

NATIONAL Assessment Centre Services: (wef 1 Jan'05) **MAH 916347**

Date In: 10/12/19 - 10:57	Job description	Date & Time Completed	Done by
Ref No: MA/C72/19/10/12/19	SAS e-filing		
Veh No: 6DE352J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/12/19 - 09:15	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:	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

NA19092019	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	OD*		
	*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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat. 1:			
Pat. 2 / 3:			

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	10/12/2019 10:57
Date Of Accident	09/12/2019 09:15
Exact Location Of Accident	CTE TWDS PIE (CHANGI) FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE352J
Insured/Policyholder	
Name Of Registered Owner	M/S BAUTEC PACIFIC PTE LTD
Co Reg No	201005760D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67410277

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCVSN3055801900
Cover Note Number	

Driver

Name of Driver	CHANDRAN MANI
Passport No/FIN	G2736352R
Date Of Birth	15/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85909284
Fax Number	
Contact Number	OFFICE-85909284
Email Address	NOEMAIL

Address	8 KAKI BUKIT ROAD 2 #03-12 RUBY WAREHOUSE COMPLEX
Postcode	417841
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/12/19 at about 0914hrs, I was driving along CTE towards PIE Flyover. It was raining heavily and as I was negotiating the bend, my tyres skidded and I hit onto the concrete crash barrier. My vehicle sustained damages on the front right side. I was on the way to my office location when the accident happened. 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 09/12/19
Time of Accident 0914 hrs (24hr format)
Exact Location Of Accident CTE TOWARDS PIE (CHANGI AIRPORT) FLYOVER
Country/State of Loss SINGAPORE

Details Of Own Vehicle

Vehicle No GBE 352J
Insured/Policyholder Individual / Company
Name of Registered Owner BAITEC PACIFIC PTE LTD
Co Reg No 201005760D
Email Address -
Mobile No 67410277
Alternative Phone No -

Vehicle Particulars

Manufacturer TOYOTA
Model HYA 3.0 (M)
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 COMMERCIAL

Insurance Company

Name of Insurance Company CHINA TAIPING
Type Of Coverage COMPREHENSIVE
Fleet Policy Yes / No
Policy Number DMLVSN 3055891900
Cover Note Number -

Driver

Name of Driver CHANDRAN MANI
NRIC No G2736352R
Date of Birth 15/05/1992
Occupation Indoor / Outdoor
Date of Driving Pass 06/09/2017
Gender Female / Male

Mobile Number 85909284
Fax Number _____
Contact Number _____
Email Address _____
Address _____
Postcode _____

Was driver an employee of the Insured's Company Yes / No
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 Collided into Property
Weather Conditions Rain
Road Surface Wet

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 _____
Vehicle Make/Model/Colour _____
Details Of Properties _____
Name of Driver _____
NRIC/Passport Number _____

ANNEX E

NOTICE OF REPORTING

This is to confirm that Chandran Mani, FIN: G2736352R, has reported to the Police a non-injury traffic accident which occurred at CTE going towards PIE(Airport) on 09/12/2019 at 0914am involving the following vehicles:

GBE352J (Grey Toyota Dyna Lorry)

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

Rank / Name of Issuing officer: **Sgt Clarence Lim**

Date: 09/12/2019

Time: 1204hrs

S/D Ref: 2

Police Post/ Unit: Eunos NPP


Eunos NPP
Block 629 Bedok Reservoir Road
#01-1620 Singapore 110629

Original - To be issued to informant

Duplicate- to be submitted to Traffic Police

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.	DMCVSN3055801900	Engine No : 1KD2445787	Chassis No: KDY2318017286
1. Index Mark and Registration Number of Vehicle	GBE352J		
2. Name of Policy Holder	M/S BAUTEC PACIFIC PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 AUGUST 2019	EX SECT. I	SS\$350.00
		EX ON WINDSCREEN	SS\$100.00
4. Date of Expiry of Insurance	18 AUGUST 2020		

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.

HIRE PURCHASE CO. : ABWIN 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

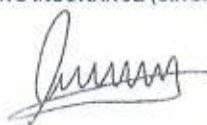
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ABWIN PTE LTD
8 Kaki Bukit Road 2 #01-33
Ruby Warehouse Complex
Singapore 417841

Countersigned By:

Tel: 6842 3332 Fax: 6743 6750

Authorised Officer



Authorised Signatory