

NATIONAL Assessment Centre Services

Date In: 08/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/07781010365/13	SAS e-filing		
Veh No: SLP8827C	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 07/10/21 1330	i-Motor Claim Form		
OD (TP) 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: SINS767X	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) rT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) NL : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	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	08/10/2021 10:20 (SGT)
Date of Accident	07/10/2021 13:30 (SGT)
Exact Location of Accident	444 Sin Ming Ave, Singapore 570444
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8827C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VIKNESWARAN S/O K AMBALAGAN
NRIC No	SXXXX422F
Email Address	viknesimages07@gmail.com
Mobile Phone No	(Phone) +65-87760732
Alternative Phone No	+65-87760732

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00001392100
Cover Note Number	-

DRIVER

Name of Driver	VIKNESWARAN S/O K AMBALAGAN
NRIC No	SXXXX422F

Date Of Birth	27/03/1988
Occupation	Outdoor
Date Of Driving Pass	26/08/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87760732
Alt. Phone Number	+65-87760732
Email Address	viknesimages07@gmail.com
Address	BLK 535 WOODLANDS DRIVE 14
Address complement	#05-603
Postcode	730535
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?	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	SJN5767X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO BOON HUAT
Contact Number	(Phone) +65-96444628
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	VIKNESWARAN S/O K AMBALAGAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLP8827C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

On 07/10/2021 at @ 1330hrs, I was driving in my vehicle (SLP 8827C) in the open carpark of BLK 444 Sen Meng Ave. wanted to exit the carpark, following behind of a car (SJM576TX). While turning right, the ~~said~~ vehicle in front of me stopped and I stopped too. Suddenly, the said vehicle reversed towards my direction. I horned repeatedly, but the said vehicle continue to reverse and collided onto the front portion of my vehicle.

Declaration

I/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

 08/10/21
Witnessed by Reporting Centre Personnel

VEHICLE NO:	SLP 8827 C			MAKE & MODEL:	Toyota Prius C (AUTO) / MANUAL		
DATE OF ACCIDENT:	07/10/2021			CC:	1.8		
TIME OF ACCIDENT:	1330' HRS						
LOCATION OF ACCIDENT:	BLK 444 Sun Ming Ave (Open Carpark)						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE			<input checked="" type="checkbox"/> PRIVATE HIRE			
NAME OF OWNER:	Vikneswaran S/O K Ambalagan						
TEL NO:	H/P: 8776 0732			OFFICE:		HOME:	
NRIC:	S 8810422 F						
ADDRESS:	BLK 535 Woodlands Dr 14 # 05-603 (S) 730535						
EMAIL:	viknesmages07@gmail.com						
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY						
FLEET POLICY:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
INSURANCE COMPANY:	China Taiping						
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft						
POLICY NO:	DMHCSNW00001392100						
NAME OF DRIVER:	<input checked="" type="checkbox"/> AS ABOVE <input type="checkbox"/> IF NO:						
NRIC:				ANY PASSENGER:		N.A.	
DATE OF BIRTH:	27/03/1988			LICENCE PASSED DATE:		26/08/2015	
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR						
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
CONTACT NO:	H/P:		OFFICE:		HOME:		
ADDRESS:							
EMAIL:							
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			INSURER:			
RELATIONSHIP:	Owner						
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:						
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> OTHER:						
ANY INJURIES:	NO <input checked="" type="checkbox"/> YES, WHO?			Vikneswaran S/O K Ambalagan (H/P: 8776 0732)			
NAME & CONTACT:							
NAME & CONTACT:							
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?						
VEHICLE B REG NO:	SJM 5767X			ANY PASSENGERS:		N.A.	
NAME OF DRIVER:	Neo Boon Huat			CONTACT NO:		9644 4628	
VEHICLE C REG NO:	ANY PASSENGERS:						
VEHICLE D REG NO:	ANY PASSENGERS:						
VEHICLE E REG NO:	ANY PASSENGERS:						
VEHICLE F REG NO:	ANY PASSENGERS:						
VEHICLE G REG NO:	ANY PASSENGERS:						
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:						
WAS THERE ANY VIDEO CAPTURE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
WAS THERE ANY AUDIO RECORDED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
ACCIDENT PORTION:	Front Portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	JOSEPH TAN						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						

Motor Hire Car

MZ406L/B

E SN

AN0695A

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.	DMHCSNW00001392100	Engine No. 2ZRS053631	
		Cha. No. JTDKB3FU803560426	
1. Index Mark and Registration Number of Vehicle	SLP8827C	AUTOSAFE	*****
2. Name of Policy Holder	VIKNESWARAN S/O K AMBALAGAN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04/02/2021 (00:00:00)	Excess Sect. I	S\$1,250.00
		Excess Sect. I (Outside Singapore)	S\$2,500.00
		Excess Sect. II	S\$1,250.00
4. Date of Expiry of Insurance	03/02/2022	Excess Sect. II (Outside Singapore)	S\$2,500.00
		EX ON WINDSCREEN	S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

VIKNESWARAN S/O K AMBALAGAN

6. Limitations as to use.*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: GENIE FINANCIAL SERVICES PTE LTD

* 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: Lim Lee Choo
 Authorised Officer



Authorised Signatory