

NATIONAL Assessment Centre Services

Part 1 Jan 09

SN092140004

| | | | |
|-------------------------------|--|-----------------------|---------|
| Date In: 30/4/21 15:25 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CTI 2005333/V | SAS e-filing | | |
| Veh No: SLB 29055 | E-mail (within 2hrs, A/C 2hrs) | | |
| ICLA: 30/4/21 08:20 | I-Motor Claim Form | | |
| OD: TP: <u>Reporting Only</u> | 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/Whse | | |

| | | |
|--|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: Smu 2753 | 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: (|

| | | |
|---|-----------------------|---------|
| Remarks: (INC to QW: 07/01/2019) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

| |
|-----------|
| Injury: (|
|-----------|

| |
|--------------|
| Date/TIME: (|
| |
| |
| |
| |

| | | | |
|---|-------------------------------|-------------|------------|
| NA 2102 759 | Invoice Preparation Checklist | Amount (\$) | Value (\$) |
| 1) AR: Accident Reporting (\$30); | | | |
| 2) DA: Damage Assessment (\$100); INC (\$30) | | | |
| 3) TP: Towing Fee | | \$40/\$45 | |
| 4) PT: Follow-Through Survey | | \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) | | \$30 | |
| For claiming against INC Only (wef 10 Jan 2003) | | | |
| 6) TR: Re-inspection | | \$75 | |
| 7) NI: Idao DA + SMRT Survey | | \$160 | |
| 8) NTUC Additional Services: | | | |
| QD: | | | |
| *NS: Courtesy Car / Tpt Allowance | | \$3 | |
| *NG: Repair Co-ordination | | \$10 | |
| *NT: Post Repair Inspection | | \$25 | |
| *NB: DV / Collect Excess Coordination | | \$3 | |
| TE (N11): TP (Non INC) against INC | | \$20 | |
| 9) N12: Idao Mobile | | \$0 | |
| Invoice dated | Fee Charged | | |
| Invoice dated | Fee Charged | | |

| |
|---------------------------------|
| Claimant's Particulars: |
| Driver/Owner: |
| Contact No: |
| Damaged Portion: |
| QC Checked by (Engr-In-Charge): |
| Auditors Comments: |
| Sat. 1: |
| |



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 | 30/04/2021 15:25 (SGT) |
| Date of Accident | 30/04/2021 08:20 (SGT) |
| Exact Location of Accident | West Coast Rd. Singapore |
| Additional Location Information | JALAN MAS KUNING |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLB2905S |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | KSB INTEGRATED SERVICES PTE LTD |
| Company Reg No | - |
| Email Address | PROJECT@KSBINTEGRATED.COM |
| Mobile Phone No | (Phone) +65-91872715 |
| Alternative Phone No | +65-91872715 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | Private car |
| Transmission | Auto |
| CC | 1800 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | DMPCSNW00079052000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | PANNEERSELVAM SHANMUGARAJA |
| NRIC No | GXXXX427M |



| | |
|--|----------------------------------|
| Date Of Birth | 10/05/1987 |
| Occupation | Indoor |
| Date Of Driving Pass | 03/06/2011 |
| Driving experience | 9 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82674934 |
| Alt. Phone Number | - |
| Email Address | PROJECT@KSBINTEGRATED.COM |
| Address | BLK 123A RIVERVALE DRIVE #16-127 |
| Address complement | - |
| Postcode | 541123 |
| 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 | 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

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 | SMU275J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

Describe Circumstances of the Accident

The Vehicle A was coming out from the bus stop when ~~Vehicle B~~ I suddenly ~~heard or~~ felt a impact on my front right hand side. & I had collided onto vehicle B left portion.

Declaration

We declare the foregoing particulars are true in every respect.



P. Chait
30/04/2021.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IMPORTANT NOTICE

- (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.

Witnessed by Reporting Centre
Personnel

A: SLB29055
B: smu2755

West Coast road

Motor Private Car

MX1W

N SN

AN0642A

Cov. Type F

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00079052000

Engine No.: 1ZZ2607753

Cha. No.: ZNE100312652

1. Index Mark and Registration
Number of Vehicle

SLB2950S

2. Name of Policy Holder

KSB INTEGRATED SERVICES PTE LTD

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment

15/07/2020

4. Date of Expiry of Insurance

14/07/2021

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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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 Private Car/Parallel Imported Models Only).

* 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: INSURANCE 1 AGENCIES PTE LTD
Authorised Officer

Authorised Signatory

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 4 / 24) (DD/MM/YYYY), TIME: (8 : 20) (HH:MM)

LOCATION: West Coast road Jalan mas kuning

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB29055
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota wish
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9187 2715
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 4 CONTACT: 9187 2715 8267 4934
c) ADDRESS: 31h 123A rivervale drive #16-127
541123
*d) DATE OF BIRTH: () (DD/MM/YYYY)
e) OCCUPATION: INDOOR OUTDOOR
f) YEARS OF DRIVING EXPERIENCE: _____

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: Smu275J MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = Project @ hsbintegrated.com

fax =

video = NO