

NATIONAL Assessment Centre Services

Print 1 Jan 2021

Sheet 2180007

Date In: 27/08/2021 17:42	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: N/A 2103699	E-mail (Egale 3111, A10 3111)		
Veh No: GPR 744	1-Motor Claim Form		
D.O.A: 27/08/2021 08:55	1-Motor W/O (Within 00 3111, TP 4111)		
QID TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Ins/Hand to Owner/Visor		

Preferred Wkup / INC Assign Wkup / OW:

Tel:

Fax:

TP Identification:	Veh No: SN 2486R	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%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Process: \$ () Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of Repolar

() Total Loss Case: to e-mail Insurer URGENTLY

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

N/A 2103699

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Sub 1:

1) All Accident Reporting (500)	
2) DA Damage Assessment (\$100)	UND (\$10)
3) Towing Fee	\$120
4) PT Follow Through Survey	\$30
5) PT Follow Through Survey (Resurvey)	\$30
6) PT Follow Through Survey (Resurvey) (w/PTA in 200)	\$75
7) TIR Inspection	\$160
8) N/A DA + SMRT Survey	
9) N/A Additional Services	
10) N/A	
11) N/A Courtesy Car / Tpl Allowance	\$5
12) N/A Repair Coordination	\$10
13) N/A Post Repair Inspection	\$25
14) N/A DV / Collect User's Coordination	\$5
15) N/A TP (N/A) TP ON 4 INC	\$20
16) N/A Mobile	
17) Invoice dated	
18) Invoice dated	

Fees Charged
Fees 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	27/08/2021 17:42 (SGT)
Date of Accident	27/08/2021 08:55 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	SLIP ROAD TOWARDS HOUGANG AVENUE 2/JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF74G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KEN-JO INDUSTRIES PTE LTD
Company Reg No	2XXXXX177K
Email Address	phuaywei89@gmail.com
Mobile Phone No	(Phone) +65-90097965
Alternative Phone No	+65-86543538

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	DMCVSNW00041472100
Cover Note Number	-

DRIVER

Name of Driver	MANI SATHIYA MOORTHY
Passport No/FIN	GXXXX010P

Date Of Birth	14/02/1986
Occupation	Outdoor
Date Of Driving Pass	08/06/2017
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86543538
Alt. Phone Number	-
Email Address	phuaywei89@gmail.com
Address	33 SENOKO WAY
Address complement	-
Postcode	758050
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHOBAHAN ABDUL
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

PLEASE REFER TO SKETCH PLAN

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	SLN3436R
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	MANI SATHIYA MOORTHY
Gender	Male
Phone No	(Phone) +65-86543538
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF74G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHOBAHAN ABDUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF74G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



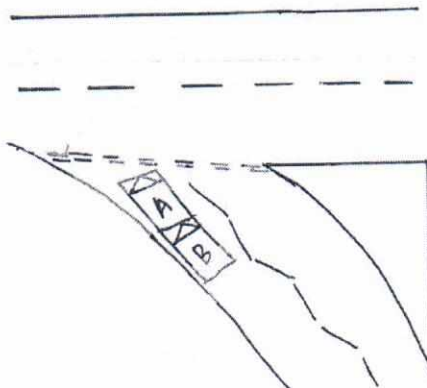
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

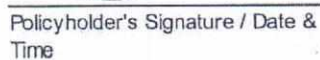
Yio Chu Kang Road Slip Road towards Hougang Ave 2 / Jln Eunus



Vehicle A: GBF746
Vehicle B: SLN3436R

On the stated date & time, I, vehicle A (GBF74G) was travelling at the stated location on the extreme left lane. As there was oncoming vehicle at the main road, I stop to give way. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted and realized vehicle B (SU43456) collided onto the rear portion of my vehicle causing damages.

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel

Witnessed by Reporting Centre Personnel

Date of Accident : 27/8/2021 Accident Time: 0855hrs (24-HR-FORMAT)
Accident Place : Yio Chu Kang Road Slip Road towards Hougang Ave2 / Jln Eunus
Vehicle Reg. No (Car plate No.) : GBF74G Vehicle Make/Model: Toyota Dyna
Insurance Company : China Taiping Policy No. DMCVSNW00041472100
Name of Registered Owner : Company / Individual Ken-Jo Industries Pte Ltd
ID of Registered Owner : Co Reg No: 20040677K Owner's NRIC No: -
Co Contact No: - Owner's Contact No: 9609 7965

DRIVER'S Name : Mani Sathiya Moorthy DRIVER'S NRIC No: G2010010P
DRIVER'S Date of Birth : 14 Feb 1986 DRIVER'S License Pass Date : 08 Jun 2017
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address : 33 Senoko Way Singapore 758050
DRIVER'S Contact No. / Alt No. : 1) 8654 3538 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address : phuangwei89@gmail.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): 02 Passenger Name: Shobahan Abdul Gender: M/F
Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F
Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Manicathiya Moorthy
Injured Name: Shobahan Abdul
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLN 3436R</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>



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

AN0597A

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.	DMCVSNW00041472100	Engine No.: 1KD2610549
		Cha. No.: JTFAT35Y60K206415
1. Index Mark and Registration Number of Vehicle	GBF74G	AUTOSAFE =====
2. Name of Policy Holder	KEN-JO INDUSTRIES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31/03/2021 (11:35:46)	Excess Sect I. S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	30/03/2022	
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.		

* 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: ABS INSURANCE AGENCY PTE LTD
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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