

# NATIONAL Assessment Centre Services

Unit 1 (JANU)

SNR 7980005

Date In: 08/09/2021 17:42	Job description	Date & Time Completed	Done by
Ref No: N/A 1721059416/4	SAS e-thing		
Veh No: SNR 68287	E-mail (by date, time, A/C time)		
D.O.A: 07/09/2021 11:50	1-Motor Claim Form		
	1-Motor W/O (with 00 sheet, TP 1000)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Ins/Hand to Owner/Victim		

(1) (TP) Reporting Only

TP Insurer:

Preferred Wkup / INC Assgn Wkup / OW:

TP Mandatory

Veh No:

FBR 2014R

INC ( ) / Non-INC ( )

Tel:

Owner/Driver:

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 ( )

Deductible (\$)

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

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of referral

( ) 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 Recovery Photo (Repair Cost > \$3000)

Injury:

N/A 2103819

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Support (500)	INC (H)
2) DA Survey Allowance (\$1000)	\$1000
3) TP Towing Fee	\$120
4) PT Follow Through Survey	\$30
5) PT Follow Through Survey (Recovery)	\$30
6) PT Follow Through Survey (Recovery)	\$30
7) PT Follow Through Survey (Recovery)	\$30
8) PT Follow Through Survey (Recovery)	\$30
9) PT Follow Through Survey (Recovery)	\$30
10) PT Follow Through Survey (Recovery)	\$30
11) PT Follow Through Survey (Recovery)	\$30
12) PT Follow Through Survey (Recovery)	\$30
13) PT Follow Through Survey (Recovery)	\$30
14) PT Follow Through Survey (Recovery)	\$30
15) PT Follow Through Survey (Recovery)	\$30
16) PT Follow Through Survey (Recovery)	\$30
17) PT Follow Through Survey (Recovery)	\$30
18) PT Follow Through Survey (Recovery)	\$30
19) PT Follow Through Survey (Recovery)	\$30
20) PT Follow Through Survey (Recovery)	\$30

Fee Charged

Fee Charged

Invoice dated

Invoice dated



## 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	08/09/2021 17:42 (SGT)
Date of Accident	07/09/2021 11:50 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA6828T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIVAKUMARU KANDASAMY
NRIC No	SXXXX682Z
Email Address	sivavik@yahoo.com
Mobile Phone No	(Phone) +65-82984079
Alternative Phone No	+65-82984079

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00133692100
Cover Note Number	-

#### DRIVER

Name of Driver	SIVAKUMARU KANDASAMY
NRIC No	SXXXX682Z

Date Of Birth	08/11/1979
Occupation	Indoor
Date Of Driving Pass	08/09/2016
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-82984079
Alt. Phone Number	+65-82984079
Email Address	sivavik@yahoo.com
Address	BLK 324 ANG MO KIO AVENUE 3 #10-1872
Address complement	-
Postcode	560324
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?	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210907/7020

#### 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	FBR2014R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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	SIVAKUMARU KANDASAMY
Gender	Male
Phone No	(Phone) +65-82984079
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNA6828T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SECTION 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

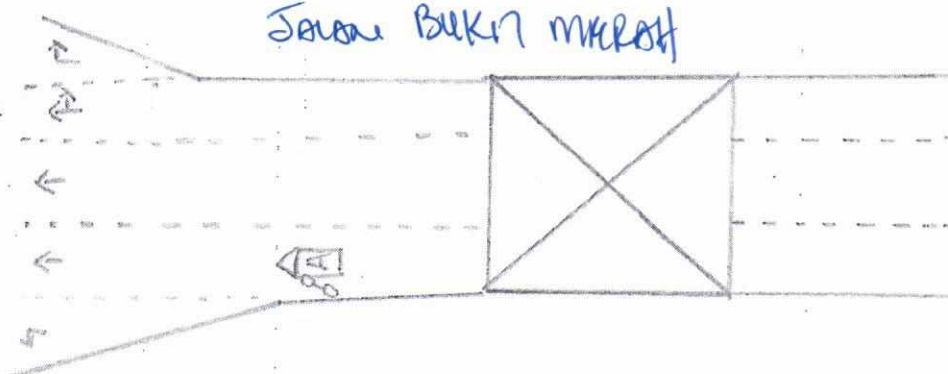
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan

Vehicle A: SMA 6828T

Vehicle B: FBR 2014R



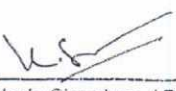
Describe Circumstances of the Accident


ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT-  
OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM THE LEFT. VEH  
IS HIT ONTO THE LEFT SIDE OF MY VEHICLE WHILE TRYING TO SQUEEZE  
FROM THE LEFT SIDE.

