

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA2004961

Date In: 16/09/2020 18:36	Job description	Date & Time Completed	Done by
Ref No: NA2004961	SAS e-illing		
Veh No: SMU 6961Y	E-mail (by date time, AIO time)		
D.O.A. 04/09/2020 16:00	1-Motor Claims Form		
OID TP / Reporting Only	1-Motor W/O (W/O: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Participant: Vch No: 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: _____

NA2004961		
Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$25	
QC Checked by (Engr-In-Charge):	4) PT: Yellow-Through Survey \$125	
	5) PT: Yellow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: IDAO DA + SMRT Survey \$140	
	8) NTUC Additional Services	
	OR:	
	• NI: Courtesy Car / Tpl Allowance \$3	
	• NI: Repairs Co-ordination \$10	
	• NI: Post Repair Inspection \$23	
	• NI: DV / Collect Unacc Coordination \$3	
	• NI: DV / Collect Unacc Coordination \$25	
	• NI: DV / Collect Unacc Coordination \$20	
	2) NI: IDAO 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	16/09/2020 18:36
Date Of Accident	04/09/2020 16:00
Exact Location Of Accident	376 THOMSON ROAD BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6961Y
Insured/Policyholder	
Name Of Registered Owner	MUKUND DAGA
NRIC No	SXXXX057Z
Email Address	DAGA.MUKUND@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84285468
Alternative Phone No	OTHERS-84285468

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLE300D AMG
Exact Purpose for which vehicle was being used at time of accident	GOING TO PARK

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

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MPC202000358CN

Driver

Name of Driver	MUKUND DAGA
NRIC No	SXXXX057Z
Date Of Birth	13/02/1987
Occupation	INDOOR
Date Of Driving Pass	22/07/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84285468
Fax Number	
Contact Number	OTHERS-84285468
Email Address	DAGA.MUKUND@GMAIL.COM

Address	BLK 376 THOMSON ROAD #28-02
Postcode	298130
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE 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

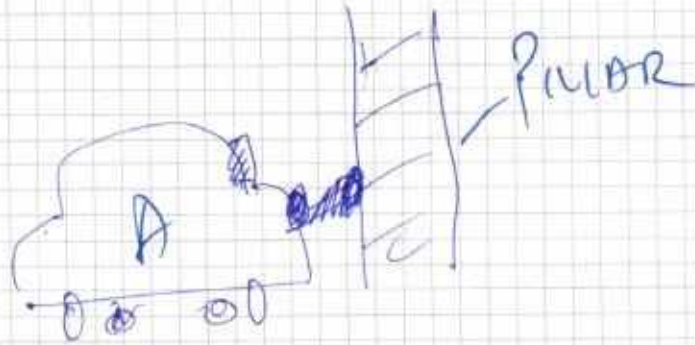
PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

376 Thompson Road BISHAM CARPARK
SM4 6961Y



While reversing the car; hit the pillar on the right side.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was taking out the car from the car park but misjudged the distance from the pillar. The car right side hit the pillar and there was a dent in the car. While I got the dent fixed, it was later found out that the plastic casing of the headlamp is also broken and is now not usable.

DECLARATION

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

MUKUND DAGA

Policyholder's Signature

Date & Time: 16/09/2020

Mukund Daga

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


SKETCH PLAN


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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: 16/01/2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/01/2020


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

ACCIDENT STATEMENT

ACCIDENT DATE: (04/09/2020) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: 376 THOMSON ROAD #28-02 SINGAPORE 298130

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMV6961Y
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MERCEDES GLF 300D AMG
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO PARK (ELP)
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MUKUND DAGA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S87760572 CONTACT: 84285468
c) ADDRESS: 376 THOMSON ROAD #28-02 SINGAPORE 298130

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUKUND DAGA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S87760572 CONTACT: 84285468
c) ADDRESS: 376 THOMSON ROAD #28-02 SINGAPORE 298130

* d) DATE OF BIRTH: (13/02/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/07/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PILLAR MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email = daga.mukund@gmail.com
VIDEO

MOTOR COVER NOTE

ORIGINAL

COVER NOTE NO.: MPC202000358CN

AGENT CODE: BR0128A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	MUKUND DAGA
MAKE/MODEL OF VEHICLE	Mercedes Benz GLE300D AMG
YEAR OF MANUFACTURE	2019
YEAR OF REGISTRATION	2020
ENGINE NO.	65492080394801
CHASSIS NO.	WDC1671192A036900
ENGINE CAPACITY/TONNAGE	1950
TYPE OF COVER	Comprehensive
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM:25/08/2020 TO:24/08/2021
EXCESS	Named Drivers Ex Sect. I : S\$750.00
AUTHORISED WORKSHOPS	NO
HIRE PURCHASE CO.	MAYBANK SINGAPORE LIMITED AS HP OWNER

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)

Not valid unless counter signed by Authorised Agent CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

G&M PTE LTD

Agent Name & Date

Authorised Signature

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customer

Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

* IMPORTANT NOTICE: THIS COVER NOTE IS VALID FOR 30DAYS FROM 24-08-2020