NATIONAL Assessment Centre Services. [ref: 1 Jan'08] NA/NA/2004065

Date In: 06/04/2020 18:15	Job description	Date & Time Completed	Done by
Ref No: NA/CT/2004985/4	SAS e-filling		
Veh No: SMC 4145U	E-mail (Idale 8hrs, AIC 2hrs)		
D.O.A: 06/04/2020 16:20	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: GBD 4757M 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%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

Special 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: ( )

Special Instructions	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	Action

NA2002568

Claimant Weighing

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Sal_1:

2/2

Invoice(s)	Payable	Payable
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($40)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idas DA + SMRT Survey		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Coordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (NII) : TF (Non INC) against INC	$30	
9) N12: 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 witholding 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	06/04/2020 18:15
Date Of Accident	06/04/2020 16:20
Exact Location Of Accident	KAKI BUKIT AVE 4 OPPOSITE KAKI BUKIT @ PREMIER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4145U
Insured/Policyholder	
Name Of Registered Owner	GANESAN MUTHUKUMARESWARAN
NRIC No	SXXXX170F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91165362
Alternative Phone No	OTHERS-91165362
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (A)
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	DMPCSN1925451900
Cover Note Number	
Driver	
Name of Driver	GANESAN MUTHUKUMARESWARAN
NRIC No	SXXXX170F
Date Of Birth	15/05/1975
Occupation	INDOOR
Date Of Driving Pass	13/01/2000
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91165362
Fax Number	
Contact Number	OTHERS-91165362
EMail Address	NOEMAIL

Address	BLK 311 YISHUN RING ROAD #04-1278
Postcode	760311
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?	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	GBD4797M
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 INJURED PERSON 1

Name	GANESAN MUTHUKUMARESWARAN

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMC4145U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

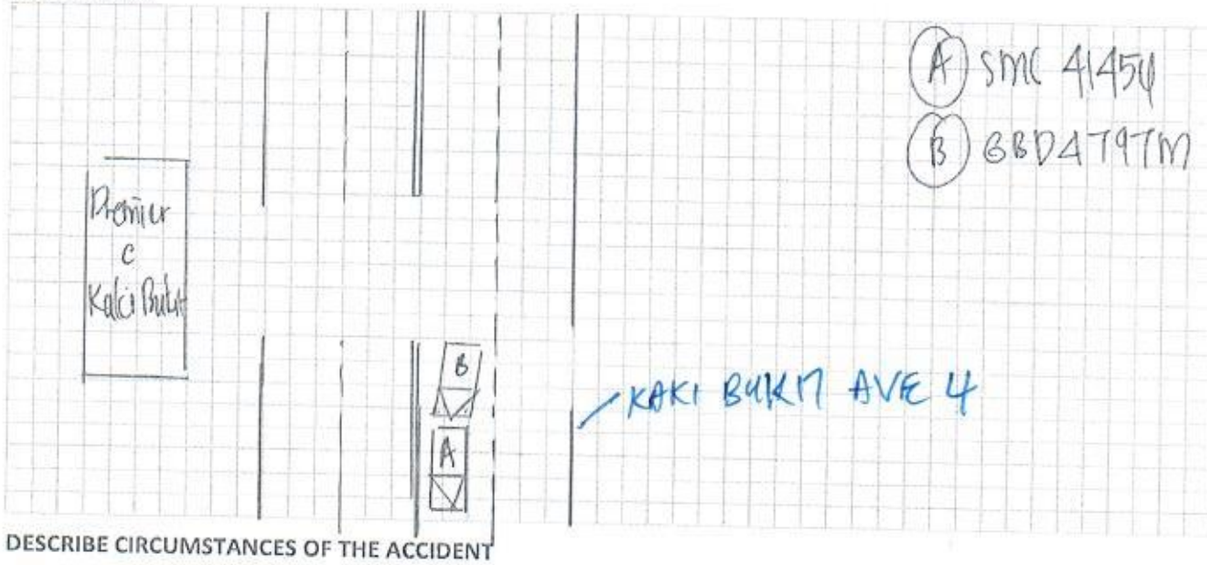
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	06/04/2020 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06-04-2020 at about 16:20hrs, I was travelling along Kaki Bukit Ave 4 Opposite Kaki Bukit c Premier. As I was heading straight, all of a sudden I felt an impact from the rear. Then I realised a lorry GBD479TM had collided into my rear. 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:

06/04/2020
Reporting Centre Personnel's Signature
Name: ROSLI UMAR
NRIC/FIN No.:

GIABMC SketchPlanForm_V1

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 06.04.2020 TIME: 16:20hrs (hh:mm) 24 hrs Format

LOCATION Kaki Bukit Ave 4 opposite Kaki Bukit Premier

VEHICLE NUMBER SMC 4145U

INSURED NAME Ganesan Mathukumaresvaran

NRIC / FIN S7561170F CONTACT: 91165362

MAKE Toyota MODEL C-Hybrid 1.8S CVT

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes, If No, Pls Select : (✓) Third Party ( ) Reporting Only

INSURANCE COMPANY AIA

TYPE OF POLICY (✓) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT

POLICY NUMBER : DMPCSN192545 1900

NAME DRIVER : (✓) SAME AS INSURED

NRIC / FIN CONTACT:

DATE OF BIRTH: 15.05.1975

DRIVING PASS DATE : 13.01.2000

OCCUPATION : (✓) INDOOR ( ) OUTDOOR

GENDER : (✓) MALE ( ) FEMALE

EMAIL ADDRESS: ( ) NO EMAIL

ADDRESS OF DRIVER: 311 Yishun Ring Rd #04-1278 S(760311)

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 :

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	GBD 4797M	( ) / Not Sure ( )	
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	

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. 200206384E

MX1F
E SN
AN0495A
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, 1959 (Malaysia)

ORIGINAL

Engine No :2ZR8438017
ChaNo:ZYX102120164

CERTIFICATE No. DMPCSN1925451900

1. Index Mark and Registration Number of Vehicle: SMC4145U — AUTOSAFE

2. Name of Policy Holder: GANESAN MUTHUKUMARESWARAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 20 June 2019

4. Date of Expiry of Insurance: 19 June 2020

Named Drivers Ex Sect. I ..... S$1,150.00
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

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. : GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HP

** 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.

Issued By: HO LI HWA IRENE
Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	170F
Vehicle Details	
Vehicle No.:	SMC4145U
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Apr 2020
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR8438017
Chassis No.:	ZYX102120164
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	$27,289.00
Original Registration Date:	29 Jun 2018
First Registration Date:	29 Jun 2018
Transfer Count:	1
Actual ARF Paid:	$10,205.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2028
PARF Rebate Amount:	$7,653.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$37,989.00
COE Rebate Amount:	$31,003.00
Total Rebate Amount:	**$38,656.00**

The information contained herein is correct as at 06 Apr 2020

OK