

NATIONAL Assessment Centre Services: [wef 1 Jan'05] **NA2003961**

Date In: 24/6/20-11:20	Job description	Date & Time Completed	Done by
Ref No: NAK7220-60074	SAS e-filing		
Veh No: 60512160	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/6/20-15:50	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: ()	Fax: ()
TP Particulars:	Veh No: 4912007	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:-	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

NA2003961 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	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 : 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 (N'n INC) against INC \$20				
9) N12: Idac 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	24/06/2020 11:20
Date Of Accident	23/06/2020 15:50
Exact Location Of Accident	JUNC WOODLANDS AVE 12 & WOODLANDS LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1216D
Insured/Policyholder	
Name Of Registered Owner	ABS LEASING SERVICES PTE LTD
Co Reg No	2XXXXX528D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
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?	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	DMCVSNW00018152000
Cover Note Number	

Driver

Name of Driver	KASINATHAN MANIMARAN
Passport No/FIN	GXXXX313Q
Date Of Birth	09/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83145004
Fax Number	
Contact Number	OFFICE-83145004
EEmail Address	NOEMAIL

Address	BLK 34 CIRCUIT ROAD #06-394 BALAM GARDENS
Postcode	370034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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	3
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY1200T
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE7377Z
-----------------------------	----------

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)

2

DETAILS OF INJURED PERSON 1

Name

KASINATHAN MANIMARAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBB1216D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

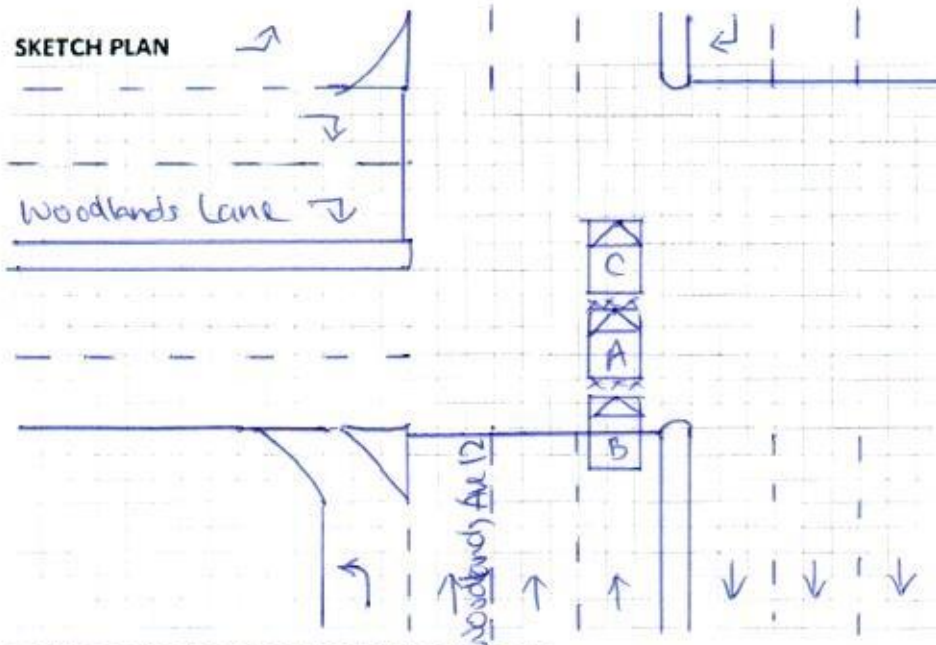


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: GBB1216D
Veh B: GY1200T
Veh C: JLE7377Z


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBB1216D) traveling along Woodlands Avenue 12 towards Woodlands Avenue 10 on first lane of a 4-lanes road. Somewhere at the junction of Woodlands Lane, the traffic light was green, vehicle C (JLE7377Z) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped behind vehicle C. Out of sudden, vehicle B (GY1200T) came from rear and collided onto the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

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.:

Vehicle No.	GBB1216D		Model / Make	Toyota Hiace
Date of Accident	23/6/2020			
Time of Accident	15:50 HRS			
Location of Accident	Along Woodlands Avenue 12 / Woodlands Lane			
Exact purpose use during accident	Work			
Name of Owner	ABS Leasing Services Pte Ltd			
Telephone No.	H/P :	Home :	Office :	
NRIC	201819528D			
Address	172 Sin Ming Drive Sin Ming Semac's Depot S(575720)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	China Taiping			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	DMCVSNW00018152000			
Name of Driver	As Above If No, Kasinathan Manimaran			
NRIC	G3188313Q		Any Passengers : -	
Date of birth	9/7/1995			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	13/9/2018			
Gender	Male / Female			
Contact No.	H/P :	83145004	Home :	Office :
Address	BLK 34 Circuit Road Balam Gardens #6-394 S(370034)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Hirer		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Kasinathan Manimaran 83145004			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	GY1200T		Any Passengers : -	
Name of Driver			Contact No. :	
Vehicle C No.	SLE7377Z		Any Passengers : 1	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Front & rear portion			
Camera Recorder	Yes / (No)			
Email Address				
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

Motor Commercial

MZ407/C

N SN

AN0597A

Cov. Type:C

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.

DMCVSNW00018152000

Engine No.: 1KD1843604

Cha. No.: JTFHT02P600028428

1. Index Mark and Registration
Number of Vehicle

GBB1216D

AUTOSAFE

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD (NON-DRIVER)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

12/03/2020
(17:48:48)

Excess Sect. I . S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

11/03/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: DBS BANK 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).

SG MOTOR TRADER PTE LTD
Please see REGISTRATION NO. 201537467C
172 Sin Ming Drive
Singapore 575720
Tel: 6933 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

SG MOTOR TRADER PTE LTD
Authorised Officer

Authorised Signatory