

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

NA4420083363

Date In: 24/09/2020 17:08	Job description	Date & Time Completed	Done by
Ref No: NAB1177200102927	SAS e-filing		
Veh No: GBF 3110R	E-mail (Vehls 2hrs, AIC 2hrs)		
D.O.A. 23/09/2020 15:40	1-Motor Claims Form		
(1) TP Reporting Only	1-Motor W/O (Withins: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wreck / INC Assgn Wreck / QW: (Tel:	Fax:
TP Incident/Type:	Veh No: SH 60965	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 repairer.

() 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 > \$9000] ()		

Injury: _____

NA2005109	Driver/Owner:	1) Alt: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:		3) TT: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):		4) PT: Yellow-Through Survey	\$110
		5) PT: Yellow-Through Survey (Resurvey)	\$30
		6) TT: Yellow-Through Survey (Resurvey)	\$30
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2/2

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	24/09/2020 17:08
Date Of Accident	23/09/2020 15:40
Exact Location Of Accident	BUKIT TIMAH ROAD TOWARDS SERANGOON ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3110R
Insured/Policyholder	
Name Of Registered Owner	GUARDIAN FACILITY SERVICES PTE LTD
Co Reg No	2XXXXX822D
Email Address	PPRASADKUMAR82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91776844
Alternative Phone No	OFFICE-91776844

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNA0006407
Cover Note Number	

Driver

Name of Driver	CHANDIRAN PRASATHKUMAR
NRIC No	GXXXX254T
Date Of Birth	02/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91776844
Fax Number	
Contact Number	OTHERS-91776844
EEmail Address	PPRASADKUMAR82@GMAIL.COM

Address	226 TEMBELING ROAD
Postcode	423714
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20200924/7023

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	SH6096S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	CHANDIRAN PRASATHKUMAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBF3110R
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.

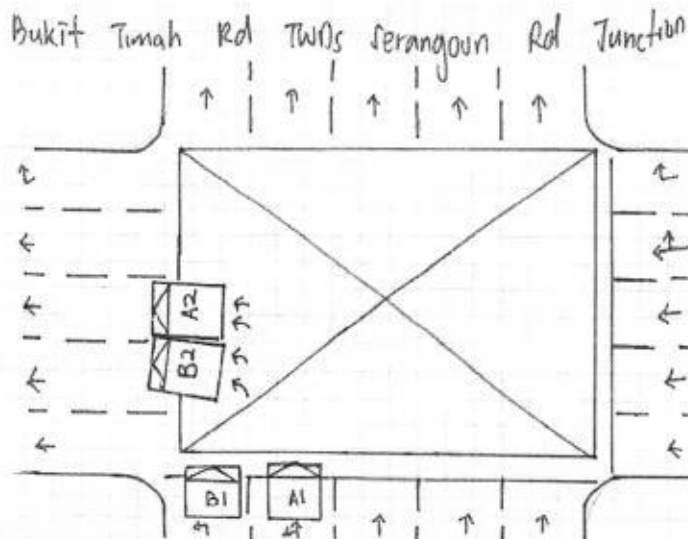


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Vehicle A - GBF3110R
Vehicle B - SH6096S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (GBF3110R) was travelling along at the stated location. As traffic light turning green, I turned left to Serangoon Rd. Suddenly, vehicle B (SH6096S) cut into my lane and collided onto the left portion of my vehicle causing damages.

POLICE REPORT A/20200924/7023

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.:

24/09/2020
Kosli Wataras

Date of Accident

23/09/2020 Accident Time: 1540hrs (24-HR-FORMAT)

Accident Place

Bukit Timah Rd TWOs Serangoon Rd Junction

Vehicle Reg. No (Car plate No.)

GBF 3110R Vehicle Make/Model: Nissan NV350

Insurance Company

China Taiping Policy No. DM CVSNA00064072003

Name of Registered Owner

Company/Individual Guardian Facility Services PTE-LTD.

ID of Registered Owner

Co Reg No: 201178220 Owner's NRIC No: -

Co Contact No: 9177 68 44 Owner's Contact No: -

DRIVER'S Name

Chandiran Prasathkumar DRIVER'S NRIC No: 479312547

DRIVER'S Date of Birth

02 Jun 1978 DRIVER'S License Pass Date: 01 Nov 2016

Relationship bet. Owner & Driver

Spouse / Parents / Child / Sibling / Employed / Others: -

DRIVER'S Address

226 Tembeling Rd Singapore 423714

DRIVER'S Contact No. / Alt No.

1) 9899 2048 2) -

DRIVER'S Occupation

INDOOR / OUTDOOR (eg: working inside or outside of an org)

Email Address

pprasadkumar82@gmail.com

Weather & Road Surface

CLEAR & DRY / RAINING & WET AFTER RAIN & WET

Reporting Type

Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver):

01

Passenger Name: -

Gender: M/F

Was the accident reported to the police? YES / NO

Passenger Name: -

Gender: M/F

Was there any video Captured by car camera? YES / NO

Any Injuries: YES

Injured Name: Chandiran Prasathkumar

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No:

SH60965

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No:

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:



SINGAPORE POLICE FORCE



A/20200924/7023

1 of 2

POLICE REPORT (NP299)

Report No. A/20200924/7023

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 24/09/2020 15:36	Vide Report No.	Station Diary No.
Name Of Informant CHANDIRAN PRASATHKUMAR	Address	
ID Type / ID No. FIN NO / G7931254T	Contact No. Home/Office: Mobile: 98992048	
Nationality INDIAN	Email Address pprassdkumar82@gmail.com	
Occupation Safety Manager	Sex Male	Age 42
Institution/School Name	Date of Birth 02/06/1978	Race Indian
Date/Time Of Incident 23/09/2020 15:30	Location Of Incident SERANGOON ROAD	

Brief details.

On the above mentioned date and time, I was driving my company van, GBF3110R, along Bukit Timah Road towards Bugis Direction.

I was travelling along the 2nd lane from the left, which could Turn Left to Serangoon Road and go straight to Sungei Road. I slowed down when approaching the junction and signalled left.

I was turning into the Third Lane from the left of Serangoon Road when suddenly there was a huge impact from the left portion of my vehicle. My vehicle shook violently to my right and caused my head to

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2020 15:36
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20200924/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200924/7023

hit against the driver door window.

I alighted to realise that SH6096S had collided into my vehicle when it swerved into my vehicle from the 2nd lane from the left.

Initially I only felt abit of giddiness due to the impact to my head but the next morning, I started feeling soreness over my right sided neck and back areas as well.

I went to my company doctor at Unihealth Clinic (Bedok) for treatment and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2020 15:36
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Motor Commercial

MZ300/C

R SN

AN0633A

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.

DMCVSNA00064072003

Engine No.: YD25405277A

Cha. No.: JN1MC2E26Z0007104

1. Index Mark and Registration
Number of Vehicle

GBF3110R

2. Name of Policy Holder

GUARDIAN FACILITY SERVICES PTE LTD

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

30/08/2020

Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

29/08/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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.*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : HONG LEONG FINANCE 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: Chua Suat Lay Sally
Authorised Officer


Authorised Signatory