

NATIONAL Assessment Centre Services

Date In: 12/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21007538/13	SAS e-filing		
Veh No: 4Q9762	E-mail (within 8hrs. Aft. 2hrs)		
D.O.A: 11/07/21 2120	i-Motor Claim Form		
<input checked="" type="radio"/> OD <input checked="" type="radio"/> 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: SLQ87699	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

NA2103457

Invoice Preparation Checklist

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:-		
	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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	12/07/2021 15:54 (SGT)
Date of Accident	11/07/2021 21:20 (SGT)
Exact Location of Accident	Woodlands Ave 10, Singapore
Additional Location Information	JUNC OF WOODLANDS AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ976Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JUAN CONCEPT PTE LTD
Company Reg No	2XXXXX823M
Email Address	regina.tay@juan.com.sg
Mobile Phone No	(Phone) +65-93898904
Alternative Phone No	+65-93898904

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HINO
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	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00078182101
Cover Note Number	-

DRIVER

Name of Driver	PANNER SELVAM PRAPAKARAN
Passport No/FIN	GXXXX716T

Date Of Birth	04/03/1987
Occupation	Outdoor
Date Of Driving Pass	13/11/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93768126
Alt. Phone Number	-
Email Address	darren.chng@juan.com.sg
Address	71 WOODLANDS AVE 10
Address complement	#07-16
Postcode	737743
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	Raining
Road Surface	Wet

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 vehicle 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	SLQ8769G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LO SHUN YU
Contact Number	(Phone) +65-87909057
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

S. Praloksha

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

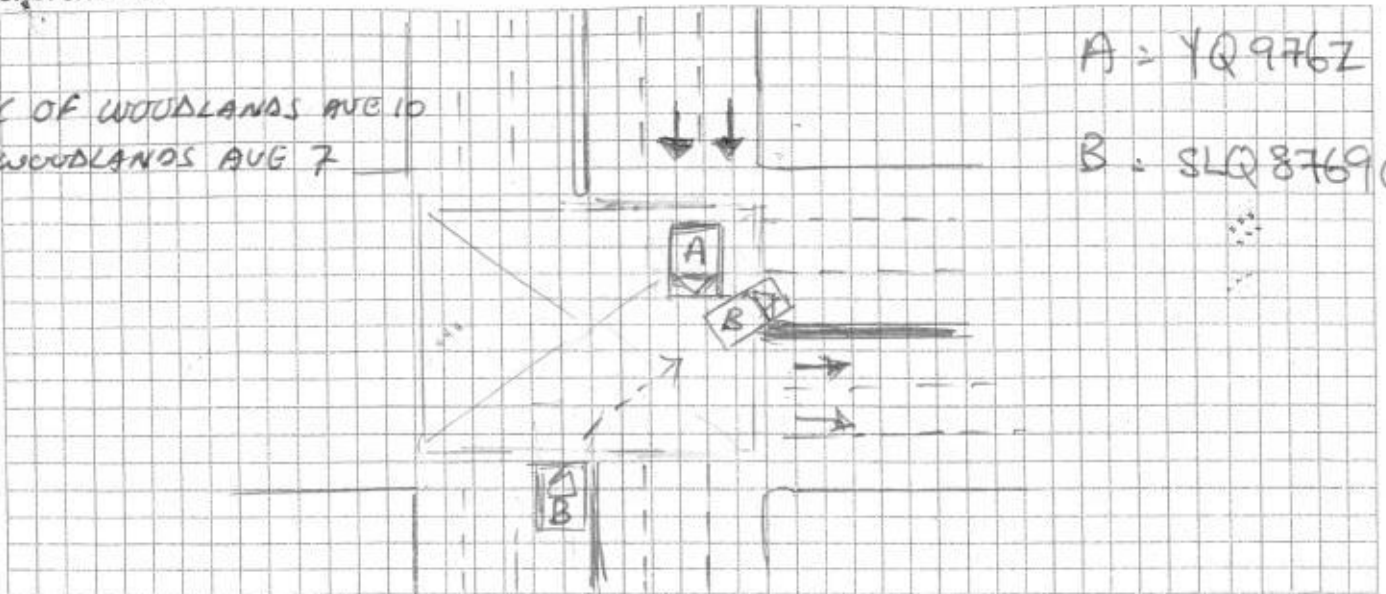
Slym 12/07/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

JUNC OF WOODLANDS AVE 10
& WOODLANDS AVE 7

A = YQ 976Z

B = SLQ 8769G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodlands Ave 10 toward SLE on
11/07/2021 at about 9:20 p.m. When reaching the junction
of Woodlands Ave 7, I was travelling at the speed of
60 km/hr. As it was green light, I proceed to move
on, Suddenly vehicle B turning from my right side
collided into left portion of my vehicle. We alighted.
and exchange particulars.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

P. Palakadan

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

[Signature] 12/07/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: YQ976Z

MAKE & MODEL: Toyota Hino

AUTO/MANUAL

DATE OF ACCIDENT	11 / 07 / 2021	C.C. 4,009 CC
TIME OF ACCIDENT	9:20 AM / PM	
LOCATION OF ACCIDENT	Junction of Woodlands Ave 10 & Woodlands Ave 7	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	Juan Concept Pte Ltd	
EMAIL	Rgina.tay @ juan.. com.sg	MOBILE 93898904
NRIC	201842823M	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	YES/NO?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	DMCVSNA00078182101	
NAME OF DRIVER	AS ABOVE / IF NO. Mr. Panner Selvam Prapakaran	
NRIC	G6263716T	
DATE OF BIRTH	04 / 03 / 1987	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	NIL	
GENDER OF PASSENGER	MALE / FEMALE NIL	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	13 - 11 - 2009	
GENDER	Male / Female	
CONTACT NO.	Mobile: 93768126 Office: Home:	
EMAIL	darren.chng @ juan . com . sg	
ADDRESS	#07-16 71, Woodlands Ave 10, (S) 737743	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No. INSURER	
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input checked="" type="checkbox"/> Raining / <input type="checkbox"/> Other	
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SLQ 8769G	Any Passenger, 01
NAME	LO Shun Yu	
CONTACT NO.	87909057	
VEHICLE C NO.	Any Passenger,	
VEHICLE D NO.	Any Passenger,	
VEHICLE E NO.	Any Passenger,	
VEHICLE F NO.	Any Passenger,	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Lee Brothers Automotive Pte. Ltd (sales @ lee brothers . com . sg)		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

Motor Commercial

MZ300/C

R SN

AN0576A

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.

DMCVSNA00078182101

Engine No.: N04CVV10768

Cha No.: JHHUCV3H20K031453

1. Index Mark and Registration
Number of Vehicle

YQ976Z

AUTOSAFE

2. Name of Policy Holder

JUAN CONCEPT PTE LTD

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

04/08/2021
(00:00:00)

Excess Sect I: S\$550.00
EX ON WINDSCREEN: S\$100.00

4. Date of Expiry of Insurance

03/08/2022

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.: MAYBANK SINGAPORE LIMITED AS HP OWNER

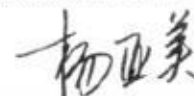
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Moses Chia Wen Jye
Authorised Officer



Authorised Signatory