

NATIONAL Assessment Centre Services. SM 09212 F000R

Date In: 15/12/21 17:46	Job description	Date & Time Completed	Done by
Ref No: MAL CTZ 2100 214164	SAS e-filing		
Veh No: GBB 2015 K	E-mail (within 2hrs, AIC 2hrs)		
IP A: 12/2/21 12:10	I-Motor Claim Form		
() 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/Wksp		

Prof/Intrud Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SHD 2966P. 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 rep/dep.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

<p>NA 2101655</p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Engr-In-Charge): _____</p> <p>Author's Comments: _____</p> <p>Cal. 1: _____</p> <p>2/3: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>30</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$80)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>540/545</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2" style="text-align: center;">For claiming against INC Only (w/c 10 Jan 2022)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idao DA + EMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpt Allowance</td> <td>53</td> </tr> <tr> <td> *NG: Repair Co-ordination</td> <td>510</td> </tr> <tr> <td> *NI: Post Repair Inspection</td> <td>325</td> </tr> <tr> <td> *NB: DV / Collect Excess Coordination</td> <td>53</td> </tr> <tr> <td> TP (Nil) / TP (Non INC) against INC</td> <td>520</td> </tr> <tr> <td>9) Nil: Idao Mobile</td> <td>30</td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30)	30	2) DA: Damage Assessment (\$100)	INC (\$80)	3) TP: Towing Fee	540/545	4) FT: Follow-Through Survey	\$120	5) FT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (w/c 10 Jan 2022)		6) TR: Re-inspection	\$75	7) NI: Idao DA + EMRT Survey	\$160	8) NTUC Additional Services:		*NS: Courtesy Car / Tpt Allowance	53	*NG: Repair Co-ordination	510	*NI: Post Repair Inspection	325	*NB: DV / Collect Excess Coordination	53	TP (Nil) / TP (Non INC) against INC	520	9) Nil: Idao Mobile	30
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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 15/02/2021 17:46 (SGT)
Date of Accident 12/02/2021 12:10 (SGT)
Exact Location of Accident 139 Bishan Street 12, Block 139, Singapore 570139
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2015K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BEACH CRICKET WORLDWIDE PTE LTD
Company Reg No -
Email Address devaraajan76@gmail.com
Mobile Phone No (Phone) +65-90019646
Alternative Phone No +65-90019646

VEHICLE PARTICULARS

Manufacturer LandRover
Model Defender
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00080272002
Cover Note Number -

DRIVER

Name of Driver VELAPPAN S/O DEVARAAJAN
NRIC No SXXXX942D
Date Of Birth 14/11/1976
Occupation Indoor

Date Of Driving Pass	01/12/1999
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90019646
Alt. Phone Number	-
Email Address	devaraajan76@gmail.com
Address	185 HAIG ROAD #01-05
Address complement	-
Postcode	438782
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

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	SHD2866P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SUI SEE TECK
NRIC No	SXXXX523I

Contact Number (Phone) +65-91294620
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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' 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.

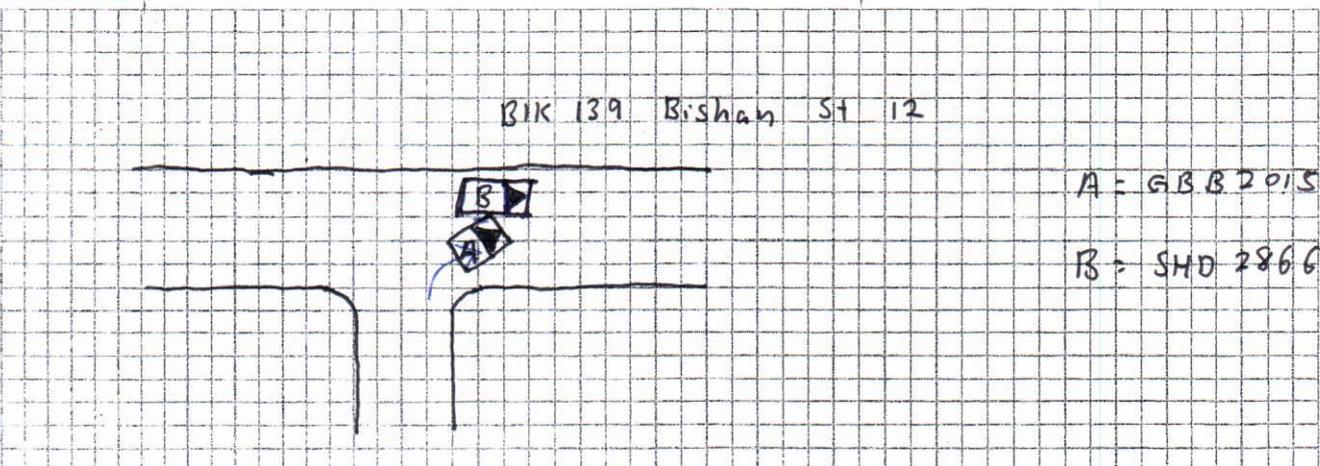
Velappa 15/02/2021
Policyholder's Signature / Date &
Time 13:39

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

H

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

- At 12:10 I was turning right into Carpark @ Bishan St 12 (Blk 139)
- while turning right, my left part of the vehicle clipped the (SHD 2866 P)
- Pls see enclosed video & picture attached.

Declaration

We declare the foregoing particulars are true in every respect.

 15/02/2021
Policyholder's Signature / Date & Time
13:39

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



Witnessed by Reporting Centre Personnel

Motor Commercial

MZ300/C

R SN

AN0450A

Cov. Type:F

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. DMCVSNW00080272002

Engine No.: 080707050802244DT

Cha. No.:SALLDVAS79A767132

1. Index Mark and Registration Number of Vehicle GBB2015K
2. Name of Policy Holder BEACH CRICKET WORLDWIDE PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 08/09/2020
4. Date of Expiry of Insurance 07/09/2021

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. : WSJ CREDIT PTE LTD AS HP OWNER

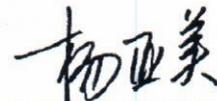
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: _____ INXPIRE N SOLUTIONS
Authorised Officer



Authorised Signatory

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 02 / 2021) (DD/MM/YYYY), TIME: (12 : 10) (HH:MM)

LOCATION: Carpark (Blk B39, Bishan Street 12)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 2015K
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Land Rover (Defender)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Visiting
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: VELAPPAN S/O DEVARAJAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7670942 D CONTACT: 90019646
c) ADDRESS: 185 #01-05 Hain Road
Singapore 438782

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: VELAPPAN S/O DEVARAJAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7670942 D CONTACT: 90019646
c) ADDRESS: 185 #01-05 Hain Road
Singapore 438782

*d) DATE OF BIRTH: (14 / 11 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SHD 2866P MODEL: Toyota Camry
b) DRIVER'S NAME: SUI SEE Teck
c) NRIC/FIN/PASSPORT: S 76295231 CONTACT: 91294620

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)

(2)

/
F

* No of passenger
(including driver)

(1)

* No of passenger
(including driver)

()

* attached video

Email =

devarajan 76@gmail.com

send by today

fax =

email

video = Yes