

NATIONAL Assessment Centre Services.

Ref: 1/2000/1

NA2004/301

Date In: 17/08/2020 19:25
Ref No: NBA/C1200858/Y
Veh No: SS 1516D
D.O.A: 17/08/2020 08:30

Job description

Date & Time Completed

Done by

OD / TP / Reporting Only

TP Insurer:

SAS e-filing

E-mail (Update Status, AIC Status)

I-Motor Claims Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Witness

Preferred Wksp / INC Assign Wksp / QW:

Tel:

Fax:

TP Particulars:

Veh No:

SS 2844J

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:

NA2004/301

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Eng-In-Charge):

Warranty:

Ref:

1) All: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (was 10 Jan 2009)

6) TR: Re-inspection \$75

7) NI: IDao DA+EMRT Survey \$160

8) NTUC Additional Services:

ON:

*NS: Courtesy Car / Tpt Allowance \$3

*NC: Repairs Coordination \$10

*NI: Post Repair Inspection \$25

*ND: DV / Collect Excess Coordination \$3

*TE (NI) / TP (Non INC) against D/G \$20

9) NI: IDao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

NA2004/301

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	17/08/2020 19:25
Date Of Accident	17/08/2020 08:30
Exact Location Of Accident	KJE TOWARDS TUAS (AFTER BRICKLAND ROAD EXIT 5)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1516D
Insured/Policyholder	
Name Of Registered Owner	MUTHIAH JAMUNARANI MRS SOMU JAMUNARANI
NRIC No	SXXXX492Z
Email Address	ARVIND.SOMU95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86922261
Alternative Phone No	OTHERS-92244192

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B170
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	DMPCSNA00016642001
Cover Note Number	

Driver

Name of Driver	ARVIND KANNAYA SOMU
NRIC No	SXXXX718B
Date Of Birth	12/10/1995
Occupation	INDOOR
Date Of Driving Pass	08/10/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86922261
Fax Number	
Contact Number	OTHERS-92244192
Email Address	ARVIND.SOMU95@GMAIL.COM

Address	BLK 361 WOODLANDS AVENUE 5 #09-426
Postcode	730361
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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	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)	2
Passenger 1	NAME: : SNEHA PALANIAPPAN GENDER: : FEMALE

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 AND ATTACHMENT

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	SGE2844J
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)

DETAILS OF INJURED PERSON 1

Name	ARVIND KANNAYA SOMU
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SJS1516D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

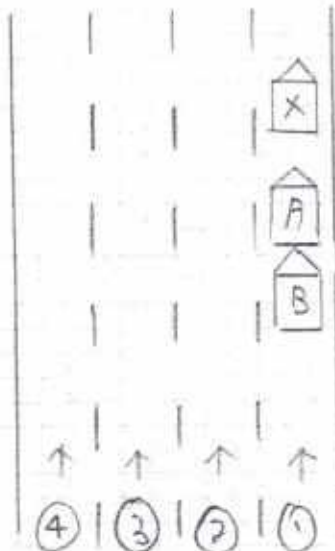
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Maikhan
Policyholder's Signature
Date & Time:

A. S. 1988
Driver's Signature
(If driver is not the policyholder)
Date & Time:

17/08/2020
Reporting Centre Personnel's Signature
Name: Resli
NRIC/FIN No.:

SKETCH PLAN



A = SJS 1516 D

B = SGE 2B44J

KJE towards Tuas
(After Brickland Road Exit 5)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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

Muthiah
Policyholder's Signature
Date & Time:

A 1597183
Driver's Signature
(If driver is not the policyholder)
Date & Time:

17/08/2020
Reporting Centre Personnel's Signature
Name: Keski
NRIC/FIN No:

On 17.08.2020 at about 08:30 hours along KJE towards Tuas (After Brickland Road Exit 5). I was travelling straight on lane 1 and the traffic was heavy, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SJS 1516D

Vehicle (B): SGE 2844J

A/S 5498B

Muthiah

can 17/08/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date: 17/08/2020 Time: 08:30 (hh:mm) 24 hr format	
Location KJE towards Tuas (After Brickland Road Exit 5)	
Vehicle Number SJS1516 D	
Insured Name Muthiah Jamunarani Mrs Soma Jamunarani	
NRIC / FIN S15124922	Contact Number 86922261
Make Mercedes Benz Model B170	
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting	
Insurance Company China Taiping	
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only	
Policy Number JMCPSNA00016642001	
Name of Driver Arvind Kannaya Soma () Same as Insured	
NRIC / FIN S9539718 B	Contact Number 92244192
Date of Birth 12/10/1995	
Driving Pass Date 08/10/2014	
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor	
Gender (<input checked="" type="checkbox"/>) Male () Female	
Email Address arvind.soma.95@gmail.com () NO EMAIL	
Address of Driver Blk 361 Woodlands Avenue 5	
A 09-426 SC730361	
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No	
If No, Relationship of the Driver with the Insured	
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling	
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 (<input checked="" type="checkbox"/>) Raining () Others	
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others	
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No	
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No	
If yes, injured detail Arvind Kannaya Soma Back Pain.	
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No	
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report	
DETAILS OF 3 rd party	Name / Nric Contact
Veh B SGE2844J	
Veh C	
Veh D	
Veh E	
Veh F	

Passenger: Sneha Palaniappan (F)



Motor Private Car

MX1E

R SN

AN0544A

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. DMPCSNA00016642001

Engine No.: 26694030555873
Chassis No.: WDD2452322J497384

1. Index Mark and Registration Number of Vehicle SJS1516D

AUTOSAFE

2. Name of Policy Holder MUTHIAH JAMUNARANI MRS SOMU JAMUNARANI

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 23/02/2020

4. Date of Expiry of Insurance 22/02/2021

Named Drivers Ex Sect. I \$S750.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25 \$S3,000.00
Ex Sect. I - Age >= 26 \$S500.00
* Age as at date of accident
EX ON WINDSCREEN \$S100.00

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. Exclusions 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 \$S1,000 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.: CAR HOUSE CAPITAL PTE 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Lim Lee Choo
Authorised Officer

Authorised Signatory