

NATIONAL Assessment Centre Services

Date In: 05/08/21	Job description	Date & Time Completed	Done by
Ref No NA/CT221008277/13	SAS e-filing		
Veh No: 4N65545	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 29/07/21 0945	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: 5402368M	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

NA2103594	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		30	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	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			
	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	05/08/2021 17:10 (SGT)
Date of Accident	29/07/2021 09:45 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	TWDS FIRST LOK YANG RD BELOW BENOI FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6554J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TLC CONTRACTOR
Company Reg No	5XXXX160D
Email Address	tlc6079@gmail.com
Mobile Phone No	(Phone) +65-87822286
Alternative Phone No	+65-87822286

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	DMCVSNW00092352005
Cover Note Number	-

DRIVER

Name of Driver	MAKALINGAM BASKAR
Passport No/FIN	GXXXX444M

Date Of Birth	15/03/1982
Occupation	Outdoor
Date Of Driving Pass	03/07/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-83096574
Alt. Phone Number	-
Email Address	tlc6079@gmail.com
Address	BLK 514 SUNGEI TGH LODGE
Address complement	#13-142
Postcode	698906
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
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

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	SLD2368M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BOON TAT
Contact Number	(Phone) +65-96881886
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

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. 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

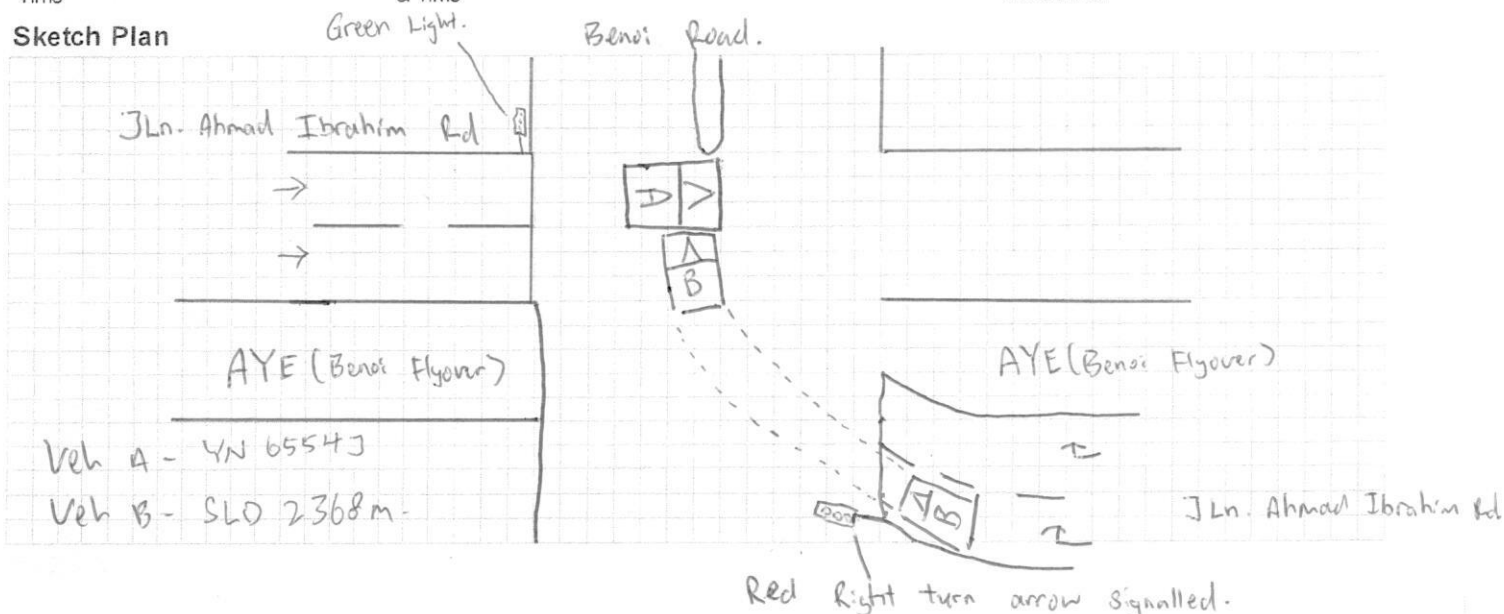
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


As per above date and time, I was driving my vehicle (YN6554J) along Jalan Ahmed Ibrahim Road on the extreme left lane towards First Lok Yang Road. Somewhere below Benoi Flyover, junction of Benoi Road and Jalan Ahmed Ibrahim road, the traffic light was green. Therefore, I proceed straight and suddenly, veh(B) SLD 2368m collided onto my vehicle right portion. I alighted and exchange particular with veh(B) driver. I realised veh(B) came from opposite direction and proceed while the red right arrow was signalled.


