

NATIONAL ASSESSMENT Center Services

SN08212000

Date In: 27/10/2021 12:22
Ref No: 4881721010992/4
Val No: SLV 781
D.O.A: 08/10/2021 18:35

Job description
SAS e-illing
E-mail (by date time, A/S time)
1-Motor Claim Form
1-Motor W/O (within 60 days, TP 40%)
1-Photo Uploaded
Assessment/Survey Report
Assessment Report by Fax/Hand to Owner/Driver

Date & Time Completed
Done by

(1) (1) Reporting Only

TIP Insurer

Preferred Wksp / INO Asses / Wksp / QW1

TIP Handled/Val No: 214

Owner / Driver

Policy No

Period

Cover Type

Confirmed by

Date

Time

Insured/Driver Liability (%) (Note: Est. 50% (WO) N: 0-20% P: 21-79% P: 80-100%)

Year of Registration () Warranty YES () / NO ()

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

() Walk-In Customer / Customer's Information strictly Confidential & strictly NO Referral of Replication

() Total Loss Case / to e-mail Insurer URGENTLY

Drive-In () / Towed-In () / Involves VRS () / NO () / Towling Cost ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QO Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$5,000)

Injury

NA2104525

Driver/Owner

Contract No

Damaged Portion

QC Checked by (Sign-In-Check)

1) All Additional Work (WO)	WO (H)
2) PAI Survey Allowance (\$100)	\$100
3) PAI Survey Fee	\$100
4) PAI Follow-up Survey Fee	\$100
5) PAI Follow-up Survey Fee (Survey)	\$100
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For Client
Per Client

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	27/10/2021 12:22 (SGT)
Date of Accident	09/10/2021 18:30 (SGT)
Exact Location of Accident	66 E Coast Rd, Singapore 428778
Additional Location Information	CARPARK LIFT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV78T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THANARAJ S/O RAMAKRISHNAN
NRIC No	SXXXX343G
Email Address	raj@trafficreconstruction.com
Mobile Phone No	(Phone) +65-96438722
Alternative Phone No	+65-96438722

VEHICLE PARTICULARS

Manufacturer	Ferrari
Model	California
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	4297

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00196512000
Cover Note Number	-

DRIVER

Name of Driver	THANARAJ S/O RAMAKRISHNAN
NRIC No	SXXXX343G

Date Of Birth	17/08/1971
Occupation	Indoor
Date Of Driving Pass	15/03/1991
Driving experience	30 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96438722
Alt. Phone Number	+65-96438722
Email Address	raj@trafficreconstruction.com
Address	35, THE INGLEWOOD
Address complement	-
Postcode	575064
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	0
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

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LIFT
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

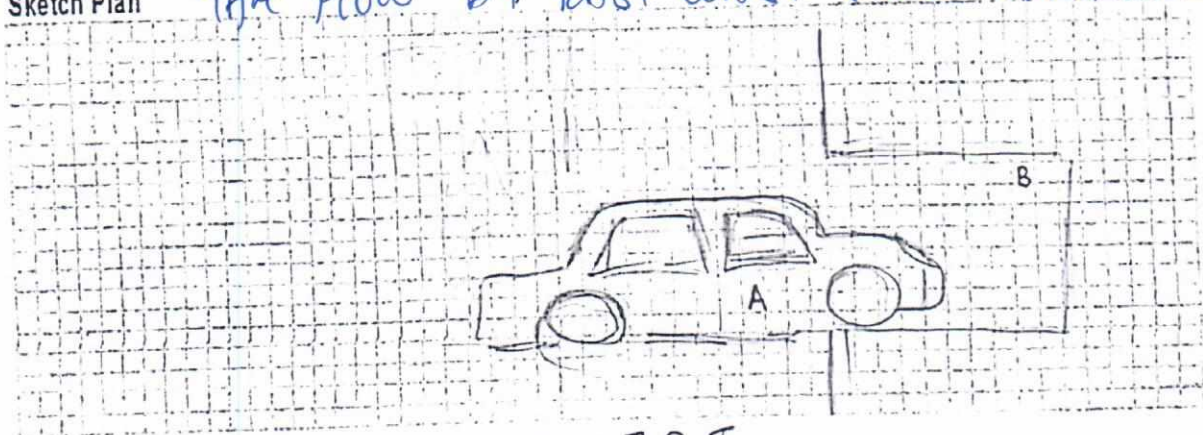
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

27/10/2021
CARPARK



A = SLV 78T

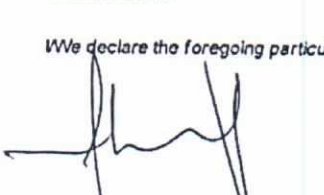
B = Lift

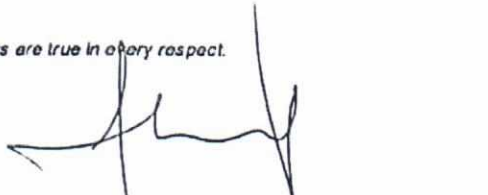
Describe Circumstances of the Accident


I drove into a carpark at The Flow building at East Coast Road on the 9th OCT 2021 at 17.30 pm. It had a car lift and no other bays available for parking. I parked my car in and came back to collect my car after 1 hour. When I exited the building, some passer by alerted me on the damage.

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

 27/10/2021
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	09/10/2021	TIME:	18:30	(hh:mm) 24 hrs Format
LOCATION	THE FLOW at East Coast Road, Carpark 4 ft.			
VEHICLE NUMBER	SLV 781			
INSURED NAME	THANARAJ S/O RAMAKRISHNAN			
NRIC / FIN	S7128343G	CONTACT:	96438722	
MAKE	FERRARI	MODEL	CALIFORNIA	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY				
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER: DMPCSNW00196512000				
NAME DRIVER: AS ABOVE				(<input checked="" type="checkbox"/>) SAME AS INSURED
THANARAJ S/O RAMAKRISHNAN				
NRIC / FIN	S7128343G	CONTACT:	96438722	
DATE OF BIRTH:	170811			
DRIVING PASS DATE:				
OCCUPATION:	(<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER:	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	raj@the-flo.com () NO EMAIL			
ADDRESS OF DRIVER:	35, The Ingwood, Sg 575064			
Number Of Passenger Include Driver:				
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact	
Veh B	The Flow at east coast.	() / Not Sure ()		
Veh C		() / Not Sure ()		
Veh D		() / Not Sure ()		
Veh E		() / Not Sure ()		
Veh F		() / Not Sure ()		
Veh G		() / Not Sure ()		

Motor Private Car

MX1/B

E SN

AN0117A

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.

DMPCSNW00106512000

Engine No.: 178438

Cha. No.: ZFFLJ65C000183575

1. Index Mark and Registration
Number of Vehicle

SLV78T

2. Name of Policy Holder

THANARAJ S/O RAMAKRISHNAN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment30/12/2020
(09.35.58)

Named Drivers Ex Sect. I

S\$15,000.00

Excess Sect. I (Outside Singapore)

S\$30,000.00

EX ON WINDSCREEN.

S\$1,000.00

4. Date of Expiry of Insurance

29/12/2021

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.

THANARAJ S/O RAMAKRISHNAN

VINITA MENON D/O MADHAVAN

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.

* 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: _____
Irene Hor
Authorised Officer_____
Authorised SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com