

Date In: 08/03/2021 18:13	Job description	Date & Time Completed	Done by
Ref No: NBA/CT/2003060/4	SAS e-Milling		
Veh No: 915H 7044	E-mail (e-jala @irs, AIC @irs)		
D.O.A: 05/03/2021 16:20	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (With: OD @irs, TP @irs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Box / Hand to Owner / Wksr		

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

TP Insurer: Vch No: **SAC 2015** INC () / Non-INC () Tel: ()

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 ()

Deductible: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO Refor of reporter.

() 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 > \$9000] ()

Injury: _____

XIA2101692

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TP: Re-inspection	\$160
Additional Comments:	7) NI: IDA + SMRT Survey	
	8) NTUC Additional Services	
Date:	9) NI: Courtesy Car / Tpl Allowance	\$3
	10) NI: Repair Coordination	\$23
Date:	11) NI: Post Repair Inspection	\$3
	12) NI: DV / Call of Losses Coordination	\$23
	13) TP (NI) / TP (Non-INC) @ Police D/G	\$0
	14) NI: IDA Mobile	

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	08/03/2021 18:13 (SGT)
Date of Accident	05/03/2021 16:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS AFTER KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7104Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DOUBLE-TRANS PTE LTD
Company Reg No	1XXXXX888E
Email Address	viknesh@samco.com.sg
Mobile Phone No	(Phone) +65-92371490
Alternative Phone No	(Office) +65-64812518

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	DMCVSNA00008852101
Cover Note Number	-

DRIVER

Name of Driver	RAJU SARAVANAN
Passport No/FIN	FXXXX749W

Date Of Driving Pass	19/11/2007
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92371490
Alt. Phone Number	-
Email Address	viknesh@samco.com.sg
Address	BLK 947 JURONG WEST ST 91 #11-647
Address complement	-
Postcode	640947
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 - Head to Rear
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	VELLAISAMY KARTHICK
Gender	Male

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	SGK20B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

SKETCH PLAN

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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:

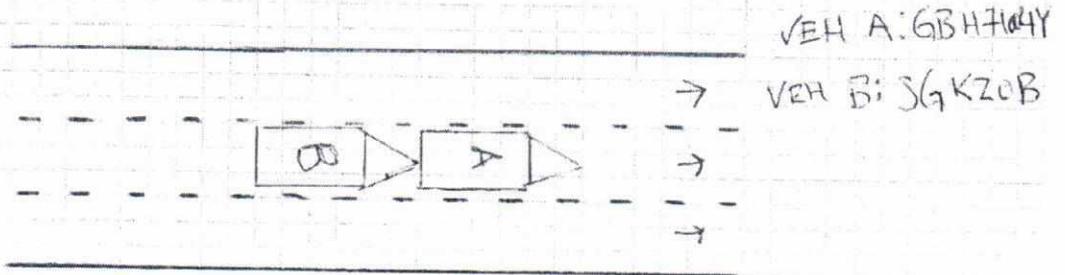
R. S. J.

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

[Signature] 28/03/2021

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

SKETCH PLAN



PIE Towards Tuas After KPE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 05/03/21 16:20

Accident Location : PIE towards Tuas After KPE

On the above stated date and time, I VEH A GBH7104Y was travelling along PIE towards Tuas after KPE. The vehicle in front of me slowed down. I slowed down too. I then felt a huge impact on my vehicle rear portion. I stopped and alighted to check and found out that VEH B SGK20B did not managed to stop in time and collided into my vehicle rear portion.

Reporting Only Own Damage Third Party Claim at other workshop (OD/TP)

DECLARATION

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

* IMPORTANT NOTE: You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim) there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.



Policyholder's Signature
Date & Time:

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

[Signature] 08/03/2021
Reporting Centre Personnel's Signature
Name: Resdi
NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05/03/21 (dd/mm/yy) Time of Accident: 16:20 (24-HR-FORMAT)
Vehicle No.: GBH7104Y Vehicle Make & Model / Engine (cc): Nissan NV200 Private Hire: (Y/N)

Exact location of Accident: PIE towards TUAS after KPE

Policyholder's Name / IC No.: DOUBLE-TRANS PTE LTD

Driver's Name / IC No.: RAJU SARAVANAN F8106749W (As Above)

Driver's Contact No.: 92371490 Company Contact No / Owner Contact No: 6481 2518

Driver's Address: 947 JURONG WEST ST 91 #11-647 SPORE (640947)

Owner Email address: VIKNESH@SAMCO.COM.SG Insurance Company: China Taiping

Driver Email address: viknesh @ samco .com - sg

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Employee

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

***No. of Passengers (Including Driver):** 02

*Passanger Name: VELLAISAMY KARTHICK / G8843665U

Gender: MALE

*Passanger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGK20B

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Motor Commercial

MZ300C

R SN

BR0057A

Cov. Type C

CERTIFICATE OF INSURANCE
 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1976 (Malaysia)

CERTIFICATE No.	DMCVSNA00068852101	Engine No. K9KE0280426235	
		Chassis No. VSKYBAM20Z0157852	
1. Make, Model and Registered Number of Vehicle	GBH7104Y		
2. Name of Policy Holder	DOUBLE-TRANS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/01/2021 (00 00 00)	Excess Sect I	\$5500.00
4. Date of Expiry of Insurance	31/12/2021	EX ON WINDSCREEN	\$5100.00
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. - OBS BANK 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			

陳保險經紀私營有限公司
 TAN INSURANCE BROKERS PTE LTD
 3A/5A Aljwal Street, Chenn Leonn Building
 Singapore 199896
 www.tib.com.sg
 Tel: (65) 6742 6766 Fax: (65) 6742 6669

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 Tan Jia Hwei
 Authorised Officer



Authorised Signatory