

# NATIONAL Assessment Centre Services

Date In: 20/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21009808/13	SAS e-filing		
Veh No: GBE9287A	E-mail (within 2hrs. AP, 2hrs.)		
DOA: 18/09/21 1300	i-Motor Claim Form		
OD: (AP) 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: 5103482L	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

NA2106002	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments:-</b>	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non-INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	Invoice date / 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	20/09/2021 19:04 (SGT)
Date of Accident	18/09/2021 13:00 (SGT)
Exact Location of Accident	935 Yishun Central 1, Block 935, Singapore 760935
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9287A
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOLLAND ELECTRICAL ENGINEERING SERVICES PTE LTD
Company Reg No	1XXXXX306H
Email Address	c-weisheng@hotmail.com
Mobile Phone No	(Phone) +65-96432847
Alternative Phone No	+65-96432847

#### 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	DMCVSNW00044072103
Cover Note Number	-

#### DRIVER

Name of Driver	KARUPPIAH RAMESH
Passport No/FIN	GXXXX894R

Date Of Birth	15/05/1984
Occupation	Outdoor
Date Of Driving Pass	04/11/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83038065
Alt. Phone Number	-
Email Address	c-weisheng@hotmail.com
Address	23 KIAN TECK RD
Address complement	-
Postcode	628774
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?	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	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	SJQ3483L
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	KARUPPIAH RAMESH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF9287A
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.
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.

Holland Electrical Engineering Services Pte Ltd

No. 3 Soon Lee Street #03-06

Singapore 627606

Tel: 6562 0600 Fax: 6562 0827

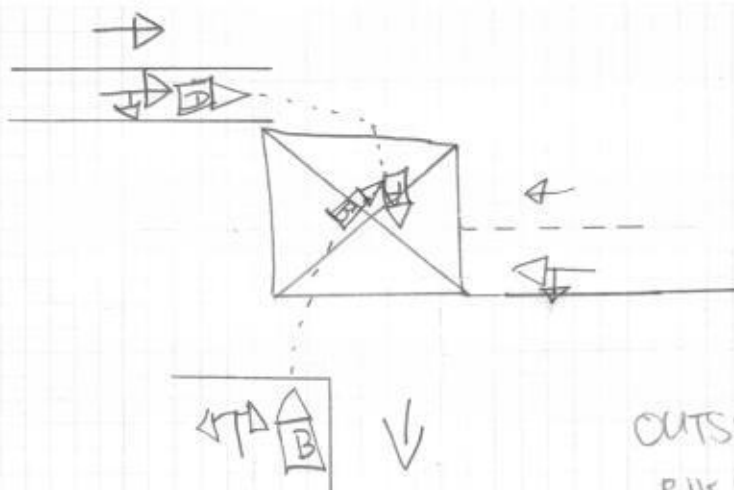
GST Reg No. 19-8802306-H

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



VEH A GBF9287A

VEH B SSQ3483L

OUTSIDE YISHUN CENTRAL I  
BLK 935

ON THE DATE AND TIME STATED, I WAS DRIVING MY COMPANY LORRY (GBFQ287A)  
TRAVELLING ON A GO STRIGHT AND TURN RIGHT LANE OUTSIDE OF YISHUN AVE 1 BIK 935,  
OPPOSITE  
I CHECK THE ROAD WAS CLEARED AND I PROCEEDED, SUDDENLY VEHICLE B (SSQ3483L)  
TURNING OUT FROM THE CARPARK AND HIT MY RIGHT SIDE OF MY COMPANY LORRY, WE CAME DOWN  
AND TAKE PHOTO, THEN LEFT THE SCENE.

Holland Electrical Engineering Services Pte Ltd

No. 3 Soon Lee Street #03-06

Tel: 6562 0600 Fax: 6562 0827

Witnessed by Reporting Centre  
Personnel

Date of Accident : 180921 Accident Time: 1300 (24-HR-Format)  
 Accident Place : OUTSIDE MISHUN CENTRAL 1 BIK 935  
 Vehicle No. (Car Plate No.) : GBF9287A Make/Model: TOYOTA DYNA  
 Insurance Company : CHINA TAIPING Policy No: DMCVSNW00044072103  
 Owner or Company Name /IC No. : HOLLAND ELECTRICAL ENGRG SERVICES PTE LTD  
 Owner or Company Contact No. : 96432847 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : KARUPPIAH RAMESH  
 DRIVER'S Date Of Birth : 15/05/1984 DRIVER'S License Pass Date 14/09/2018  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 23 KIAN TECK RD 628174  
 DRIVER'S Contact No./ Alt No. : 1) 83038065 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : C-WEISHENG@HOTMAIL.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

Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (If YES, Pls state): YES

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SJQ3483L</u>	Vehicle. No: _____
Vehicle Make \Model: <u>TOYOTA ALTIS</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW – Passenger's name & gender:**

NUA LSARLAE THAVATCHAI



Motor Commercial

MZ300C

R SN

AN0397A

Car Type C

**CERTIFICATE OF INSURANCE**

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

CERTIFICATE No.	DMCV5NW00044072103	Engine No.	1KD266E189
		Chassis No.	JTFAT35YX0K07613
1. Motor Make and Registration Number of Vehicle	GBF 9287A	AUTOSAFE	*****
2. Name of Policy Holder	HOLLAND ELECTRICAL ENGINEERING SERVICES PTE LTD		
3. Effective Date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/04/2021 (00:00:00)	Excess Sect)	S\$500.00
		EX ON WINDSCREEN	S\$100.00
4. Date of Expiry of Insurance	15/04/2022		

## 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 towing a trailer except the towing of any one disabled mechanically propelled vehicle


HIRE PURCHASE CO. UNITED OVERSEAS BANK LIMITED 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

  
 INDEX AGENCY PTE LTD  
 Authorized Official

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

  
 Authorized Signatory