

# NATIONAL Assessment Centre Services. (part 1 Jan'03)

Date In: 03/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/RTI21002871/13	SAS e-filing		
Veh No: XB 91646	E-mail (within 3hrs, AIC 2hrs)		
DTA: 21/03/21 1345	I-Motor Claim Form		
OT: 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/Wk312		

Preferred Wsep / INC Assign Wsep / GW: (		Tel: (	Fax: (
TP Particulars:	Veh No: SKR82154	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 repolter.

( ) 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	Action

NA2101898	Invoice #	Invoice Date	Invoice Time	Invoice By
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)		
Contact No:	3) TP: Towing Fee	\$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey	\$120		
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection	\$75		
	7) NI: Idno DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	ON:			
	*NS: Courtesy Car / Tpt Allowance	\$5		
	*NG: Repair Co-ordination	\$10		
	*NT: Post Repair Inspection	\$25		
	*NB: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N11) against INC	\$20		
	9) N12: Idno 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	03/03/2021 14:44 (SGT)
Date of Accident	21/02/2021 15:45 (SGT)
Exact Location of Accident	Bedok South Ave 1, Singapore
Additional Location Information	X-JUNC OF MARINE PARADE RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9164G
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV517P2RDEB
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	DMCVSNW00020682001
Cover Note Number	-

#### DRIVER

Name of Driver	SOMASUNDARAM KARTHIKESAN
Passport No/FIN	GXXXX654N
Date Of Birth	05/11/1983
Occupation	Outdoor

Date Of Driving Pass	14/01/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86204849
Alt. Phone Number	-
Email Address	SANDYOW@YISHUNTOWING.COM
Address	BLK 4015 AMK IND PARK 1
Address complement	#01-502
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	Collision - Change/cross lane
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

PLS REFER TO THE ATTACHED 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	SKR8215U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW KIM ON
NRIC No	SXXXX124I
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

### 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.

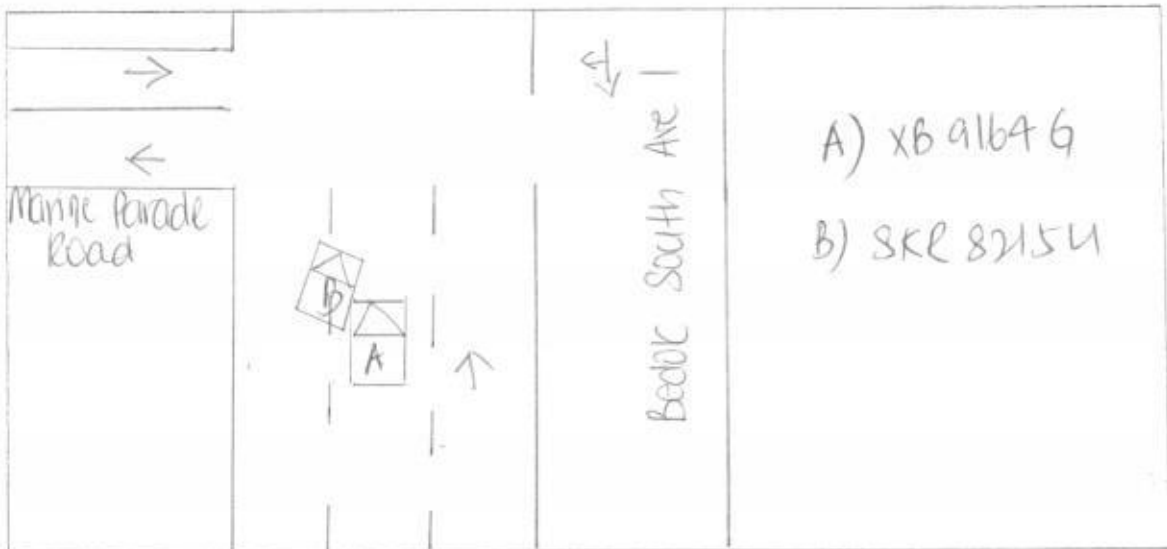


Policyholder's Signature  
Date & Time:

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

I was travelling on the center lane of Bedok South Ave I towards Marine Parade Road.

Upon reaching the junction, vehicle B suddenly cut into my lane, I applied my brake however the collision could not be avoided.

DECLARATION

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



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.:



## Singapore Accident Statement

Accident Date & Time: 21/2/2021 15.45	
Accident Location: Bedok South Ave 1 x Marine Parade Road	
Vehicle Number: XB 9164 G	Make/Model:
Policyholder Name: Yishun Towing Pte Ltd	
NRIC: 200106908W	Mobile: 64588480
Email: sandyow@yishuntowing.com	
Insurance Company: China Tai Ping	
Policy Number: DMCVSNW00020682007	Policy Period:
Policy Coverage: Comprehensive( ) Third Party(✓) Third Party Fire & Theft( )	
State Action Taken: Claim Own Policy( ) Claim Third Party( ) Reporting Only(✓)	
Driver Name: Somasundaram Karthikesan	
NRIC: G2247654 N	Mobile: 86204849
Date Of Birth: 05.11.1983	Driving Pass Date: 25/10/2019
Gender: Male(✓) Female( )	Occupation: Indoor( ) Outdoor(✓)
Address: Blk 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 <u>foreign vehicle</u> 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: Chew Kim On	
Vehicle Number: SKL 8245U	Make & Model: Toyota Altis
NRIC: S0168124 I	Mobile:
Witness Details (If any):	

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.	DMCVSNW00020682001	Engine No.: 6D24350209	Cha. No.: FV517PA00360
1. Index Mark and Registration Number of Vehicle	XB9164G		
2. Name of Policy Holder	YISHUN TOWING PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/03/2020	Excess Sect. II	S\$1,000.00
4. Date of Expiry of Insurance	29/03/2021		
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