

NATIONAL Assessment Centre Services. Inst 1 Jan 2003

NA20058322

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 09/01/2020 16:51 | Job description                            | Date & Time Completed | Done by |
| Ref No: NBS/C1220071724   | SAS e-Milling                              |                       |         |
| Veh No: GEX 420X          | E-mail (by date time, AIC time)            |                       |         |
| DOA: 07/01/2020 17:00     | I-Motor Cables Form                        |                       |         |
| OT: (TP) Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)     |                       |         |
| TP Insurer:               | I-Photo Uploaded                           |                       |         |
|                           | Assessment/Survey Report                   |                       |         |
|                           | Ass't Report by Fax / Hand to Owner / Wksn |                       |         |

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

TP Particulars: Veh No: PC 17398 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 ( )

Breccs: (\$ ) 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: \_\_\_\_\_

|                                 |  |             |
|---------------------------------|--|-------------|
| NA2003618                       | 1) All Accident Reporting (\$30)                 |             |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100)                 | INC (\$40)  |
| Contact No:                     | 3) TP: Towing Fee                                | \$40/\$45   |
| Damaged Portion:                | 4) PT: Follow-Through Survey                     | \$120       |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey)          | \$30        |
|                                 | For claiming against INC Only (over 10 Jan 2003) |             |
|                                 | 6) TR: Re-inspection                             | \$75        |
|                                 | 7) NI: Idea DA + SMRT Survey                     | \$160       |
|                                 | 8) NTUC Additional Services                      |             |
|                                 | OT:  |             |
|                                 | *N5: Courtesy Car / Tpl Allowance                | \$3         |
|                                 | *N6: Repair Coordination                         | \$10        |
|                                 | *N7: Post Repair Inspection                      | \$25        |
|                                 | *N8: DV / Collect License Coordination           | \$3         |
|                                 | TP (N11) / TP (N12) (over INC) regular rate      | \$30        |
|                                 | 9) N12: Idea 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             | 09/07/2020 16:51                |
| Date Of Accident           | 07/07/2020 17:00                |
| Exact Location Of Accident | CHOA CHU KANG STREET 52 BLK 565 |
| Country/State of Loss      | SINGAPORE                       |

#### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SGX4780X                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | CAR CONCEPT LEASING         |
| Co Reg No                   | 5XXX615L                    |
| Email Address               | CARCONCEPTLEASING@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-87278090        |
| Alternative Phone No        | OFFICE-87278090             |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HONDA              |
| Model  | STREAM-1.8 (A)     |
| 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          | THIRD PARTY                                   |
| Fleet Policy              | NO  |
| Policy Number             | DHMCSNW00000172000                            |
| Cover Note Number         |   |

#### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | VIGNESH S/O MANIVANNAN      |
| NRIC No              | SXXXX218E                   |
| Date Of Birth        | 31/07/1998                  |
| Occupation           | OUTDOOR                     |
| Date Of Driving Pass | 09/03/2017                  |
| Driving Experience   | 3 YEARS AND 3 MONTHS        |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-87278090        |
| Fax Number           |                             |
| Contact Number       | OTHERS-87278090             |
| Email Address        | CARCONCEPTLEASING@GMAIL.COM |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 538 HOUGANG STREET 52<br>#02-66 |
| Postcode  | 530538                              |
| 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 | -<br>-<br>-                         |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                         |

#### General Information of the Accident

|                    |   |
|--------------------|---|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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)   | 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         | PC1739R            |
| 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) |                    |

## 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:

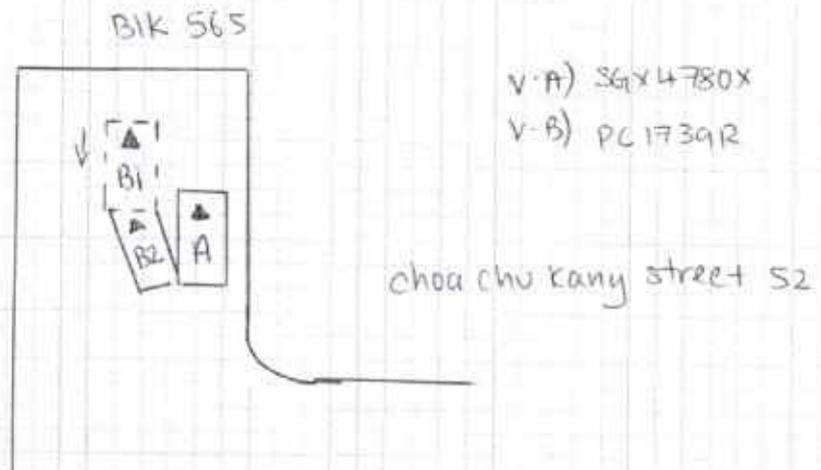


Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SGX4780X was travelling on the stated venue. I parked my vehicle at the rubbish chute of block 565 Choa Chu Kang street. I was inside my vehicle. I noticed vehicle PC1739R parked right next to me, I did not bother much and continue using my phone to map the next location. The next moment I felt an impact on my vehicle rear left. Shortly I got out of my vehicle and realised it was PC1739R was reversing his vehicle and collided against my stationary vehicle rear left portion.

DECLARATION

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



*[Handwritten signature]*

Policyholder's Signature  
Date & Time:

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

*[Handwritten signature]*  
09/07/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

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

Date of Accident: 07/07/2020 (dd/mm/yy) Time of Accident: 17:00 (24-HR-FORMAT)

Vehicle No: SGX 4780 X Vehicle Make & Model: HONDA STREAM 1.8

Exact location of Accident: CHOA CHU KANG STREET 52 BLK 565

Policyholder's Name / IC No.: CAR CONCEPT LEASING 533616151

Driver's Name / IC No.: Vignesh S/O Manivannan (As Above)

Driver's Contact No.: 8727 8090 Company Contact No: \_\_\_\_\_

Driver's Address: 466D SEMBAWANG DRIVE #12-351 SPRING LODGE 754466

Insurance Company: China Taiping Email address (if any): CARCONCEPTLEASING@GMAIL.COM

Relationship between Owner & Driver: Employee or Others specify: \_\_\_\_\_

#### 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?

Private use /  Work purpose

Occupation (nature of job)  Indoor /  Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : \_\_\_\_\_

Gender :

Passenger Name : \_\_\_\_\_

Gender :

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: \_\_\_\_\_ Vehicle No: PC 1739 R

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

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

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

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

Motor Hire Car

MZ406L/B

N: SN

AN0420A

Gov. Type T

**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   | DMHCSNW0000172000   | Engine No. R18A1742566             |             |
|  |   | Cha. No. TN61037651                |             |
| 1. Index Mark and Registration Number of Vehicle   | 3QX4780X  |                                    |             |
| 2. Name of Policy Holder   | CAR CONCEPT LEASING   |                                    |             |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 05/01/2020<br>(14.31.03)  | Excess Sect. II                    | \$51,500.00 |
|  |   | Excess Sect II (Outside Singapore) | \$51,000.00 |
| 4. Date of Expiry of Insurance   | 05/01/2021  |                                    |             |
| 5. Persons or Classes of Persons entitled to drive*  | As per Named Driver(s) stated below.<br>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*  | <p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> |                                    |             |

\* 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorized Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorized Signatory