

NATIONAL Assessment Centre Services.

part 1 Jan 2002

200200002

Date In: 20/12/2001 10:58
Ref No: NPA/C1720014175/7
Veh No: SDR 59997
D.O.A: 19/12/2001 14:05

Job description

Date & Time Completed

Done by

OD TP Reporting Only

TP Insurer:

SAS e-filing

E-mail (Adjuster, A/C Clerk)

I-Motor Claim Form

I-Motor W/O (Within OD limit, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

STA 2007M

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 of Injury:

Time of Injury:

Location:

Weather:

Other:

Notes:

Signature:

Date:

Time:

Location:

Weather:

Other:

Notes:

Signature:

Date:

Time:

Location:

Weather:

Other:

Notes:

Signature:

Date:

Time:

Location:

Weather:

Other:

Notes:

N/A 2100167

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Sign-In-Charge):

Assessor's Comments:

Ref. 1:

2 / 3

1) ALT Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP: Towing Fee \$120

4) PT: Follow-Through Survey \$30

5) PT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: Idea DA + SMRT Survey \$160

8) NIUC Additional Services

OD:

*NS: Courtesy Car / Tpl Allowance \$3

*NS: Repairs Coordination \$10

*NS: Post Repair Inspection \$25

*NS: DV / Collect Excess Coordination \$3

TE (NIUC) / TP (NIUC) against DAG \$30

NIUC Mobile

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Amount
Paid

Amount

Amount

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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	21/12/2020 10:55 (SGT)
Date of Accident	19/12/2020 14:05 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR5999T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RANJAN VASHI VASWANI
NRIC No	SXXXX525E
Email Address	ranjan.vaswani@icloud.com
Mobile Phone No	(Phone) +65-98178951
Alternative Phone No	+65-98178951

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00179292000
Cover Note Number	-

DRIVER

Name of Driver	RANJAN VASHI VASWANI
NRIC No	SXXXX525E

Date Of Driving Pass	28/03/2000
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98178951
Alt. Phone Number	+65-98178951
Email Address	ranjan.vaswani@icloud.com
Address	41 GREENLEAF VIEW
Address complement	-
Postcode	279280
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Clear
Road Surface	Dry

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

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA2509M
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOSEPH LIOW WANG WU
NRIC No	SXXXX597B
Contact Number	(Phone) +65-96565439
Address	-
Address complement	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

21/12/20

0947h

Sketch Plan

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

HOLLAND ROAD B/F BLOOM VISTA

Witnessed by Reporting Centre Personnel

21/12/2020

A) SDR 5999T

B) SJA 2509m

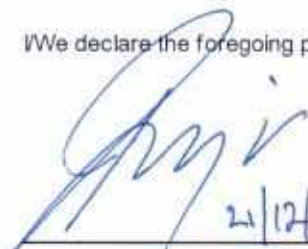


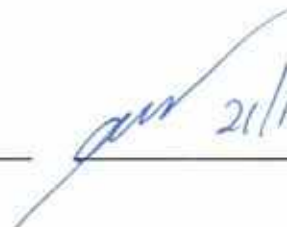
Describe Circumstances of the Accident

AS PER ATTACHED

Declaration

We declare the foregoing particulars are true in every respect.


21/12/20
0947h

 21/12/2020

Accident with 3rd Party

Details of 3rd Party

Name	Joseph Lio Wang Wu
NRIC	S6875597B
Address	7 Pine Grove #07-03 Astor Green Singapore 597592
Mobile	96565439
Vehicle Number	SJA2509M (Kia SUV; Red)

Reported by:

Name	Ranjan Vashi Vaswani
NRIC	S7228525E
Address	41 Greenleaf View Singapore 279280
Mobile	98178951
Vehicle Number	SDR5999T (Volvo SUV; Dark Grey)

Occurrence:

On 19th Dec 2020 at approximately 2:05pm as I was driving on the right most lane along Holland Road nearing the junction with North Buona Vista Road, I felt that my car was struck on the passenger side. It turned out that it was struck by the 3rd party who was traveling on the middle lane.

The 3rd-party and I proceeded to a nearby bus stop bay to inspect the damage. The 3rd-party proceeded to apologise to me for the accident.

The damage mostly involved scrapping of the car paint (subject to thorough inspection). The damage to my car as follows (highlighted by the yellow box):



Car 21/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2020 (DD/MM/YYYY), TIME: 14:05 (HH:MM)

LOCATION: Holland Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDR5999T
b) INSURANCE COMPANY: CHINA TAIPIING
c) POLICY NUMBER: DMPCSNW00179292000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VOLVO XC60
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: RANJAN VASHI VASWANI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7228525E CONTACT: 98178751
c) ADDRESS: 41 GREENLEAF VIEW S 279280

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR PRADH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 13/07/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28 MAR 2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJA2509M MODEL: KIA
b) DRIVER'S NAME: JOSEPH LIOW WANG WU
c) NRIC/FIN/PASSPORT: S6875597B CONTACT: 96565439

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: ranjan.vaswani@gmail.com
VIDEO

Motor Private Car

MX1E

N SN

BR0128A

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. DMPCSNW00179292000

 Engine No.: B4204T71150739
 Cha. No.: YV1DZ47HBE2518218

1. Index Mark and Registration Number of Vehicle SDR5998T

 AUTOSAFE
 =====

2. Name of Policy Holder RANJAN VASHI VASWANI

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 12/12/2020 (00:00:00)

Named Drivers Ex Sect. I	S\$750.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	S\$3,000.00
Ex Sect. I - Age >= 26	S\$500.00
* Age as at date of accident	
EX ON WINDSCREEN	S\$100.00

4. Date of Expiry of Insurance 11/12/2021

5. Persons or Classes of Persons entitled to drive*

- (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his 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:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.
 The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.
 Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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: G&M PTE LTD
 Authorised Officer


 Authorised Signatory