

NATIONAL Assessment Centre Services.

[Ref: J2000]

MA 20002286

Date In: 06/01/2020 17:32	Job description	Date & Time Completed	Done by
Ref No: N/A 200003124	SAS e-illing		
Veh No: G64 373L	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 06/01/2020 16:50	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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: G64 373L	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 repair.

() 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: _____

Date of Injury:	Location:

MA 20000135	1) AIC: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$110)	
Contact No:	3) TP: Towing Fee \$40/145	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (over 10 Jan 2005)	
2nd L:	6) TR: Re-inspection \$75	
2nd R:	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TE (Nil) / TP (Non INC) against LRG \$20	
	9) NI: Idas Mobile	
	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	06/01/2020 17:22
Date Of Accident	04/01/2020 16:50
Exact Location Of Accident	PIE TOWARDS CHANGI B4 UPPER SERANGOON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3723L
Insured/Policyholder	
Name Of Registered Owner	NAM SOON TIMBER PTE LTD
Co Reg No	1XXXXX734D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83428232
Alternative Phone No	OFFICE-83428232

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN1815531901
Cover Note Number	

Driver

Name of Driver	ARUNACHALAM RAMESH
Passport No/FIN	GXXXX083K
Date Of Birth	13/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83428232
Fax Number	
Contact Number	OTHERS-83428232
Email Address	NOEMAIL

Address	7 MANDAI LINK #03-28
Postcode	728635
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	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	4
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG8023X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX845J
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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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLA6846P

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

ARUNACHALAM RAMESH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBH3723L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.

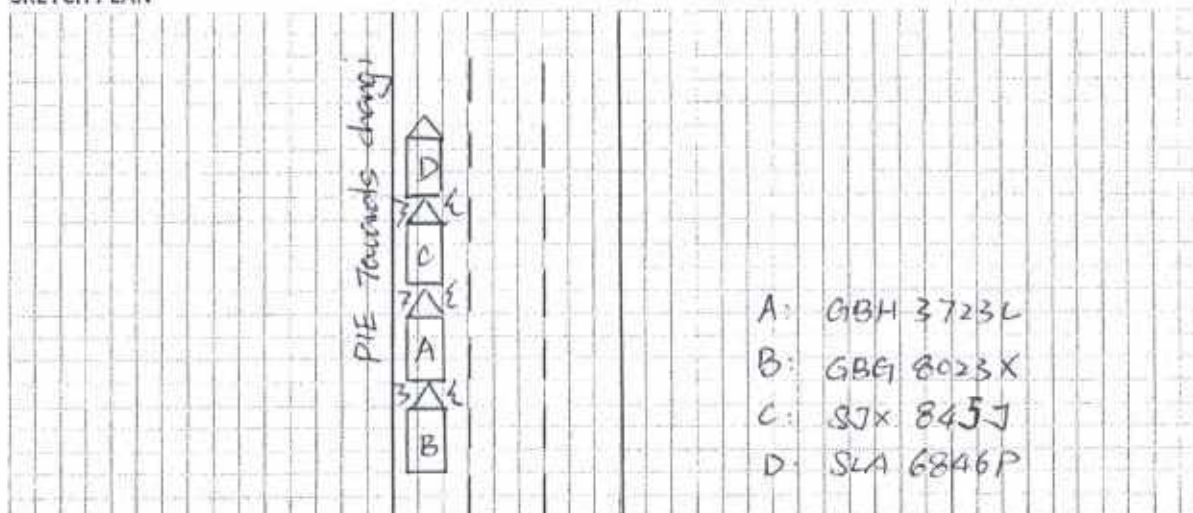


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Reda*
NRIC/FIN No.: *101101010101*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/01/2020 at about 16:50 HRS I was driving my lorry (A) along PIE Towards Changi. Somewhere before Upper Serangoon Road Exit I was on the most left lane of the three lane's road. Suddenly I felt an impact from my lorry's rear and push me move forward to hit the vehicle (C) in front of me. After accident, I alighted and realized that it was vehicle (B) who hit onto my vehicle (A) causing damage to my vehicle. It was a chain collision of total 4 vehicle involved.

(A) GBH 3723L

(B) GBG 8023X

(C) SJX 845J

(D) SLA 6846P

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

9C

ACCIDENT DATE: 04/01/2020 TIME: 16:50 HRS (hh:mm) 24 hrs Format

LOCATION PIE TOWARDS CHANGI B4 UPPER SERANGOON ROAD EXIT

VEHICLE NUMBER GBH 3723L

INSURED NAME NAM SOON TIMBER PIE LTD

NRIC/FIN 198600734D CONTACT: 8342 8232

MAKE Toyota MODEL Dyna

Are you claiming under your own insurance policy for repair to your vehicle?
☐ Yes, If No, Pls Select: ☒ Third Party ☐ Reporting Only

INSURANCE COMPANY CHINA TAI PING

TYPE OF POLICY ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ TPFT

POLICY NUMBER: DMCVSN 1815531901

NAME DRIVER: ARUNACHALAM RAMESH ☐ SAME AS INSURED

NRIC/FIN G 7926083K CONTACT: 8342 8232

DATE OF BIRTH: 13-05-1985

DRIVING PASS DATE: 09-07-2013

OCCUPATION: ☐ INDOOR ☒ OUTDOOR

GENDER: ☒ MALE ☐ FEMALE

EMAIL ADDRESS: ☐ NO EMAIL

ADDRESS OF DRIVER: 7 MANDAI LINK #03-28 MANDAI Connection S 728635

Number Of Passenger Include Driver: Driver Only

Was driver an employee of the Insured's Company? ☒ YES ☐ NO

If No, Relationship Of The Driver With The Insured
☐ Owner ☐ Spouse ☐ Friend ☐ Relative ☐ Children ☐ Sibling ☐ Others

Does The Driver Own Any Other Vehicle? ☐ YES ☒ NO

If Yes, Vehicle Registration Number Of Driver's Own Vehicle:

Insurance Company Of Driver's Own Vehicle

Weather Conditions: ☒ Clear ☐ Raining ☐ Drizzling ☐ Others

Road Surface: ☒ Dry ☐ Wet ☐ Others

Was Any Foreign Vehicle Involved In This Accident? ☐ YES ☒ NO

Was Anybody Injured In The Accident? ☒ YES ☐ NO

If YES, Injured details: ARUNACHALAM RAMESH @ GBH 3727L

Convey By Ambulance: ☐ YES ☒ NO

Was There Any Video Capture By Car Camera? ☐ YES ☒ NO

Was There Accident Reported To The Police? ☐ YES ☒ NO If Yes Attach Police Report

Police Report Number (if any)

Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B GBG 8023X		<input type="checkbox"/> / Not Sure <input type="checkbox"/>	
Veh C 27X 845J		<input type="checkbox"/> / Not Sure <input type="checkbox"/>	
Veh D 2A 6846P		<input type="checkbox"/> / Not Sure <input type="checkbox"/>	
Veh E		<input type="checkbox"/> / Not Sure <input type="checkbox"/>	
Veh F		<input type="checkbox"/> / Not Sure <input type="checkbox"/>	
Veh G		<input type="checkbox"/> / Not Sure <input type="checkbox"/>	

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.	DMCVSN1815531901	Engine No : LKD2798896
		Chassis No: JTFAT35YXOK210452
1. Index Mark and Registration Number of Vehicle	GBH3723L	
2. Name of Policy Holder	NAM SOON TIMBER PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11 MAY 2019	EXCESS SECT I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	10 MAY 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.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

* 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