

NATIONAL Assessment Centre Services.

Date In: 11.13	Job description	Date & Time Completed	Done by
Ref No: 2168/17/20008443/4	SAS e-illing		
Veh No: SYK 13457	E-mail (5 days max, A/C 2 hrs)		
DOA: 24/08/2020 12.30	I-Motor Claims Form		
OD: 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/Witness		

Preferred Wkep / INC Assign Wkep / QW: ()		Toll:	Fax:
TP Particulars:	Veh No: <u>GBF 6536</u>	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: YRS () / NO ()		
Breass: (\$)	Loading: \$1,000 () / \$2,000 ()		

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice# YES () / NO () ; Towing Co: ()

Application for Transport Allowance		Application for Courtesy Car	
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$9000) ()			

Injury:

[illegible]

INVOICE INFORMATION		INVOICE DATES	
1) Alt: Accident Reporting (\$30)		Invoice dated	2/2/2
2) DA: Damage Assessment (\$100)	INC (\$10)	Invoice dated	
3) TT: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$110		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claimable against UNO Only (over 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: 1 day DA + SMRT Survey	\$160		
8) NTUC Additional Services			
OR:			
* NS: Courtesy Car / Tpl Allowance	\$3		
* NG: Repairs Coordination	\$10		
* NT: Post Repair Inspection	\$25		
* NI: DV / Collect Excess Coordination	\$3		
TE (NU): TP (NG) INC) against UNO	\$10		
2) With 1 day Mobile	\$30		
Fee Charged		Fee Charged	
Invoice dated		Invoice dated	

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	25/08/2020 11:13
Date Of Accident	24/08/2020 13:30
Exact Location Of Accident	SCOTTS ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1345Y
Insured/Policyholder	
Name Of Registered Owner	NEDUNCHERALATHAN S/O RAMAKRISHNA THEVAR
NRIC No	SXXXX464D
Email Address	PONNI1999@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92398559
Alternative Phone No	OTHERS-90612709

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	DMPCSNW00095582000
Cover Note Number	

Driver

Name of Driver	PONNI D/O NEDUNCHARALATHAN
NRIC No	SXXXX235I
Date Of Birth	18/10/1999
Occupation	INDOOR
Date Of Driving Pass	07/11/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92398559
Fax Number	
Contact Number	OTHERS-90612709
Email Address	PONNI1999@GMAIL.COM

Address	BLK 307 JURONG EAST STREET 32 #05-238
Postcode	600307
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	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)	2
Passenger 1	NAME: : SASITHAVAN GENDER: : MALE

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	GBF653K
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

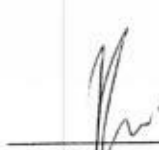
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

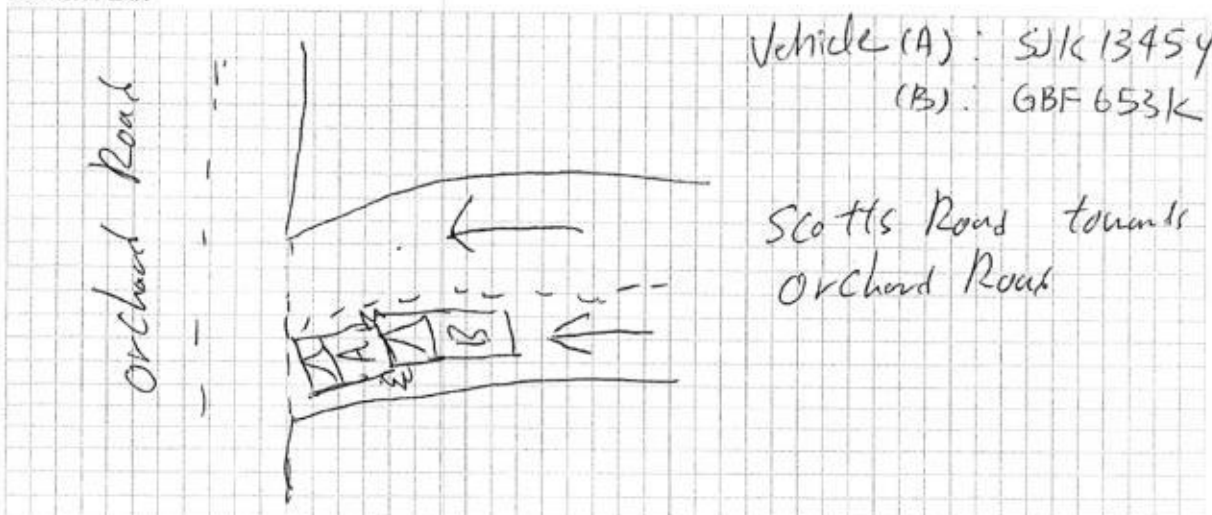


Driver's Signature
(If driver is not the policyholder)
Date & Time:



25/08/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Scotts Road towards Orchard Road. I came onto a complete stop on a give way road. After a few seconds, I felt a strong impact on the rear of my vehicle (A). I came down from my vehicle and notice vehicle (B) have collided onto the portion of my vehicle.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 24/08/2020	TIME: 1330 HRS	(hh:mm) 24 hrs Format
LOCATION: SCOTTS ROAD TOWARDS ORCHARD ROAD		
VEHICLE NUMBER: SJK 13454		
INSURED NAME: NEDUNCHERALATHAN S/O RAMAKRISHNA THEVAR		
NRIC / FIN: S21704640	CONTACT: 92398591	
MAKE: HONDA	MODEL: FIT	
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 Only		
INSURANCE COMPANY: CHINA TAIPING		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMPLSNW00095582000		
NAME DRIVER: PONNI D/O NEDUNCHARALATHAN () SAME AS INSURED		
NRIC / FIN: S99362351	CONTACT: 90612709	
DATE OF BIRTH: 19 OCT 1999		
DRIVING PASS DATE: 07 NOV 2019		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE		
EMAIL ADDRESS: ponni1999@gmail.com		() NO EMAIL
ADDRESS OF DRIVER: APT BLK 307 JURONG EAST STREET 32 #05-238 SINGAPORE 600307		
Number Of Passenger Include Driver: Sasitharan. (m). with DRIVER		
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 () Others		
Does The Driver Own Any Other Vehicle? : () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Other		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Other		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details:		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name/NRIC	No. of Paxs (incl'driver)
Veh B GBE 653K		() / Not Sure (<input checked="" type="checkbox"/>)
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()

Motor Private Car

MX1F

N SN

AN0420A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00095582000 Engine No.: L13A4126705
Cha. No.: GE61114164

1. Index Mark and Registration Number of Vehicle SJK1345Y AUTOSAFE

2. Name of Policy Holder NEDUNCHERALATHAN S/O RAMAKRISHNA THEVAR

3. Effective date of the Commencement of Insurance for the purpose of the Regulations, Ordinance or Enactment 28/07/2020 (12:07:20) Named Drivers Ex Sect. I S\$500.00
Ex Sect. I - Age <= 25 S\$3,000.00
Ex Sect. I - Age >= 28 S\$500.00

4. Date of Expiry of Insurance 27/07/2021 Additional Ex Other than Named Drivers:
EX ON WINDSCREEN S\$100.00
* Age as at date of accident

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. : MAYBANK SINGAPORE LIMITED 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).



Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory