

NATIONAL Assessment Centre Services

Date In: 24/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTE21007001/13	SAS e-filing		
Veh No: QBH7678H	E-mail (within 2hrs, AD 2hrs)		
DOA 23/06/21 1520	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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:

SMQ23260

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%; 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	24/06/2021 15:36 (SGT)
Date of Accident	23/06/2021 15:20 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7678H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WALLSTAN PTE LTD
Company Reg No	1XXXXX748D
Email Address	SIANGSENG@WALLSTAN.COM.SG
Mobile Phone No	(Phone) +65-64440060
Alternative Phone No	(Office) +65-64440060

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	DMCVSNW00087842000
Cover Note Number	-

DRIVER

Name of Driver	KARUPPIAH ARUMUGAM
Passport No/FIN	GXXXX728W

Date Of Birth	30/05/1984
Occupation	Outdoor
Date Of Driving Pass	01/04/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87329348
Alt. Phone Number	-
Email Address	SIANGSENG@WALLSTAN.COM.SG
Address	1 TAMPINES NORTH DRIVE 1
Address complement	#08-12
Postcode	528559
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHITHAMBARAN
Gender	Male

PASSENGER 2

Name	CHAUN LUN
Gender	Male

PASSENGER 3

Name	DUNAN
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

ON THE STATED DATE & TIME VEH AHEAD SLOWED DOWN AND STOP AND I FOLLOWED SUIT. OUT OF SUDDEN VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH. I ALIGHTED FROM MY VEH ONLY REALIZED THAT IT WAS A CHAIN COLLISION INVOLVING 3 VEH.

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	SMQ2326D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJA1308H
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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. 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.



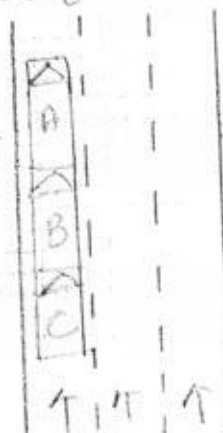
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: GBH 7678H
B: SMQ 2326D
C: SJA 1308H



Describe Circumstances of the Accident

On 23/6/2021 at about 3.20 pm, vehicle ahead slowed down and stopped. So, I followed suit. Out of sudden, vehicle B (SMR 2326D) came from behind and hit into the rear portion of my vehicle A (GBH 7678H). I alighted from my vehicle only realized that it was a chain collision involving three vehicles including mine.

Location of accident: Clementi Avenue 6

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

WY 24/06/21
Witnessed by Reporting Centre Personnel

Please email the accident report to

From : Premium Carz Services Pte Ltd
Tel : 6636 9100 Fax : 6636 9113

Email : aunteng@premiumcarz.com.sg

ACCIDENT STATEMENT

Date	23/6/2021
Time	3.20pm
Location	Clement Ave 6
VEHICLE (A)	GBH7678H MODEL: Toyota Dyna
Name of owner	Whilstar Pte Ltd
NRIC no	199505748D
Date of birth	
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	HP: Tel: 6444 0060 Fax:
Address	
Driving Passed date	
Email Address	siangseang@wallstar.com.sg
Type of claim	Own Damaged / Third Party / Reporting Only
Insurance Company	China Touring
Type of Policy	Comprehensive / Third Party, Fire & Theft / Third Party Only
Policy number	MCVSPW00057842000
Name of driver	Kanappiah Arumugam
NRIC no	G7973728W
Date of birth	30/5/1984
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	8732 9348
Address	1 Tampines North Drive 1, #08-12 T-space, S(528554)
Driving Passed date	5/5/2015
Email Address	
Relationship with the Insured	Owner / Children / Spouse / Employee / Others:
Does the driver own any other vehicle	No / if Yes : Vehicle no: Ins. Co:
Type of Collision	Clear / Raining - Dry / Wet / Others:
Weather conditions / Road surface	No / Yes : Where?
Any Police Report lodged	No / Yes : Against who?
Notice of Intended Prosecution Given?	No / Yes : Who / Vehicle no?
Anybody injured in the accident?	No / Yes
Any other material or property damaged?	No / Yes : Vehicle no:
Any foreign vehicle involved?	No / Yes
Any video captured by car camera?	No / Yes
Number of passengers (including driver)	F: - M: 3
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
VEHICLE (B) - THIRD PARTY	
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Number of passengers (including driver)	
Exact Purpose Use	Private Car / Commercial / Hire & Reward
Insurance Company	
Details of Witness	Name : HP : Email : (D)
Other Vehicles	8182 1474 (C) 97A1308 H
Number of passengers (including driver)	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0678A

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.

DMCVSNW00087842000

Engine No.: 1KD2820428

Cha. No.: JTFAT35Y10K211411

1. Index Mark and Registration
Number of Vehicle

GBH7678H

AUTOSAFE

2. Name of Policy Holder

WALLSTAN PTE LTD

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

25/09/2020

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

4. Date of Expiry of Insurance

24/09/2021

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.: ABWIN 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: LEE KOK LEONG (LI GUOLIANG)
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

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