

# NATIONAL Assessment Centre Services

with 1 Jan 2021

SNW21960001

Date In: 06/09/2021 15:18P	Job description	Date & Time Completed	Done by
Ref No: 1380/172009349/4	SAS calling		
Veh No: SJX 1382X	E-mail (by date time, A/C time)		
D.O.A: 06/09/2021 12:21	1-Motor Claim Form		
	1-Motor W/O (with 00 sheet, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

(1) (TP) Reporting Only

TP Insurer:

Preferred Wcomp / INC Assgn Wcomp / OW:	Tel:	Fax:
TP Binding/Policy	Veh No: YP 86234	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 ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & strictly NO Refor of repblon
( ) 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: ( )
( )
( )
( )

NA203789

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (300)	INC (H)
2) DA Survey Assessment (3100)	\$1200
3) TP Filing Fee	\$120
4) PT Follow Through Survey	\$20
5) PT Follow Through Survey (Resurvey)	\$20
6) PT Follow Through Survey (Resurvey) (with 00 sheet, TP 4hrs)	\$20
7) TP Follow Through Survey	\$160
8) TP Follow Through Survey	\$160
9) TP Follow Through Survey	\$160
10) TP Follow Through Survey	\$160
11) TP Follow Through Survey	\$160
12) TP Follow Through Survey	\$160
13) TP Follow Through Survey	\$160
14) TP Follow Through Survey	\$160
15) TP Follow Through Survey	\$160
16) TP Follow Through Survey	\$160
17) TP Follow Through Survey	\$160
18) TP Follow Through Survey	\$160
19) TP Follow Through Survey	\$160
20) TP Follow Through Survey	\$160

Fee Charged

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	06/09/2021 15:48 (SGT)
Date of Accident	06/09/2021 12:25 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1382X
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PARTIBAN S/O RADAKRISHNAN
NRIC No	SXXXX337C
Email Address	duvel_25@yahoo.com
Mobile Phone No	(Phone) +65-90217605
Alternative Phone No	+65-90217605

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00094942103
Cover Note Number	-

#### DRIVER

Name of Driver	PARTIBAN S/O RADAKRISHNAN
NRIC No	SXXXX337C

Date Of Birth .....	09/10/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	26/10/2006
Driving experience .....	14 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90217605
Alt. Phone Number .....	+65-90217605
Email Address .....	duvel_25@yahoo.com
Address .....	BLK 275 CHOA CHU KANG AVENUE 2 #07-227
Address complement .....	-
Postcode .....	680275
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	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

ON THE 06-09-2021 AT ABOUT 12:25 HRS I WAS AT ALEXANDRA ROAD AND WANTED TO TURN RIGHT INTO JALAN BUKIT MERAH STOP AT THE TRAFFIC LIGHT. WHEN TRAFFIC LIGHT CHANGE I STARTED TO MOVE, I WAS AT THE 2ND RIGHT TURNING LANE, SUDDENLY A LORRY YP8623U WHICH SUPPOSE TO GO STRAIGHT SUDDENLY SIGNAL AND SWITCH INTO MY LANE AND COLLIDED AGAINST MY LEFT PORTION OF MY CAR SJX1382X. I HAVE VIDEO FOOTAGE IN MY CAR THAT ALL.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP8623U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZHAO GUOWEI, ALVIN
NRIC No .....	SXXXX888Z

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

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' law yers/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.

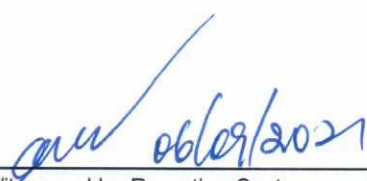
(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

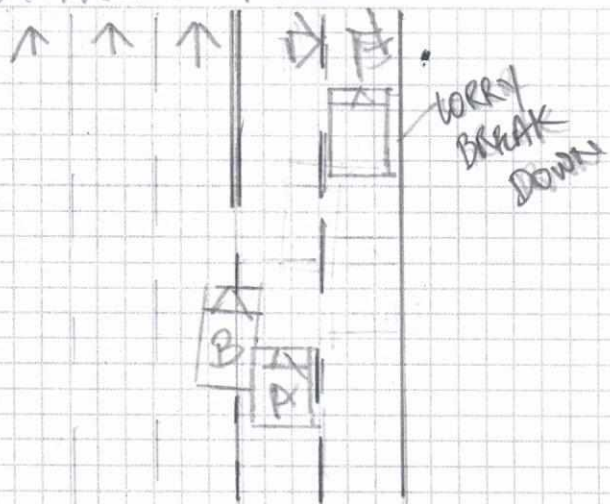
 6/9/2021  
Policyholder's Signature / Date & Time

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

 06/09/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan

ALEXANDRA ROAD



**Describe Circumstances of the Accident**


AS per SIGNMENT

**Declaration**

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

 6/9/2021  
Policyholder's Signature / Date &  
Time

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

 06/09/2021  
Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (06/09/2021) (DD/MM/YYYY), TIME: (1225) (HHMM)

LOCATION: Alexandra Road.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 55X1382X  
b) INSURANCE COMPANY: CHINA TAIPING  
c) POLICY NUMBER: DMPCSNW00094942103  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA CAMRY  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: PARTIBAN S/O RADAKRISHNAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8031337C CONTACT: 90217605  
c) ADDRESS: BLK 275 CHOA CHU KANG AVE. 2  
S'pore 680275 #97-227

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 09/10/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) OUTDOOR

f) DATE OF DRIVING PASS 27/08/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS \_\_\_\_\_

b) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP8623U MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: ZHAO GUOWEI, ALVIN  
c) NRIC/FIN/PASSPORT: S83188882 CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: Duvet-25@yahoo.com

VIDEO

Motor Private Car

MX1F

R SN

AN0420A

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. DMPCSNW00094942103

Engine No.: 1AZE165176

Cha. No.:MR053BK4107055541

1. Index Mark and Registration  
Number of Vehicle

SJX1382X

AUTOSAFE

=====

2. Name of Policy Holder

PARTIBAN S/O RADAKRISHNAN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment18/05/2021  
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HONG LEONG FINANCE 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

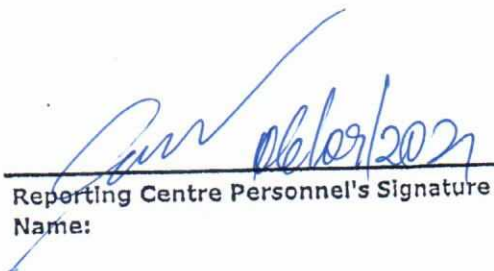
Original Report No: SM0921960001 Vehicle Registration No: STX1382X  
Name (as shown in NRIC): ROBERTSON S/O RANAK R S HADY NRIC/FIN/Passport No: SXXXX337C  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9021 7605  
Email Address: \_\_\_\_\_  
Date of Accident: 06/09/2021 Time of Accident: 12:25  
Place of Accident: ALEXANDRIA ROAD  
Insurance Company: CHIAH TONG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER TO DMPCSNW00094942103

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: