

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] NA972CA000C

Date In: 10/12/05-12:31	Job description	Date & Time Completed	Done by
Ref No: NA/C22013665/24	SAS e-filing		
Veh No: XJ9044R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/11/05-16:45	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JX2473A	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 :

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

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 Submission	10/12/2020 12:31 (SGT)
Date of Accident	23/11/2020 16:45 (SGT)
Exact Location of Accident	Canning Rise, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YJ9044R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YISHUN TOWING PTE LTD
Company Reg No	2XXXXX908W
Email Address	sandyow@yishuntowing.com
Mobile Phone No	(Phone) +65-64588480
Alternative Phone No	(Office) +65-64588480

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Ftr33f
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMCVSNW00022232001
Cover Note Number	-

DRIVER

Name of Driver	RADHAKRISHNAN RAJAMANI
Passport No/FIN	GXXXX916P
Date Of Birth	29/01/1985
Occupation	Outdoor

Date Of Driving Pass	06/11/2014
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-84645411
Alt. Phone Number	-
Email Address	sandyow@yishuntowing.com
Address	4015 ANG MO KIO INDUSTRIAL PARK 1
Address complement	#01-502 ANG MO KIO INDUSTRIAL PARK 1
Postcode	569631
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SKZ4733A
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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 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.

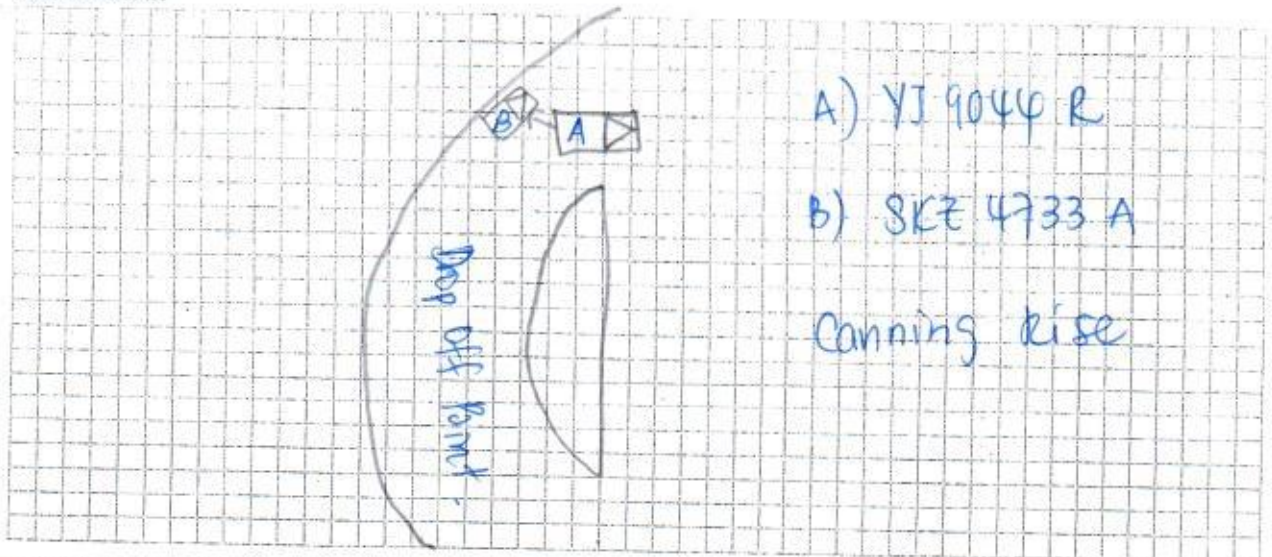


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at the exit of Canning Rise (Drop Off point). Suddenly my lorry rolled backwards and collided onto vehicle B.

R. [Signature]

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Singapore Accident Statement

Accident Date & Time: 23/11/2020 @ 1645hrs	
Accident Location: Canhing Rise	
Vehicle Number: YJ 9044R	Make/Model: 18424 FTR33F
Policyholder Name: Yishun Towing Pte Ltd	
NRIC: 200106908 W	Mobile: 64588480
Email: sandyow@yishuntowing.com	
Insurance Company: China Tai Ping	
Policy Number: DMCV8NW00022232001	Policy Period: 01/04/2020 - 31/03/2021
Policy Coverage: Comprehensive() Third Party(✓) Third Party Fire & Theft()	
State Action Taken: Claim Own Policy() Claim Third Party() Reporting Only(✓)	
Driver Name: Radhakrishnan Rajamani	
NRIC: 67667916 P	Mobile: 84645411
Date Of Birth: 24.01.1985	Driving Pass Date: 06/11/2014
Gender: Male(✓) Female()	Occupation: Indoor() Outdoor(✓)
Address: B1K 4015 Ang Mo Kio Ind. Park 1 #01-502 S'569631	
Is 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() Hirer()	
Weather Conditions: Clear() Raining(✓) Others()-	
Road Surface: Dry() Wet(✓) Others()-	
Was any foreign vehicle involved in this accident? Yes() No(✓)	
Was anybody injured in the Accident? Yes() No(✓)	
Was there any video captured by Car Camera? Yes() No(✓)	
Number of Passengers (Including Driver):	
Insured's Passenger Name :	
1.	
2.	
3.	
4.	
Was the accident reported to the police? Yes() No() Attach Police Report, if any	
3rd Party Name:	
Vehicle Number: SKZ 4733 A	Make & Model: Honda Jazz
NRIC:	Mobile:
Witness Details (If any):	



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

MZ301/C

R SN

AN0478A

Cov. Type:T

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.

DMCVSNW0002232001

Engine No.: 6HH1263519

Cha. No.: JALFTR33FV3000082

1. Index Mark and Registration
Number of Vehicle

YJ9044R

2. Name of Policy Holder

YISHUN TOWNG PTE LTD

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

01/04/2020

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

31/03/2021

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes

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 racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

* 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



Issued By: INSURE HUB PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory