

NATIONAL Assessment Centre Services

Date In: 10/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21008362/13	SAS e-filing		
Veh No: PC8246A	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 09/08/21 1745	i-Motor Claim Form		
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: SK247535	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

NA2103706.	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
	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 date:	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	10/08/2021 18:29 (SGT)
Date of Accident	09/08/2021 17:45 (SGT)
Exact Location of Accident	Sengkang E Rd, Singapore
Additional Location Information	SLIP RD TO TPE(SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8246A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JEYASRI SAIRAM ENGINEERING PTE LTD
Company Reg No	2XXXXX490K
Email Address	jeyasrisai.vadivel07@gmail.com
Mobile Phone No	(Phone) +65-84559123
Alternative Phone No	+65-84559123

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	Auto
CC	2754

INSURANCE COMPANY	
Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00007922001
Cover Note Number	-

DRIVER	
Name of Driver	ABDUL RASHID BIN HUSSAIN
NRIC No	SXXXX938B

Date Of Birth	16/04/1970
Occupation	Outdoor
Date Of Driving Pass	12/09/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87690303
Alt. Phone Number	-
Email Address	reamyhrc@gmail.com
Address	BLK 102 TAMPINES ST 11
Address complement	#02-113
Postcode	521102
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	Collision - Head to Rear
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 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	SKZ4753S
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL RASHID BIN HUSSAIN
Gender	Male
Phone No	(Phone) +65-87690303
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC8246A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



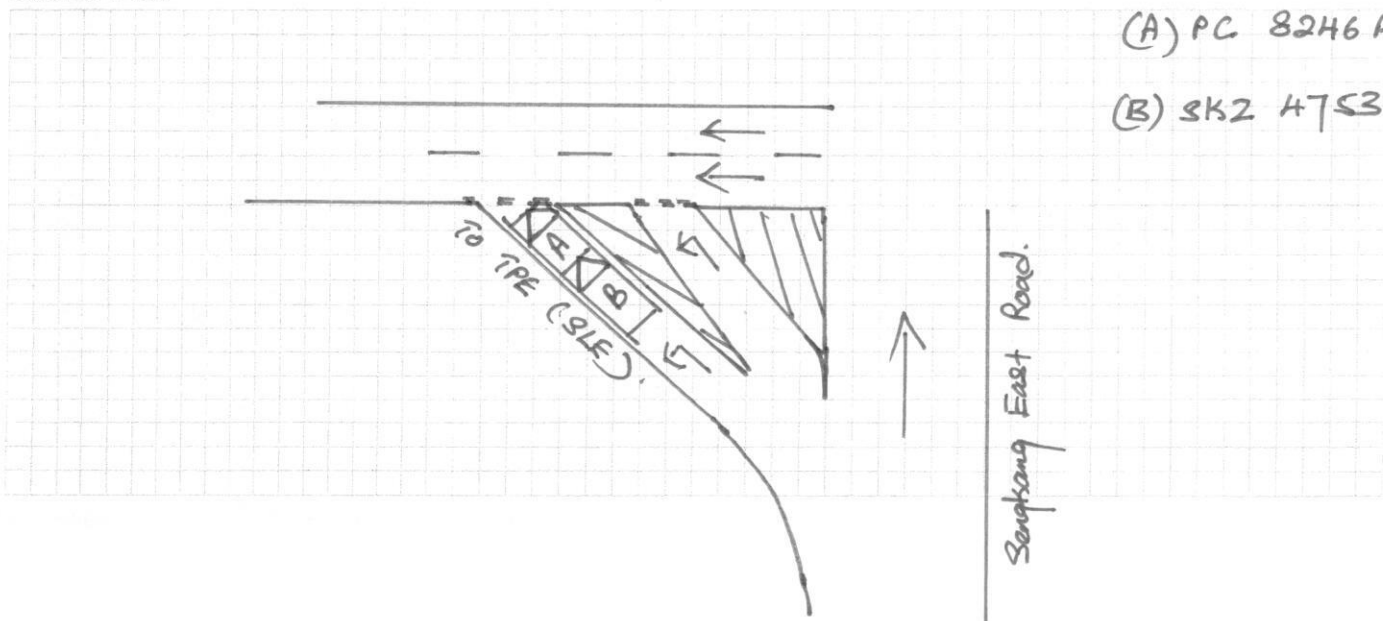
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 09/08/2021, at @ 1.745 hrs, I stopped my vehicle (PC 8246A) along Serangoon East Road, slip road into TPE towards SLE direction. I stopped at the slip road to give way to the traffic on the main road. Suddenly, a car (SK 247532) from behind collided onto the rear portion of my vehicle.

