

NATIONAL Assessment Centre Services. SM 09212H000

Date In: 17/12/21 14:19	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ 21002249/44	SAS e-filing		
Veh No: SCH 168Y	E-mail (within 8hrs, AIC 2hrs)		
IPDA: 31/1/21 15:00	I-Motor Claim Form		
<input checked="" type="checkbox"/> TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Profitted Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **Auto Gate** 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%; F: 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/Non-INC/Other)

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

Injury: _____

Damage Details:

<p>NA2101748</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Assessor's Comments:</p> <p>Est. 1:</p> <p>2/3:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td style="text-align: right;">30</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td style="text-align: right;">180</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td style="text-align: right;">340/345</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td style="text-align: right;">\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td colspan="2" style="text-align: center;">For claiming against INC Only (w/c 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td style="text-align: right;">\$75</td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td style="text-align: right;">\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpt Allowance</td> <td style="text-align: right;">\$3</td> </tr> <tr> <td> *NG: Repair Co-ordination</td> <td style="text-align: right;">\$10</td> </tr> <tr> <td> *NJ: Post Repair Inspection</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td> *NI: DV / Collect Excess Coordination</td> <td style="text-align: right;">\$3</td> </tr> <tr> <td> TP (NI1) : TP (Non INC) against INC</td> <td style="text-align: right;">\$20</td> </tr> <tr> <td>9) NI2: Idao Mobile</td> <td style="text-align: right;">\$0</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)	180	3) TP: Towing Fee	340/345	4) FT: Follow-Through Survey	\$120	5) FT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (w/c 10 Jan 2003)		6) TR: Re-inspection	\$75	7) NI: Idao DA + SMRT Survey	\$160	8) NTUC Additional Services:		*NS: Courtesy Car / Tpt Allowance	\$3	*NG: Repair Co-ordination	\$10	*NJ: Post Repair Inspection	\$25	*NI: DV / Collect Excess Coordination	\$3	TP (NI1) : TP (Non INC) against INC	\$20	9) NI2: Idao Mobile	\$0
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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 17/02/2021 14:19 (SGT)
Date of Accident 31/01/2021 15:00 (SGT)
Exact Location of Accident 16 Rasok Dr, Singapore 737959
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCH168Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ROSHAN SINGH S/O SARDARA SINGH
NRIC No SXXXX711J
Email Address MON@SHINESEC.COM.SG
Mobile Phone No (Phone) +65-96216722
Alternative Phone No +65-96216722

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Beetle
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00111752001
Cover Note Number -

DRIVER

Name of Driver ROSHAN SINGH S/O SARDARA SINGH
NRIC No SXXXX711J
Date Of Birth 24/08/1965
Occupation Indoor

Date Of Driving Pass	12/02/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96216722
Alt. Phone Number	+65-96216722
Email Address	MON@SHINESEC.COM.SG
Address	16 rasok drive
Address complement	-
Postcode	737959
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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

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	AUTO GATE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
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	ROSHAN SINGH S/O SARDARA SINGH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SCH168Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

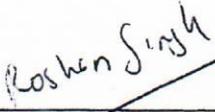
SKETCH PLAN

IMPORTANT NOTICE

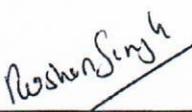
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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:

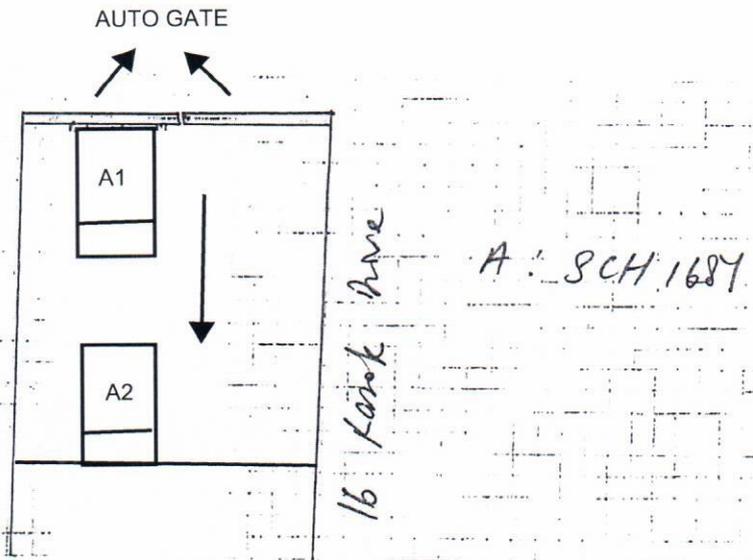


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AFTER SEATED INTO THE CAR I BEGIN TO START THE ENGINE AND PREPARE TO MOVE OFF. SUDDENLY, THE CAR JERKED AND MOVE BACKWARDS AND HIT THE AUTO GATE. THEN THE VEHICLE BOUNCED BACK FROM THE GATE AND HIT THE FRONT.

DECLARATION

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

Roshan Singh

Policyholder's Signature
Date & Time:

Roshan Singh

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

[Signature]

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

Motor Private Car

MX1E

R SN

AN0592A

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)

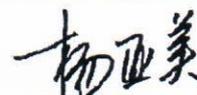
CERTIFICATE No.	DMPCSNW00111752001	Engine No.: CBZK15343	Cha. No.:WVWZZZ16ZGM608134
1. Index Mark and Registration Number of Vehicle	SCH168Y	AUTOSAFE	=====
2. Name of Policy Holder	ROSHAN SINGH S/O SARDARA SINGH		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/08/2020	Named Drivers Ex Sect. I	S\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
		Ex Sect. I - Age >= 26	S\$500.00
4. Date of Expiry of Insurance	26/08/2021	* Age as at date of accident	
		EX ON WINDSCREEN .	S\$100.00
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.		
HIRE PURCHASE CO. : SPEEDO CAPITAL 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: WINNIE SOO SIEW WAH
 Authorised Officer



Authorised Signatory

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 31-01-2021 (DD/MM/YY) Time: 18:00 hrs (HH:MM)
Exact location of accident	16 RASOK DRIVE SC737959

Details of vehicle

Vehicle registration number	SCH1684		
Vehicle make and model	Volkswagen Beetle		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input type="checkbox"/>	Reporting only <input type="checkbox"/>	

Insurance information

Insurance company	China TP
Policy number	SMPCSNW00111752001
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Roshan Singh s/o Sarolara Singh Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1699711
Contact	9631 6722
Address	16 Rasok Drive Singapore 737959

Driver

Same as insured above (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	mon@shinesec.com.sg	
Date of birth	24 Aug 1965	
Occupation	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>
Driving date pass	12 Feb 1993	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	ROSHAN SINGH S/O SARDARA SINGH
Injuries sustained	BODY
Which vehicle person in?	SCH168Y
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>