

NATIONAL Assessment Centre Services.

Page 1 Jan 2003

SN0821670005

Date In: 07/06/2021 15:44	Job description	Date & Time Completed	Done by
Ref No: N/A/C722006852/4	SAS e-illing		
Veh No: GBE 1904Y	E-mail (Sjula 3hrs, AIC 3hrs)		
D.O.A: 05/06/2021 11:20	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SBG 427	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 ()	

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

() 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	Location	Notes

NA2103081

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TR: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$35
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$35
	TP (NI) : TP (Can INC) against TRC	\$20
	9) N12: Idas 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	07/06/2021 15:44 (SGT)
Date of Accident	05/06/2021 11:20 (SGT)
Exact Location of Accident	Lavender St, Singapore
Additional Location Information	TOWARDS KALLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6904Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AGPG ASIA PTE LTD
Company Reg No	2XXXXX460E
Email Address	harie_1287@yahoo.com
Mobile Phone No	(Phone) +65-82228124
Alternative Phone No	+65-82227443

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00016642100
Cover Note Number	-

DRIVER

Name of Driver	HARIDAS S/O GUNALAN
Passport No/FIN	GXXXX595R

Date Of Birth	12/02/1987
Occupation	Outdoor
Date Of Driving Pass	11/02/2011
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82227443
Alt. Phone Number	-
Email Address	harie_1287@yahoo.com
Address	BLK 305 YISHUN CENTRAL #11-163
Address complement	-
Postcode	760305
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?	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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210606/2011

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	SBG42T
Vehicle Manufacturer	Nissan
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HARIDAS S/O GUNALAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	GBF6904Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

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.



Policyholder's Signature / Date & Time

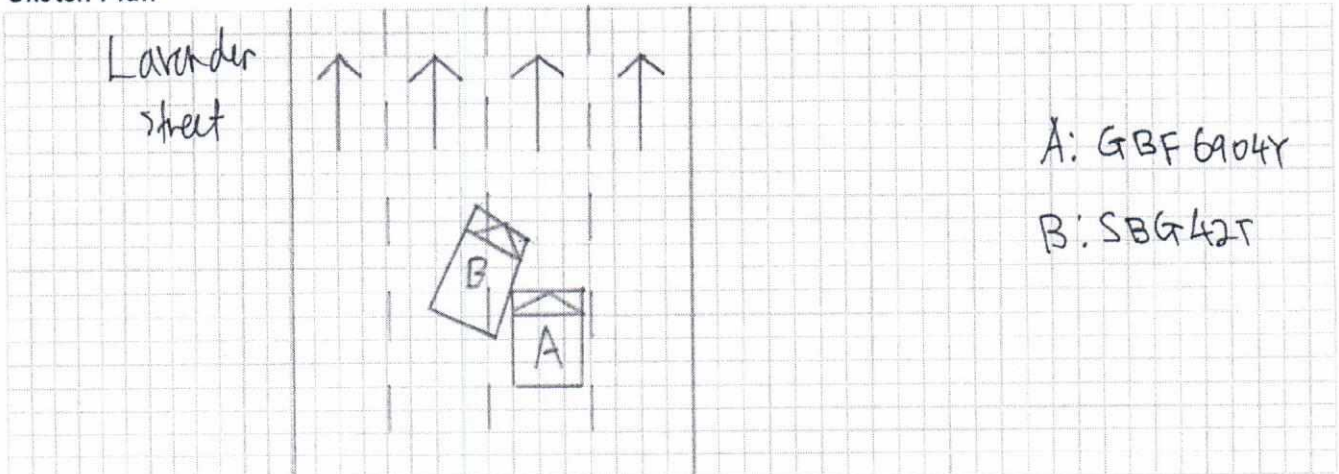
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A: GBF 6904Y

