	INDOOR
Date Of Driving Pass	03/05/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85221406
Fax Number	
Contact Number	OFFICE-85221406
EEmail Address	NOEMAIL

Address	BLK 331 TAMPINES STREET 32 #08-464
Postcode	520331
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

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	SGT7446M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SU LING
NRIC/Passport Number	S7637457J
Contact Number	91444949
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC9653L
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG JIN HAO, JACOB

NRIC/Passport Number

S9012792F

Contact Number

92251912

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:

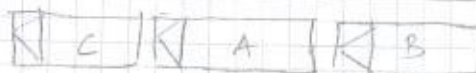
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A = SLB 5740L B = SG7 7446M C = 2MG 4653L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/19 at about 2330 hrs, my son was driving my vehicle along Airport Boulevard (towards PIE/ECP). He was driving slowly as there was a heavy traffic. Suddenly, vehicle B hit the rear of my vehicle and it moved forward, hitting the rear of vehicle C. No injuries reported from any party. I am reporting on behalf of my son as he is currently back in Tengah Air Base camp. That's 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.:

Singapore Accident Statement

Date of Accident 22/11/19
Time of Accident - 2330 (24hr format)
Exact Location Of Accident Airport Boulevard
Country/State of Loss Singapore

Details Of Own Vehicle

Vehicle No SLB 5740L

Insured/Policyholder

Individual / Company

Name of Registered Owner S Devendiran

Co Reg No S163 4586E

Email Address

Mobile No 9674 6645

Alternative Phone No

Vehicle Particulars

Manufacturer Honda

Model Vezel

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, Please state action to be taken TP Claims / Own Damages / Reporting Only

Vehicle Category Private Car

Insurance Company

Name of Insurance Company China Taiping

Type Of Coverage Comprehensive

Fleet Policy Yes / No

Policy Number DMPCSN 3034 581903

Cover Note Number

Driver

Name of Driver D Vinod

NRIC No S 9837 5720

Date of Birth 06/11/1998

Occupation Indoor / Outdoor

Date of Driving Pass 03/05/2018

Gender Female / Male

Mobile Number 85221406

Fax Number _____

Contact Number _____

Email Address _____

Address Blk 331 Tampines St. 32

X08-464

Postcode 520331

Was driver an employee of the Insured's Company

Yes / ☒ No

If No, Relationship of the Driver with the Insured

Son

Vehicle Registration Number of Driver's Own Vehicle

/

Insurance Company of Driver's Own Vehicle

/

General Information of the Accident

Type of Accident

Chain Collision

Weather Conditions

Clear

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident?

Yes / ☒ No

Was any body injured in the Accident?

Yes / ☒ No

Was any other material or property damaged?

☒ Yes / No

Was there any video captured by Car Camera?

Yes / ☒ No

Number of Passengers (including Driver)

1

Details of Police Action

Was the accident reported to the police?

Yes / ☒ No

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

Yes / ☒ No

If Yes, against whom?

Details of Other Vehicle Property 1

Vehicle Registration Number

SGT 7446M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

Wong Sn Ling

NRIC/Passport Number

S7637457J

9144 4949

Contact Number

Address

Postcode

Insurance Company Name

Nature of Damage

No. Of Passenger (Including Driver)

Details of Other Vehicle Property 2

Vehicle Registration Number

SM C 9653L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

Ng Jin Hao, Jacob

NRIC/Passport Number

S9012 792F

Contact Number

9225 1912

Address

Postcode

Insurance Company Name

Nature of Damage

No. Of Passenger (Including Driver)

Details of Other Vehicle Property 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature of Damage



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. 20120638-E

MX1F
R SN
AN0571A
Cov. Type: C

MOTOR PRIVATE CAR

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, 1950 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN3034581903	Engine No : L15B-4030129 Chano: R01-1110111
1 Index Mark and Registration Number of Vehicle	SLB5740L	AUTOSAFE =====
2 Name of Policy Holder	S. DEVENDIRAN	
3 Effective date of the Commencement of insurance for the purposes of the Regulations Originator or Enactment	14 April 2019	Named Drivers Ex Sect. I S\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 S\$3,000.00 Ex Sect. I - Age >= 26 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4 Date of Expiry of Insurance	13 April 2020	
5 Persons or Classes of Persons entitled to drive*		

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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:

use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. / MAYBANK 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

Issued By: 
M9 AUTOMOBILE PTE. LTD.
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Authorised Signatory