

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

Date In: 15/12/2020 10/12	Job description	Date & Time Completed	Done by
Ref No: N/A/C11200/38154	SAS e-illing		
Veh No: GBE 3769X	E-mail (by date time, AIC time)		
OD: 14/12/2020 09:25	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Witness		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Vch No: SMN 34356 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: _____

Date/Time: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$170
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC Additional Services:	
	OD:	
	*NI: Courtesy Car / Tpl Allowance	\$5
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI) / TP (Non-INC) w/glass break	\$20
	2) NI: Idea Mobile	\$0
	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 Submission	15/12/2020 10:12 (SGT)
Date of Accident	14/12/2020 07:25 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	BEFORE CLEMENTI LOOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE3769X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACEMECH SERVICES PTE LTD
Company Reg No	2XXXXX646D
Email Address	subramanian@acemech.com.sg
Mobile Phone No	(Phone) +65-91317421
Alternative Phone No	+65-91317421

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00100182005
Cover Note Number	-

DRIVER

Name of Driver	MUTHU KARUPPIAH SUBRAMANIAN
Passport No/FIN	GXXXX391X

Date Of Driving Pass	03/07/2014
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91317421
Alt. Phone Number	-
Email Address	subramanian@acemech.com.sg
Address	1, BUKIT BATOK CRESCENT
Address complement	#06-08 WCEGA PLAZA
Postcode	658064
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN3435G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ213X
Vehicle Manufacturer -
Vehicle Model -
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUTHU KARUPPIAH SUBRAMANIAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK AND BACK PAIN
Injured person in which vehicle? GBE3769X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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:

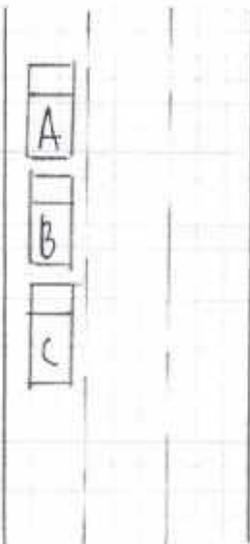
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

14/12/2020
Kestli

SKETCH PLAN

Clementi
Ave 6
before
Clementi
loop



- (A) SBE 3769X
- (B) SMN 34356
- (C) SLQ 213X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.12.2020 at about 07:25hrs, I was travelling along Clementi Ave 6 before Clementi Loop. Upon reaching the traffic junction, I slow down & stop. While waiting, all of a sudden, I felt an hard impact from the rear. Then I realized a vehicle smn 24356 had collided onto my rear. Total 3 vehicle involved in the accident.



DECLARATION

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

 Policyholder's Signature

Date & Time:

u. m
 Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/12/2020
 Reporting Centre Personnel's Signature
 Name: *Wesley*
 NRIC/FIN No.:

JULIE

Date of Accident : 14.12.2020 Accident Time: 07:25hr (24-HR-Format)

Accident Place : Clementi Ave 6 Before Clementi Loop

Vehicle No. (Car Plate No.) : SBE 3769X Make/Model: Toyota Kyna 3.0M

Insurance Company : Offina Tarping Policy No:

Owner or Company Name /IC No. : Acemech Services Pte Ltd (2009036460)

Owner or Company Contact No. : 6795 8598 Owner's Hp Company Tel

DRIVER'S Name / IC No. : Muthu Karupiah Subramanian

DRIVER'S Date Of Birth : 28.05.1989 DRIVER'S License Pass Date 03/07/2014

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: employee

DRIVER'S Address : 1, Bukit Batok Crescent #06-08 WCEFA Plaza S(658064)

DRIVER'S Contact No./ Alt No. : 1) 9131 7421 2)

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside of outside office)

Email Address : Subramanian@acemech.com.sg

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): Driver only

Was there any video Captured by car camera: YES NO

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

Any Injury (If YES) Pls state): Neck Back Pain

Other Party Driver's Particular (if any)

Vehicle No: SMN 34356 (NTUC)

Vehicle No: SLQ 213X

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Commercial

MZ300/C

R SN

AN0397A

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, 1956 (Malaysia)

CERTIFICATE No.	DMCVSNW00100182005	Engine No.: 1KD2555295 Cha. No.:KDY2318021551
1. Index Mark and Registration Number of Vehicle	GBE3769X	AUTOSAFE *****
2. Name of Policy Holder	ACEMECH SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/11/2020	Excess Sect 1. S\$500.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of insurance	19/11/2021	

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.

* 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: _____
INDEX AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	646D

Vehicle Details

Vehicle No.:	GBE3769X
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0 M
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	1KD2555295
Chassis No.:	KDY2318021551
Maximum Power Output:	-
Open Market Value:	\$30,159.00
Original Registration Date:	18 Nov 2015
First Registration Date:	18 Nov 2015
Transfer Count:	1
Actual ARF Paid:	\$1,508.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Nov 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$41,264.00
COE Rebate Amount:	\$20,139.00
Total Rebate Amount:	\$20,139.00

The information contained herein is correct as at 14 Dec 2020

OK