

# NATIONAL Assessment Centre Services. [ver 1 Jan'05]

MAA 42000469

Date In: 08/06/2020 16:47	Job description	Date & Time Completed	Done by
Ref No: MAA/CT20000617/4	SAS e-filing		
Veh No: YD 342C	E-mail (within 2hrs, AIC 2hrs)		
DOA: 06/06/2020 12:45	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 Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SAB 8686M	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 ( )	

( ) 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: ( )
Witness: ( )
Police: ( )
Insurance: ( )
Other: ( )

NA2000341	Invoice	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (10)	
Damaged Portion:	3) TP: Towing Fee \$40/45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Inspector's comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Ref 1:	For claiming against INC Only (ver 10 Jan 2005)	
2/2	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N1: Courtesy Car / Tpl Allowance \$5	
	*N2: Repairs Co-ordination \$10	
	*N3: Post Repair Inspection \$25	
	*N4: DV / Collect Excess Co-ordination \$5	
	*N5: TP (Nil) / TP (Non INC) against D+G \$20	
	*N6: NI: Idea Mobile \$30	
	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	09/01/2020 16:47
Date Of Accident	06/01/2020 12:45
Exact Location Of Accident	JUNCTION OF BALESTIER RD TOWARDS PIE(THOMSON RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ342C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BSN TECH ENGINEERING PTE LTD
Co Reg No	2XXXXX445N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98917551
Alternative Phone No	OFFICE-98917551

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	DMCVSN1911801900
Cover Note Number	

### Driver

Name of Driver	CHINNAIAH JOTHI
Passport No/FIN	FXXXX281M
Date Of Birth	10/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98917551
Fax Number	
Contact Number	OTHERS-98917551
Email Address	NOEMAIL

Address	+9 ITTLE ROAD #03-03
Postcode	536985
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	SIDE SWIPE
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)	2
Passenger 1	NAME: RAJAN GENDER: MALE

#### 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
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8686M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE ZHEN HON KEVIN
NRIC/Passport Number	
Contact Number	
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.

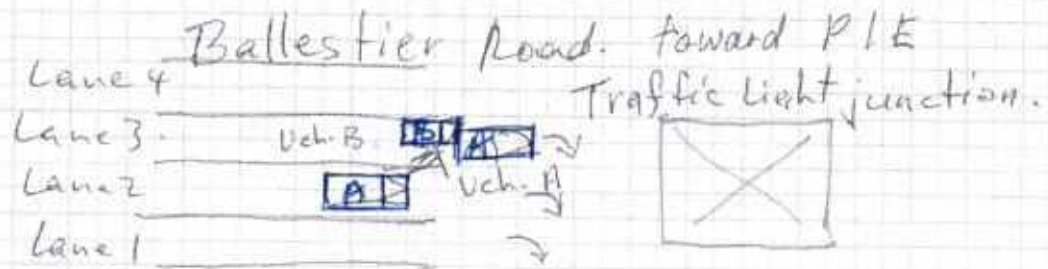
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



A) YQ342C  
B) SHB 8686M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/1/20 at around 12:45 I was the driver of Vehicle YQ342C. I was travelling at Balestier Road toward the junction of Thomson Road in the second lane. I decided to change lane to the third lane and I checked my wing mirror (left) to see if there were cars. I checked and it was clear and I then proceeded to change lane, while on the suddenly I heard a loud sound and I stopped. <sup>3rd lane,</sup> I went to check and found Vehicle B (SHB 8686 M) had collided onto the rear right of my vehicle.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*C. J. Jones*  
Policyholder's Signature

Date & Time:

*C. J. Jones*

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

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

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 6/1/2018 (dd/mm/yy) Time of Accident: 12:45 (24-HR-FORMAT)  
Vehicle No.: YQ342C Vehicle Make & Model: Mitsubishi Fuso  
Exact location of Accident: Junction of Balestier towards PIE (Thomson Rd).  
Policyholder's Name / IC No.: BSN TECH ENGINEERING PTE LTD. 201619445N  
Driver's Name / IC No.: CHINNAIAH JOTHI F8316281H (As Above) ☐  
Driver's Contact No.: 98917551 Company Contact No (Company Veh Only): \_\_\_\_\_  
Driver's Address: 9 Little Road #07-03 S(536985).  
Email address: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Driver

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

\*No. of Passengers (Including Driver): 1

\*Passanger Name: Rajan

Gender: Male / Female

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: LEE ZHEN HON KEVIN 271J Vehicle No: SHB8686M

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**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.	DMCVSN1911601900	Engine No : 4P10D61955 Chassis No: FEB21EA30013
1. Index Mark and Registration Number of Vehicle	YQ342C	
2. Name of Policy Holder	M/S BSN TECH ENGINEERING PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 MARCH 2019 (09:07 HOURS)	EXCESS SECT 1 ..... S\$450.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	18 MARCH 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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

\* 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



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	YQ342C	Vehicle Scheme:	Normal
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	CANTER FEB21ER45DEN (CBU)
Vehicle Attachment 2:	-	Engine No.:	4P100E1955
Vehicle Make:	MITSUBISHI	Trailer Chassis No.:	-
Chassis No.:	FEB21EA30013	Passenger Capacity:	2
Motor No.:	-	Power Rating:	-
Propellant:	Diesel	Maximum Laden Weight:	5000 kg
Engine Capacity:	2998 cc	Secondary Colour:	-
Maximum Power Output:	-	Original Registration Date:	19 Mar 2019
Unladen Weight:	2220 kg	Open Market Value:	\$35,146.00
Primary Colour:	White	Minimum PARF Benefit:	\$0.00
First Registration Date:	19 Mar 2019	Additional Registration Fee Rate:	\$0.00%
Manufacturing Year:	2018		
PARF Eligibility:	No		
No. of Transfers:	0		
Actual ARF Paid:	\$1,758.00		

### Owner Particulars

Owner Name: BSN TECH ENGINEERING PTE. LTD.  
 Owner ID Type: Company  
 Owner ID: 201619445N  
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

### Registered Block/House No.:

Registered Street Name: LITTLE ROAD

Registered Unit No.: # 03 - 03

Registered Building Name: -

Registered Postal Code: 536985

COE No. / Expiry Date: 2019031905001063G / 18 Mar 2029

COE Bid Category: C - Goods Vehicle & Bus

PQP Paid: \$10,473.00

### Transaction Details

Business Transaction Ref. No.: 20190319090756154223

Business Transaction Date: 19 Mar 2019

Business Transaction Time: 09:07:58

### Message

The above vehicle has been successfully registered.

Please note that \$10,232.00 will be deducted from your GIRO account.

OK

Save as PDF