B: SBG 42T

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report 7/20210606/2011

Declaration

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

07/06/2021

Date of Accident : 05/06/2021 Accident Time: 11:20 (24-HR-Format)
 Accident Place : Lavender Street towards Kallang Road
 Vehicle No. (Car Plate No.) : GBF6904Y Make/Model: Toyota Hilux 3-0m
 Insurance Company : CHINA TAIPING Policy No: DMCUSNW 0016642100
 Owner or Company Name /IC No. : AGPG ASIA PTE LTD (201133460E)
 Owner or Company Contact No. : 8222 8124 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : HARIDAS A/L GUNALAN G8117595R
 DRIVER'S Date Of Birth : 12/02/1987 DRIVER'S License Pass Date 11/02/2011
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: _____
 DRIVER'S Address : 305 Yishun Central #11-163 S(760305)
 DRIVER'S Contact No./ Alt No. : 1) 8222 7443 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : harie_1287@yahoo.com
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Upper Neck, Lower Back

Other Party Driver's Particular (if any)

Vehicle No: <u>SBG 42T</u>	Vehicle No: _____
Vehicle Make/Model: <u>NISSAN</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



SINGAPORE POLICE FORCE



T/20210606/2011

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210606/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2021 09:59	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: HARIDAS A/L GUNALAN		Address: APT BLK 305 YISHUN CENTRAL #11-63 SINGAPORE 760305	
ID Type / ID No.: FIN NO / G8117595R		Contact No.: Home/Office: Mobile: 82227443	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 12/02/1987	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 2B,3,4A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2021 11:30	Type of Location: Straight Road
Location: CRAWFORD STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6904Y	Van	TOYOTA	HIACE 3.0 M	Silver	Slightly Damaged	0
SBG42T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20210606/2011

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of

Report No. T/20210606/2011

CONTINUATION OF REPORT

Driver				
Name	HARIDAS A/L GUNALAN		ID No.	G8117595R
Related Vehicle	GBF6904Y (Van)		Contact No.	82227443
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)		Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	06/06/2021		Date Discharge	06/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 05/06/2021 at about 1130hrs, I was driving my company van along Crawford Street towards North Bridge Road. The road was dry and there are not much vehicles. I was travelling along the second left lane when there was a car that drove out from my left and collided onto the front left portion of my van. I then alighted and took a look at the damages of my van. There were some dents and scratches on the front left bumper of my van. The driver of the car and I was not injured. However, I felt discomfort on my neck and waist and sought medical attention at Central 24hr Clinic (Yishun). I was then given 3 days of MC.



SINGAPORE POLICE FORCE



T/20210606/20

Report No. T/20210606/20

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L/

Sgt 2 BENJAMIN TAN CHAO FENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65478414

Authentication Stamp
WP 158



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
06/06/2021 09:59

Classification Of Case:

3N/055

Motor Commercial

MZ300/C

N SN

AN0586A

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.

DMCVSNW00016642100

Engine No. 1KD2650543

Cha. No. KDH2015024395

 1. Index Mark and Registration
Number of Vehicle

G8F6904Y

AUTOSAFE

2. Name of Policy Holder

AGPG ASIA PTE LTD

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

 16/02/2021
(00:00:00)

 Excess Sect I. \$3500.00
EX ON WINDSCREEN. \$3100.00

4. Date of Expiry of Insurance

15/02/2022

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.

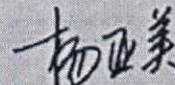
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: GENERAL INSURANCE AGENCY PTE LTD
 Authorised Officer



Authorised Signatory

 China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
 3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

● www.sg.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	460E
Vehicle Details	
Vehicle No.:	GBF6904Y
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 M
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2650543
Chassis No.:	KDH2015024395
Maximum Power Output:	-
Open Market Value:	\$32,815.00
Original Registration Date:	16 Feb 2017
First Registration Date:	16 Feb 2017
Transfer Count:	1
Actual ARF Paid:	\$1,641.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$46,263.00
COE Rebate Amount:	\$26,036.00
Total Rebate Amount:	\$26,036.00

The information contained herein is correct as at 07 Jun 2021

OK