

# NATIONAL Assessment Centre Services

Date In: 09/06/21	Job description	Date & Time Completed	Done by:
Ref No: NA/CTJ21006537/13	SAS e-filing		
Veh No: GBE 90480	E-mail (within 5hrs. Aft. 2hrs)		
D.O.A: 04/06/21 1035	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XC227C	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%; F: 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 repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	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	Actions

NA2103108	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	09/06/2021 16:03 (SGT)
Date of Accident	04/06/2021 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH ST 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9048D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STAR LUCENTS PTE LTD
Company Reg No	2XXXXXX220M
Email Address	SMUGAM_99@YAHOO.COM
Mobile Phone No	(Phone) +65-98567455
Alternative Phone No	+65-98567455

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	2998

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00073302000
Cover Note Number	-

### DRIVER

Name of Driver	BALAKRISHNAN SHANMUGAM
NRIC No	SXXXX516E

Date Of Birth	23/10/1982
Occupation	Outdoor
Date Of Driving Pass	01/03/2010
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98567455
Alt. Phone Number	-
Email Address	SMUGAM_99@YAHOO.COM
Address	BLK 441 JURONG WEST AVE 1
Address complement	#04-720
Postcode	640441
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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	XE227C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	BALAKRISHNAN SHANMUGAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE9048D
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.

S. Subhakar



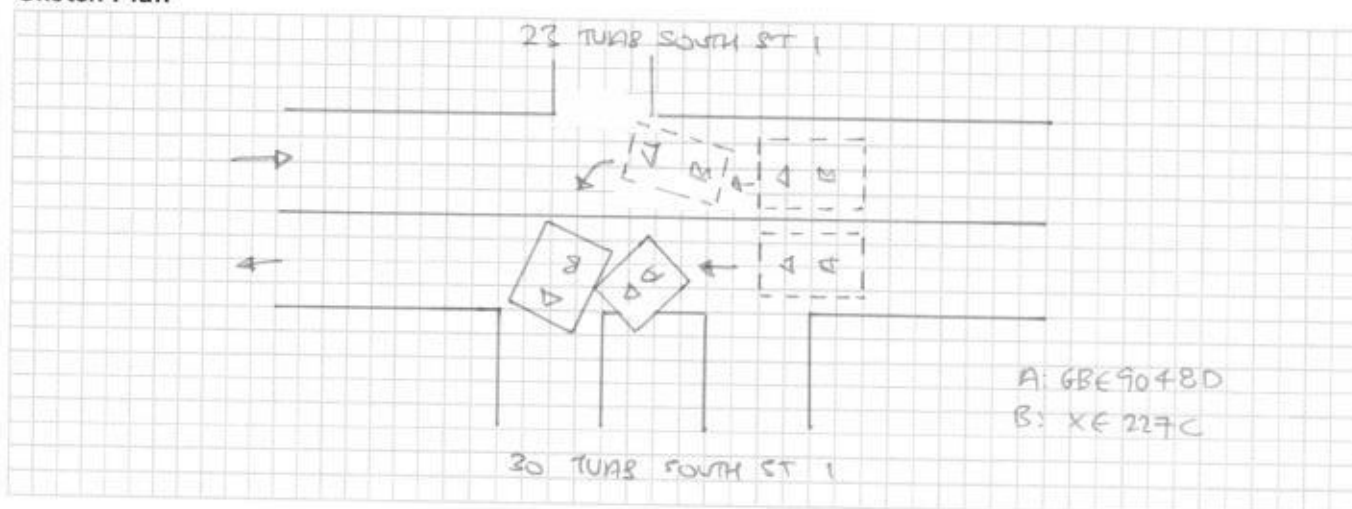
Signature

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### **Describe Circumstances of the Accident**

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT.

VEHICLE B WAS TRAVELLING ON WAY RIGHT. VEHICLE B INCHED TO THE RIGHT AS IF HE WANTED TO TURN INTO 23 TURN SOUTH ST 1.

OUT OF A SUDDEN, VEHICLE B TURNED TO THE LEFT INTO MY  
LANE AND HIT ONTO MY VEHICLE AND DRAGGED MY VEHICLE  
UP THE KERB.

### 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



Date of Accident : 04/06/21 Accident Time: 1035hrs (24-HR-FORMAT)  
 Accident Place : 1048 SOUTH ST 1  
 Vehicle Reg. No (Car plate No.) : GBE 9048 D Vehicle Make/Model: mitsubishi FUPU  
 Insurance Company : CN TAIPIING Policy No. \_\_\_\_\_  
 Name of Registered Owner : Company / Individual STAR LUCENTS PTE LTD.  
 ID of Registered Owner : Co Reg No: 261905220m Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : BALAKRISHNAN <sup>SHAHMUGAM</sup> DRIVER'S NRIC No: 882855166  
 DRIVER'S Date of Birth : 23/10/82 DRIVER'S License Pass Date 01/03/10  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 491 JURONG WEST AVENUE 1 #04-720 SC640441  
 DRIVER'S Contact No./ Alt No. : 1) 9855 7455 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : SMUGAM-99@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): 1 Name & Gender; \_\_\_\_\_  
 Was the accident reported to the police? YES \ NO  
 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 injuries, if yes (name of the injured person) DRIVER.

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>XE 227C</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Commercial

MZ300/C

N SN

AN0650A

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.	DMCVSNW00073302000	Engine No.: 4P10C08340	
		Cha. No.:FEA01BA20204	
1. Index Mark and Registration Number of Vehicle	GBE9048D	AUTOSAFE	=====
2. Name of Policy Holder	STAR LUCENTS PTE. LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/08/2020 (00:25:48)	Excess Sect I	\$3350.00
		EX ON WINDSCREEN	\$5100.00
4. Date of Expiry of Insurance	13/08/2021		
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. : GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HP			
* 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: BELL AUTO PTE LTD  
 Authorised Officer

  
 Authorised Signatory