

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

SW092154000B

Date In: 4/5/21 18:26	Job description	Date & Time Completed	Done by
Ref No: NA/C9121005449/V	SAS e-filing		
Veh No: GU2229B	E-mail (within 3hrs, AIC 2hrs)		
TPA: 315121	I-Motor Claim Form		
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

TP Insurer:

Preferred Wksp / INC Assign Wksp / OW: (

Tel: (

Fax: (

TP Particulars:

Veh No: SHD 1687X

INC () / Non-INC ()

Tel: (

Owner / Driver: (

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 67884616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/TIME:

Actions:

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Signature:

Date:

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100);	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claimant against INC Only (wef 10 Jan 2003)		
6) TR: Re-Inspection	\$75	
7) N1: Idau DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repole Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collat Excess Coordination	\$3	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idau Mobile	\$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA2102801

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	04/05/2021 15:26 (SGT)
Date of Accident	03/05/2021 20:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	BEFORE JUNCTION OF ANG MO KIO AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU 2229B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RSK LOGISTICS PTE LTD
Company Reg No	-
Email Address	MG3SOLUTION@GMAIL.COM
Mobile Phone No	(Phone) +65-86826272
Alternative Phone No	+65-86826272

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00126862000
Cover Note Number	-

DRIVER

Name of Driver	NARAYANASAMY KARTHIKEYAN
Work Permit No	GXXXX795U

Date Of Birth	30/03/1984
Occupation	Outdoor
Date Of Driving Pass	04/12/2019
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86826272
Alt. Phone Number	-
Email Address	MG3SOLUTION@GMAIL.COM
Address	156 MACPHERSON ROAD PSL INDUSTRIAL BUILDING #10-01
Address complement	-
Postcode	348528
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	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	SHD1687X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)

.....

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

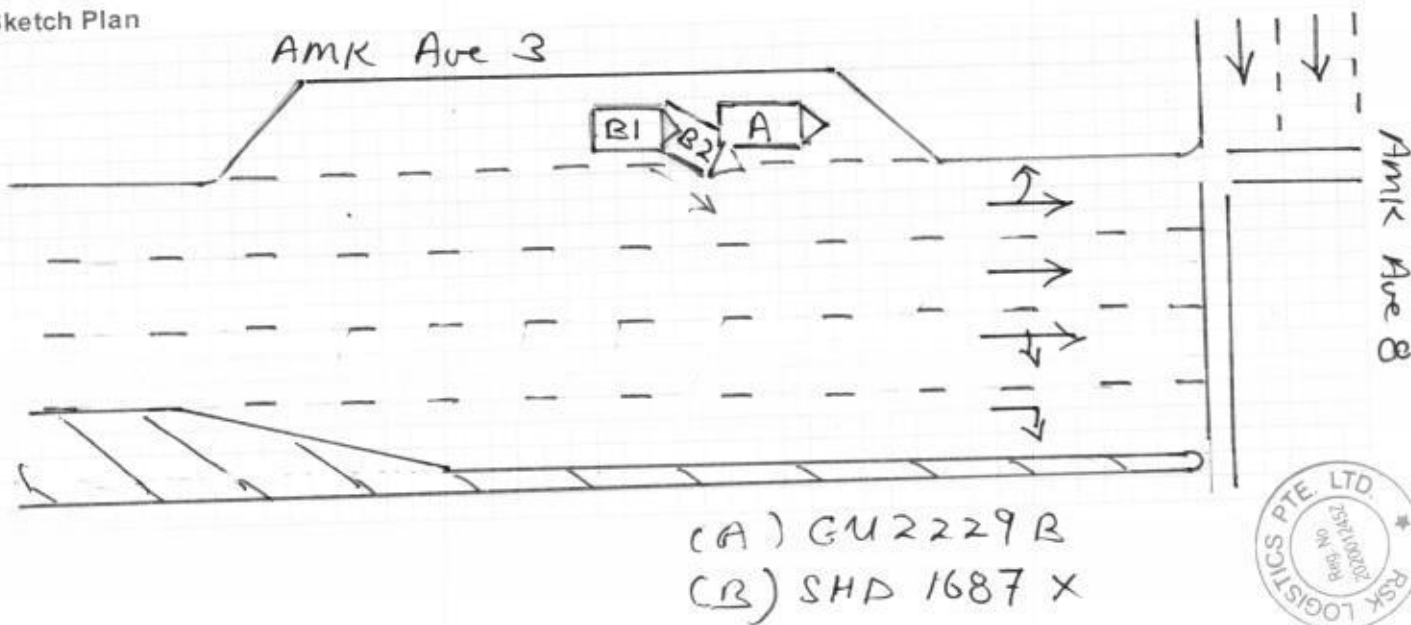
N. K. S. S. S.

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) GU2229B

(B) SHD 1687 X



Describe Circumstances of the Accident

On 03/05/2021 at about 2040 hrs at along Ang Mo
Kio Ave 3 before junction of Ang Mo Kio Ave 8. My
vehicle was stationary parked on the left side of the
above mentioned road while waiting for my friend.
Suddenly I felt a great impact from the Rear and
when I alighted, I realised that it was Vehicle (B)
who hit onto my Rear Right Portion of my vehicle (A)
causing damages to my vehicle.

(A) GU 2229 B

(B) SHD 1687 X



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

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



Witnessed by Reporting Centre
Personnel

Motor Commercial

MZ300/C

N SN

AN0621A

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.

DMCVSNW00126862000

Engine No. ZD30269490K

Cha. No. JN1MG2E25Z0760390

1 Index Mark and Registration
Number of Vehicle

GU2229B

AUTOSAFE

2 Name of Policy Holder

RSK LOGISTICS PTE LTD

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

08/01/2021
(00:00:00)

Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4 Date of Expiry of Insurance

07/01/2022

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. CREATIVE AUTO LEASING PTE LTD

* 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

IMOTOR INSURE
Authorised Officer

Authorised Signatory

Pls email to
mgs3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date:	03/05/2021	Time:	2040hrs	(hh:mm) 24 hr format
Location	Along Ang Mo Kio Avenue 3 before Junction of Ang Mo Kio Avenue 8			
Vehicle Number	GU 2229B			
Insured Name	RSK Logistics Pte Ltd			
NRIC / FIN	202001245Z	Contact Number	8682 6272	
Make	Nissan	Model	Urban Panel SWB 3.0	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	China Taiping			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	DMCVSNW00126862000			
Name of Driver	Narayanansamy karthikeyan () Same as Insured			
NRIC / FIN	G62437954	Contact Number	8682 6272	
Date of Birth	30/03/1984			
Driving Pass Date	04/12/2019			
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address	(/) NO EMAIL			
Address of Driver	156 Macpherson Road #10-01 PS Industrial Building Singapore 348528			
Was 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				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? () Yes (/) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric		Contact
Veh B	SHD 1687X			
Veh C				
Veh D				
Veh E				
Veh F				

1 person including driver