

NATIONAL Assessment Centre Services

with Insurer

SN08219K0005

Done by

Date In: 20/09/2021 21:02
Ref No: 2100/1712009855/4
Veh No: GB171TH
D.O.A: 17/09/2021 16:35

Job description
SAS e-illing
E-mail (by date sent, A to Z)
1-Motor Claim Form
1-Motor W/O (within 30 days, TP 4hrs)
1-Photo Uploaded
Assessment/Survey Report
Assessment Report by Fax/Hand to Owner/VVIns

Date & Time Completed
Done by

(1) TP Reporting Only

TP Insurer:

Preferred Wkip / NO Asson Wkip / OW:

TP Insurer/Veh No: WC 65857

INC () / Non-INC ()

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

(Note: Est Stows (WO): N: 0-20%; P: 21-79%; F: 80-100%)

Year of Registration:

Warranty: YES () / NO ()

Excess (\$):

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

() Write-In Customer: Customer's information strictly confidential & strictly NO Refor of repolon.

() 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 > \$9000) ()

Injury:

NA2103916

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engin-In-Charge):

	NO (40)	NO (40)
1) All Accident Work (50)		
2) DA Survey & Assessment (\$100)	\$100	\$100
3) TP Towing Fee	\$100	\$100
4) PT Follow Through Survey (Recovery)	\$100	\$100
5) PT Follow Through Survey (Recovery)	\$100	\$100
6) Vehicle Inspection	\$100	\$100
7) All DA & EMRS Survey	\$100	\$100
8) All Additional Services	\$100	\$100
9) All	\$100	\$100
10) All	\$100	\$100
11) All	\$100	\$100
12) All	\$100	\$100
13) All	\$100	\$100
14) All	\$100	\$100
15) All	\$100	\$100
16) All	\$100	\$100
17) All	\$100	\$100
18) All	\$100	\$100
19) All	\$100	\$100
20) All	\$100	\$100

Fee Charged
Per Charge

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	20/09/2021 21:02 (SGT)
Date of Accident	17/09/2021 14:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE CTE/SLE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1717H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MG PAINTING SERVICES PTE LTD
Company Reg No	2XXXXX600M
Email Address	syl@sgstarhacker.com
Mobile Phone No	(Phone) +65-91892862
Alternative Phone No	+65-91892862

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	DMCVSNW00047252100
Cover Note Number	-

DRIVER

Name of Driver	CHAN WEI SIONG
NRIC No	SXXXX719B

Date Of Birth	06/09/1973
Occupation	Outdoor
Date Of Driving Pass	27/09/2001
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-91892862
Alt. Phone Number	-
Email Address	syl@sgstarhacker.com
Address	BLK 310C PUNGGOL WALK #17-600
Address complement	-
Postcode	823310
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RUBEL MUHAMMAD AJADUL ISKIM
Gender	Male

PASSENGER 2

Name	MURUGESAN SURESH
Gender	Male

PASSENGER 3

Name	GANESAN MANIKANDAN
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	WC6588T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMY2255H
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	CHAN WEI SIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1717H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RUBEL MUHAMMAD AJADUL ISKIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1717H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	GANESAN MANIKANDAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1717H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	MURUGESAN SURESH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1717H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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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.



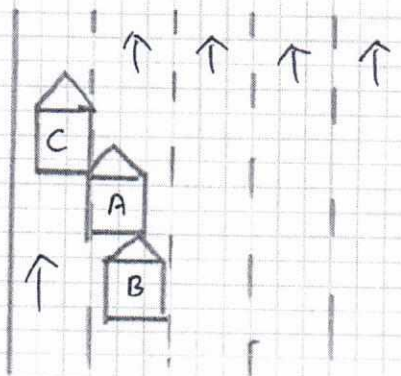
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Tuas Before CTE SLE Exit



A : GBS1717H

B : WCG588T

C : SMY225SH

Describe Circumstances of the Accident

I was travelling straight along PLE Turn before CTE SLE exit. I was slowing down in my own lane to prepare for a lane change. Before I could proceed with the lane change, I felt a great impact from my vehicle rear portion. The impact pushes my vehicle forward. When I got down, I realised I was involved in a 3 car chain collision.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]
Witnessed by Reporting Centre Personnel



Date of Accident : 17092021 Accident Time: 1435 (24-HR-FORMAT)
Accident Place : PIE towards Tuas before CTE SLE Exit.
Vehicle Reg. No (Car plate No.) : GBJ1717H Vehicle Make/Model: TOYOTA DYNA
Insurance Company : CHINA TAIPENG Policy No. DMCVSNW00047252100
Name of Registered Owner : Company / Individual MG PAINTING SERVICES PTE LTD.
ID of Registered Owner : Co Reg No: 201211660M Owner's NRIC No: _____
: Co Contact No: _____ Owner's Contact No: _____
DRIVER'S Name : CHAN WEI SIONG DRIVER'S NRIC No: 57362719B
DRIVER'S Date of Birth : 06091973 DRIVER'S License Pass Date 27092001
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : APT BLUE 310C PUNGGOL WALK #17-600 #582331C
DRIVER'S Contact No./ Alt No. : 1) 91892862 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Syl@sgstarhucker.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): 4 Name & Gender: CHAN WEI SIONG, male mohammad
Was the accident reported to the police? YES \ NO Ajmal Islam, Muryadesan Suresh,
Was there any video Captured by car camera: YES \ NO GAVESAN MANIKANDAN
Exact purpose for which vehicle was being used at the time of accident: Work Purpose
Any injuries, if yes (name of the injured person). Driver + 3 passengers

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>WC 6588T (B)</u>	Vehicle Reg No: <u>SMY2255H (C)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



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.

DMCVSNW00047252100

Engine No.: 1KD2849207

Cha. No.: JTFAT35Y10K212834

1. Index Mark and Registration
Number of Vehicle

GBJ1717H

AUTOSAFE

2. Name of Policy Holder

MG PAINTING SERVICES (PTE. LTD.)

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

30/04/2021
(00:00:00)

Excess Sect I . S\$500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

29/04/2022

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

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED

* 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