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

shym 10/08/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	PC 8246 A.		MAKE & MODEL:	Toyota Haze Commuter (AUTO) / MANUAL	
DATE OF ACCIDENT:	09/08/2021.		CC:	2754.	
TIME OF ACCIDENT:	1745 HRS				
LOCATION OF ACCIDENT:	Sengkang East Road Slip road to TPE (SLE)				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Jeyasri Sairam Engineering Pte Ltd.				
TEL NO:	H/P: 8455 9123		OFFICE:	HOME:	
NRIC:	201602490K.				
ADDRESS:	35 Selegie Road #09-02, Parklane Shopping Mall, (S) 188307				
EMAIL:	jeyasri.sairam@yahoo.com				
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY				
FLEET POLICY:	YES / (NO) /				
INSURANCE COMPANY:	China Taiping.				
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft				
POLICY NO:	DMB1SNW0000				
NAME OF DRIVER:	AS ABOVE / IF NO: Abdul Rashid Bin Hussain.				
NRIC:	57011938B		ANY PASSENGER:	N.A.	
DATE OF BIRTH:	16/04/1970		LICENCE PASSED DATE:	29/09/2011	
OCCUPATION:	(OUTDOOR) / INDOOR				
GENDER:	(MALE) / FEMALE				
CONTACT NO:	H/P: 8769 0303		OFFICE:	HOME:	
ADDRESS:	BLK 102 Tampines St 11 #02-113 (S) 521102.				
EMAIL:	reanyhrc67@gmail.com				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Employee.				
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:				
ROAD SURFACE:	(DRY) / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:	Abdul Rashid Bin Hussain (H/P: 8769 0303)				
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SKZ 4753S		ANY PASSENGERS:		
NAME OF DRIVER:			CONTACT NO:		
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 / (NO) SD Card Corrupted.				
WAS THERE ANY AUDIO RECORDED?	YES / (NO)				
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO				
ACCIDENT PORTION:	Rear Portion.				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES / (NO)		
WORKSHOP PARTICULAR:	N-51 Automotive				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	PC8246A		
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus	Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Attachment 1:	Air-Conditioned		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Chassis No.:	GDH2232001864	Engine No.:	1GD8423321
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	13
Engine Capacity:	2754 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	2180 kg	Maximum Laden Weight:	3020 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	02 Sep 2019	Original Registration Date:	02 Sep 2019
Manufacturing Year:	2019	Open Market Value:	\$45,874.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$2,294.00		

Owner Particulars

Owner Name: JEYASRI SAIRAM ENGINEERING PTE LTD
 Owner ID Type: Company
 Owner ID: 201602490K
 Registered Address Type: Private Residential (Condo Apt or House) /
 Shopping / Office Complexes
 Registered Block/House No.: 35
 Registered Street Name: SELEGIE ROAD
 Registered Unit No.: # 09 - 02
 Registered Building Name: PARKLANE SHOPPING MALL
 Registered Postal Code: 188307
 COE No. / Expiry Date: 2019090205000565N / 01 Sep 2029
 COE Bid Category: C - Goods Vehicle & Bus
 PQP Paid: \$23,913.00

Transaction Details

Business Transaction Ref. No.: 20190902113808915041
 Business Transaction Date: 02 Sep 2019
 Business Transaction Time: 11:38:08

Message

The above vehicle has been successfully registered.
 Please note that \$25,463.00 will be deducted from your GIRO account.

OK

Save as PDF

Motor Bus

MZ601

R SN

AN0597A

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. DMB1SNW00007922001

Engine No.: 1GD8423321
Cha. No.:GDH22320018641. Index Mark and Registration
Number of Vehicle

PC8246A

AUTOSAFE
=====

2. Name of Policy Holder

JEYASRI SAIRAM ENGINEERING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment02/09/2020
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

01/09/2021

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : ABS FINANCIAL 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: SG MOTOR TRADER PTE LTD
Authorised Officer
Authorised Signatory