

# NATIONAL Assessment Centre Services. Just a Joke! MNAS00088486

Date In: 09/10/2000 17:08	Job description	Date & Time Completed	Done by
Ref No: N130/07709104014	SAS e-illing		
Veh No: GBC 8630 P	E-mail (Update this, A/C this)		
O.O.A. 08/10/2000 08:40	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (With: OD this, TP this)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Vex/ Hand to Owner/VLien		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 2M 2817M	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%; F: 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: VRS ( ) / NO ( ) ; Towing Co: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$5000) ( )		

Injury: \_\_\_\_\_

NA2005365

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee	\$125
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$125
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: 1 Day DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI): TP (NA INC) against D/G	\$10
	3) NI: 1 Day Mobile	\$30
	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	09/10/2020 17:08
Date Of Accident	08/10/2020 08:40
Exact Location Of Accident	COMMONWEALTH AVE WEST BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8630P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJA'S ROJAK TRADING ENTERPRISE
Co Reg No	5XXXX847E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84358560
Alternative Phone No	OFFICE-84358560

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	DMCVSNW00019152000
Cover Note Number	

### Driver

Name of Driver	PITCHAI RAJAN
NRIC No	SXXXX618I
Date Of Birth	11/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84358560
Fax Number	
Contact Number	OTHERS-84358560
Email Address	NOEMAIL

Address	BLK 351 WOODLANDS AVENUE 1 #05-721
Postcode	730351
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	CHAIN COLLISION
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	3
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201009/7010

#### 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	SMT2817M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN5887E  
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)

#### DETAILS OF INJURED PERSON 1

Name PITCHAI RAJAN  
Approximate Age  
Injuries Sustain BODY PAIN  
Injured person in which vehicle? GBC8630P  
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.

RAJA'S ROJAK TRADING ENTERPRISE  
53401847E

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

Common Whorlly Ark With B/F German Ark 6



A GBL 8630 P

B SMT 2817 m

CYN 5887 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20201009/7010

## DECLARATION

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

RAJA'S ROJAK TRADING ENTERPRISE

53401847E

Policyholder's Signature \_\_\_\_\_

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

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

NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28/10/2020	TIME: 08:40	(hh:mm) 24 hrs Format
LOCATION Commonwealth Ave West Before Clementi Ave 6		
VEHICLE NUMBER GBC 8630P		
INSURED NAME RAJA'S RAJAK TRADING ENTERPRISE		
NRIC / FIN 53401847E	CONTACT: 8435 8560	
MAKE TOYOTA	MODEL DYNA	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only		
INSURANCE COMPANY CHINA TAIPIING		
TYPE OF POLICY ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMCVSNW/00019152000		
NAME DRIVER: PITCHAI RAJAN		( ) SAME AS INSURED
NRIC / FIN S21936181	CONTACT: 8435 8560	
DATE OF BIRTH: 11-12-1967		
DRIVING PASS DATE: 14-09-1995		
OCCUPATION: ( ) INDOOR ( / ) OUTDOOR		
GENDER: ( / ) MALE ( ) FEMALE		
EMAIL ADDRESS:		( / ) NO EMAIL
ADDRESS OF DRIVER: BLK 351, WOODLANDS AVE 1 #05-721, S(730351)		
Number Of Passenger Include Driver: 1		
Was driver an employee of the Insured's Company? ( / ) YES ( ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
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 ( / ) Raining ( ) Drizzling ( ) Others		
Road Surface : ( ) Dry ( / ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO		
Was Anybody Injured In The Accident? ( / ) YES ( ) NO		
If YES, Injured details: PITCHAI RAJAH ( BODY )		
Convey By Ambulance: ( ) YES ( / ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( / ) NO		
Was There Accident Reported To The Police? ( ) YES ( / ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver) Contact
Veh B SMT 2817 M		( ) / Not Sure ( )
Veh C YN 5887 E		( ) / Not Sure ( )
Veh D		( ) / Not Sure ( )
Veh E		( ) / Not Sure ( )
Veh F		( ) / Not Sure ( )
Veh G		( ) / Not Sure ( )



# SINGAPORE POLICE FORCE



T/20201009/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20201009/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2020 15:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PITCHAI RAJAN			Address: 351 WOODLANDS AVENUE 1 #05-721 SINGAPORE 730351		
ID Type / ID No.: NRIC NO / S21936181			Contact No.: Home/Office: Mobile: 84358560		
Nationality: SINGAPORE CITIZEN			Email: rajanpitchai808@gmail.com		
Sex: Male	Age: 52	Date of Birth: 11/12/1967	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2020 08:40	Type of Location: Straight Road
Location:  COMMONWEALTH AVENUE WEST				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC8630P	Lorry					0
SMT2817M	Car					0
YN5887E	Lorry					0





**SINGAPORE  
POLICE FORCE**



T/20201009/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20201009/7010

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PITCHAI RAJAN	ID No.	S2193618I
Related Vehicle	GBC8630P (Lorry)	Contact No.	84358560
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/10/2020	Date	09/10/2020
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the above date and time, I was travelling along Commonwealth Ave West towards Clementi Ave 6. My vehicle was stationary on the middle lane of 3 lanes as the traffic was red. Suddenly, I felt an impact from my right. I alighted and realised that vehicle YN5887E from lane 1 had skidded and collided onto the rear of vehicle SMT2817M that caused it to collide onto my vehicle.

On 9th October 2020, I went to Intemedical 24 Hr Clinic to seek treatment and was given 4 days MC.

I am doing this report for insurance claim purpose only.



**SINGAPORE  
POLICE FORCE**



T/20201009/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201009/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
09/10/2020 15:06

Classification Of Case:





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ309 C

N SN

ANONZAR

Car Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSW03019153500	Engine No.	1KD352 064
		Chassis No.	121FA730P19153500
1. Index Mark and Registration Number of Vehicle	GBC665DP	AUTOSAFE	
2. Name of Policy Insurer	RAJA'S ROJAK TRADING ENTERPRISE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18/03/2020	Excess Set-Off	\$8500.00
		EX ON WAIVER	\$4100.00
4. Date of Expiry of Insurance	17/03/2021		

#### 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 towing a trailer except the towing of any one disabled mechanically propelled vehicle

HIRE PURCHASE CO : HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Section 95 of the Road Transport Act 1967 (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 185) and Part IV of the Road Transport Act, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: NSK INSURANCE AGENCY  
Authorised Officer:

Authorized Signatory