Veh A - YN6554J

Veh B - SLD 2368m.

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

 05/08/21
Witnessed by Reporting Centre Personnel

VEHICLE NO:	YN 6554J	MAKE & MODEL:	Mrt. Canter.	AUTO <input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT:	29/07/2021	CC:	2998.	
TIME OF ACCIDENT:	0945 HRS			
LOCATION OF ACCIDENT:	Jln. Ahmad Ibrahim Road towards First Lok Yang Road			below
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE			Below Flyover
NAME OF OWNER:	TLC Contractor			
TEL NO:	H/P: 8782 2286	OFFICE:		HOME:
NRIC:	53047160D.			
ADDRESS:	101 Upper Cross Street #12-14, People's Park Centre (S)			058357
EMAIL:	tlc6079@gmail.com			
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY			
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
INSURANCE COMPANY:	China Taiping.			
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft			
POLICY NO:	DMCV8NW00092352005.			
NAME OF DRIVER:	AS ABOVE / IF NO: Makalingam Bas Kar			
NRIC:	G7368444M	ANY PASSENGER:	2 (male)	
DATE OF BIRTH:	15/03/1982	LICENCE PASSED DATE:	03/07/2008	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
CONTACT NO:	H/P: 83 096574	OFFICE:		HOME:
ADDRESS:	Sungei Tengah Lodge Bldg 514 #13-142			
EMAIL:	m.baskar082@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:			INSURER:
RELATIONSHIP:	Employee			
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:			
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> OTHER:			
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	SLD 2368 M	ANY PASSENGERS:		
NAME OF DRIVER:	TAN BOON TAT	CONTACT NO:	9688 1886.	
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO			
ACCIDENT PORTION:	Right Side			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES <input checked="" type="checkbox"/> NO		
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Commercial

MZ300/C

R SN

AN0420A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00092352005

Engine No.: 4P10B38401

Cha. No.: FEB21EA01043

1. Index Mark and Registration
Number of Vehicle

YN6554J

AUTOSAFE
=====

2. Name of Policy Holder

TLC CONTRACTOR

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

10/10/2020

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

4. Date of Expiry of Insurance

09/10/2021

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. : HITACHI CAPITAL ASIA PACIFIC PTE LTD 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: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

Vehicle Registration Details

Vehicle No. YN6554J	Make/ Model MITSUBISHI/CANTER FEB21ER4SDEB (CBU)	Vehicle Scheme -
Current Propellant Diesel	Chassis No. FEB21EA01043	Vehicle Type Goods (Open) Lorry (Metal Body)/Pickup

Owner's Details

Owner Name:

TLC CONTRACTOR

Owner ID Type:

Business

NRIC/Passport/Company Cert No.:

53047160D

Registered Address

**101 UPPER CROSS STREET #12-14
PEOPLE'S PARK CENTRE SINGAPORE
058357**

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

10 Oct 2014

Original Registration Date:

10 Oct 2014

Registration Date:

10 Oct 2014

No. of Transfers:

0

IU Label No.:

1510836464

Vehicle Specifications

Engine No.:

4P10B38401

Chassis No.:

FEB21EA01043

Year of Manufacture:

2014

Primary Colour:

White

Secondary Colour:

-

Passenger Capacity:

2

Engine Capacity / Power Rating :

2998 cc / -

Maximum Power Output:

-

Max Unladen Weight:

2500 kg

Maximum Laden Weight:

5000 kg

Vehicle Attachment 1:

With Hood

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$30,460.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,523.00

Vehicle Lifespan Expiry Date:

09 Oct 2034

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2014101005000613Z

COE Expiry Date:

09 Oct 2024

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

- / \$50,265.00

PQP Paid

\$10,437.00

QP (Regn Cat):

--

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

The vehicle is registered under Early Turnover Scheme.

Printed on 24 Jun 2021 13:58:04

Copyright © Land Transport Authority of Singapore 2021