

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA 120091875

Date In: 20/12-15:00	Job description	Date & Time Completed	Done by
Ref No: MA 10722011378724	SAS e-filing		
Veh No: G8B95954	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/12-18:20	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5JE9266X	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 ( )	

General Remarks:-
( ) 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: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: _____
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Date/Time	Actions

1220526	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
at 1:	Invoice dated	Fee Charged	
at 2/3:	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	20/10/2020 15:00
Date Of Accident	18/10/2020 18:20
Exact Location Of Accident	UPP THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9095H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAI SHEN YE PTE LTD
Co Reg No	2XXXXX179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMCVSNW00061242000
Cover Note Number	

### Driver

Name of Driver	PANNEERSELVAM MUTHAMIZHAN
Passport No/FIN	GXXXX495R
Date Of Birth	06/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2020
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93906954
Fax Number	
Contact Number	OFFICE-93906954
Email Address	NOEMAIL

Address	21 TOH GUAN ROAD EAST #09-22G TOH GUAN CENTRE
Postcode	608609
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	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?	
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: : KANNAN 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

REFER TO STATEMENT.

#### 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	SJE9266X
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)



## SKETCH PLAN

### IMPORTANT NOTICE

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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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not policyholder)

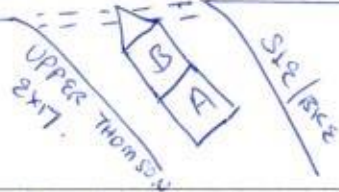
Date & Time:

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

# SKETCH PLAN

UPPER THOMSON ROAD

VEHICLE  
A: GBB9095H  
B: SJE9266X



ON THE STATED DATE, TIME AND LOCATION, I WAS TRAVELLING ON THE SLIP ROAD. ALL OF A SUDDEN VEHICLE "B" STOPPED AND I COULDN'T STOP IN TIME AND COLLIDED ONTO VEHICLE "B" REAR.

## DECLARATION

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

Policyholder's Signature  
Date & Time:



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

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18 / 10 / 2020 (dd/mm/yy) Time of Accident: 18 : 20 (24-HR-FORMAT)

Vehicle No.: GBB9095H Vehicle Make & Model: NISSAN URVAN

Exact location of Accident: UPPER THOMSON RD

Policyholder's Name/ IC No.: CAI SHEN YE PTE LTD

Driver's Name/ IC No.: PANNEERSELVAM MUTHAMIZHAN A2026495R (As Above) ☐

Driver's Contact No.: 9390 6954 Company Contact No.: 9296 6086

Driver's Address: 21 TOH Guan Rd TOH Guan Centre-9-22 S608609

Insurance Company: CHINA TAIPING Email address (if any): JOHN.PYJ@HOTMAIL.COM

#### Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: DRIVER

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☐ Other Vehicle (The one you want to claim against) ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use/ ☒ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: KANNAN Gender: MALE

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☐ Yes/ ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: \_\_\_\_\_

#### The Other Party(s) Details:

1. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No.: SJ29266X

Driver's Contact No.: \_\_\_\_\_ Insurance Company (if any): \_\_\_\_\_

2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No.: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (if any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



Motor Commercial

MZ300/C

N SN

AN0597A

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.

DMCVSNW00061242000

Engine No.: ZD30255755K

Cha. No.: JN1MG4E25Z0793917

1. Index Mark and Registration  
Number of Vehicle

GBB9095H

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

CAI SHEN YE PTE. LTD.

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

17/07/2020  
(14:07:08)

Excess Sect I. SS500.00  
EX ON WINDSCREEN. SS100.00

4. Date of Expiry of Insurance

16/07/2021

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. : HITACHI CAPITAL ASIA PACIFIC 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: SG MOTOR TRADER PTE LTD  
Authorised Officer

  
Authorised Signatory