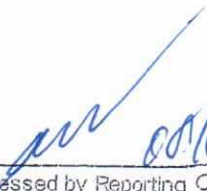
POLICE REPORT T/20240907/7020

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

  
Witnessed by Reporting Centre  
Personnel



VEHICLE NO: SNA68287

MAKE &amp; MODEL : Honda Vezel

AUTO / MANUAL

DATE OF ACCIDENT	07 / 09 / 2021	*C.C.
TIME OF ACCIDENT	11:50a	AM / PM
LOCATION OF ACCIDENT	Jalan Bukit Merah	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	SIVAKUMAR KANDASAMY	
EMAIL	Sivabuk@Yahoo.com	Office: MOBILE: 82984079
NRIC	S7969682E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES <u>(NO)</u> ?	
INSURANCE CO.	CHINA TRIPING	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCS NW00133692100	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO.	
NRIC	S7969682F	
DATE OF BIRTH	08 / 11 / 1979	
ANY PASSENGER	YES <u>(NO)</u> :	
NAME OF PASSENGER	/	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>(Indoor)</u>	
DATE OF DRIVING PASS	08 / 09 / 2016	
GENDER	<u>(Male)</u> / Female	
CONTACT NO.	Mobile:	Office: Home:
EMAIL	Sivabuk@Yahoo.com	
ADDRESS	324 Ang Mo Kio Ave3 #10-1872	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURANCE	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>(Clear)</u> / Raining / Other:	
ROAD SURFACE	<u>(Dry)</u> / Wet / Other:	
ANY INJURIES	No / <u>(Yes)</u> Who? 1) DRIVER	
CONTACT NO.	82984079	
POLICE REPORT	No <u>(Yes)</u> Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	FBR 2014R Any Passenger:	
NAME		
CONTACT NO.		
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 / <u>(NO)</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>(NO)</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>(YES)</u> / NO	
**WORKSHOP:	REVOLUTION AUTOMOTIVE	
Have you been approach by unknown person soliciting (s) /		



# SINGAPORE POLICE FORCE



T/20210907/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210907/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 15:53		Vide Report No.: D/20210907/0049		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIVAKUMARU KANDASAMY			Address: 324 ANG MO KIO AVENUE 3 #10-1872 SINGAPORE 560324		
ID Type / ID No.: NRIC NO / S7969682Z			Contact No.: Home/Office: Mobile: 82984079		
Nationality: SINGAPORE CITIZEN			Email: sivavik@yahoo.com		
Sex: Male	Age: 41	Date of Birth: 08/11/1979	Type of Informant: Driver		
Race: Tamil		Language: English		Institution / School Name:	
Occupation: Engineer		Driving Licence Information: Class: 3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2021 11:50	Type of Location: Straight Road
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR2014R	Motorcycle					0
SNA6828T	Car	HONDA	VEZEL 1.5X CVT	Blue		0

**Details of Vehicle Insurance**





**SINGAPORE  
POLICE FORCE**



T/20210907/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210907/7020

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA6828T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001336 92100	02/07/2021	01/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIVAKUMARU KANDASAMY		ID No. S7969682Z
Related Vehicle	SNA6828T (Car)		Contact No. 82984079
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	07/09/2021		Date 07/09/2021
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT.

I SAW FROM MY LEFT SIDE MIRROR THAT THE 3RD PARTY WAS COMING AT A HIGH SPEED AND I GAVE HIM SUFFICIENT SPACE TO SQUEEZE THROUGH.

OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM THE LEFT AND REALISED THAT THE 3RD PARTY COLLIDED ONTO THE LEFT PORTION OF MY CAR.

I FELT PAIN AND WENT TO CONSULT A DOCTOR AND WAS GIVEN 2 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20210907/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210907/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
07/09/2021 15:53

Classification Of Case:





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 Private Car

**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)

MX1F

N SN

AN0644A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00133692100

Engine No.: L15B5582113  
Chs. No.:RU11332074

1. Index Mark and Registration  
Number of Vehicle

SNA6828T

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

SIVAKUMARU KANDASAMY

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

02/07/2021  
(00:00:00)

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$53,000.00

Ex Sect. I - Age >= 26

\$5500.00

\* Age as at date of accident

EX ON WINDSCREEN. \$5100.00

4. Date of Expiry of Insurance

01/07/2022

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 \$5500 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.: OCBC BANK

\* 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: CARHOUSE ENTERPRISE(S) PTE LTD



Authorised Signatory

杨正美

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.taiping.com