

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] NA 2000906

Date In: 31/1/05 - 16:15	Job description	Date & Time Completed	Done by
Ref No: NA 2000906	SAS e-filing		
Veh No: NCMS 987D	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 31/1/05 - 16:45	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 299 1511 M	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

NA 2000906	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	for Bill	Add Bill
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) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idan 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		
	IE (N11): TP (Non-INC) against INC \$20		
	9) N12: Idan Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref 1:			
Ref 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	31/01/2020 10:10
Date Of Accident	30/01/2020 16:45
Exact Location Of Accident	PIE (TUAS) BEFORE JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM5984D
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Insured/Policyholder

Name Of Registered Owner	HARISH SINGH NARULA S/O DARSHAN SINGH
NRIC No	SXXXX633G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96359602
Alternative Phone No	OFFICE-96359602

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60 T6 3.0L AT ABS D/AB HID 4WD 5DR
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	DMPCSN3115061903
Cover Note Number	

Driver

Name of Driver	HARISH SINGH NARULA S/O DARSHAN SINGH
NRIC No	SXXXX633G
Date Of Birth	25/09/1967
Occupation	INDOOR
Date Of Driving Pass	16/05/1989
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96359602
Fax Number	
Contact Number	OFFICE-96359602
Email Address	NOEMAIL

Address	24 LORONG SALLEH
Postcode	416780
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE SLOW DOWN, I SLOW DOWN MY VEHICLE TOO. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	SLJ9194U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY BEE HUANG (ZHENG MEIFANG)
NRIC/Passport Number	SXXXX672G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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 Person's Signature
Name:
NRIC/FIN No.:

A: SKM3984D.
 B: SLJ9144U.

Refer to statement.

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

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



SKM5984D - CI...

中国太平
CHINA TAIPIING中国太平保险(新加坡)有限公司
China Taiping Insurance (Singapore) PTE. LTD.

In Reg. No. 200000000

MOB

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Car, 1000000

MOBILE PRIVATE USE

CERTIFICATE OF INSURANCE

Motor Vehicle (Third Party, Fire and Comprehensive) Act (Chapter 140)
Motor Vehicle (Third Party, Fire and Comprehensive) Rules, 1967
Road Transport Act, 1967 (Singapore)
Motor Vehicle (Third Party Rules) Rules, 1967 (Singapore)

ORIGINAL

CERTIFICATE No. 00000000000000000000

Engine No. 00000000000000000000
Chassis No. 000000000000000000001. Name and Registration
Number of Vehicle

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AUTOMATIC

2. Name of Policy Holder

00000000000000000000

3. Effective Date of the Commencement of
Insurance for the Purpose of the Regulation,
Contract or Endorsement

22 May 2019

Named Drivers: 2 \$21,500.00
Additional (or other than Named Drivers):

Ex Sect. 1 - Age up to 25 \$12,000.00

Ex Sect. 1 - Age up to 25 \$12,000.00

Ex Sect. 1 - Age up to 25 \$12,000.00

Ex on 0000000000 \$12,000.00

4. Date of Expiry of Insurance

21 May 2020

5. Persons in Classes of Persons entitled to drive

OO the Policyholder.

OO 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 to that behalf from driving the motor vehicle.

6. Conditions apply and

use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward or for driving test, racing, speed-testing, 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: Comprehensive total loss/Theft
will be \$1000.See also Section of Excess for the first \$21,500 will apply to the named and licensed drivers in the event
of loss damage (Total at not authorized workshop for each Policy Year).

NOTE: PURCHASE OF - INCREASE TO \$100,000

*Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Rules and Compensation) Act (Chapter 140)
and Section 84 of the Road Transport Act 1967 (Singapore), are not to be reduced under these headings.We hereby Certify that the policy to which this Certificate relates is issued in accordance with the
provisions of the Motor Vehicle (Third Party Rules and Compensation) Act (Chapter 140) and Part IV of the Road
Transport Act, 1967 (Singapore).

Please see reverse

KCB AGENCY

Co Reg No. 0000000000

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IMPORTANT NOTICE

If you sell your motor vehicle this NOTICE is IMPORTANT

And MUST be complied with

Policyholders are hereby warned that under the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 140), it shall be unlawful
for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to
the insurance company concerned. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must
be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 140).The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly
notified to and agreed to by the insurance company concerned. If the insurance company agreed to cover the new owner they will endorse
the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.