

NATIONAL ASSURANCE CENTRE SERVICES

Sal 05/230006

Date In: 03/11/2021 17:57
Ref No: XIB0104334
Veh No: SJO 82644
D.O.A: 02/11/2021 19:10

Job Description	Butt & Finis Completed	Done by
SAS e-thing		
Crash (by the third party)		
Motor Claim Form		
Motor W/O (Within 30 days TP 401)		
Photo Uploaded		
Assessment Survey Report		
Attil Report by Fax / Email to Owner/Insurer		

(1) TP Reporting Only

TP Insurer

Preferred Wksp / HMO / Non-Preferred Wksp / QWSP

TP Insurer / Vch No: SLX 6300B, INC, / Non-INC

Owner / Driver

Policy No: / Period: / Cover Type:

Continued by: / Date: / Title:

Insured/Driver Liability: (%) (Note: Use Slows (WO) N10-20%, P121-79%, P180-100%)

Year of Registration: / Warrant YES / NO

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

() Walk-In Claimant / Customer Information Privately Confidential & Strictly NO Referral of Repetition

() Total Loss Case / To email Insurer URGENTLY

Driver-In: / Towed-In: / Involves VRS: / NO: / Toward Co:

1) Apply for Transport Allowance: / Courtesy Car:

2) QC Check / Post Repair Inspection

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

Injury:

XIB0104334

Driver/Owner

Continued No

Continued Portion

QC Checked by (Engin-Chung)

Page 1

1) All Additional Work (50%)	
2) 24 Hour Emergency (5100)	NO (20)
3) 24 Hour Emergency (5100)	5100
4) 24 Hour Emergency (5100)	5100
5) 24 Hour Emergency (5100)	5100
6) 24 Hour Emergency (5100)	5100
7) 24 Hour Emergency (5100)	5100
8) 24 Hour Emergency (5100)	5100
9) 24 Hour Emergency (5100)	5100
10) 24 Hour Emergency (5100)	5100
11) 24 Hour Emergency (5100)	5100
12) 24 Hour Emergency (5100)	5100
13) 24 Hour Emergency (5100)	5100
14) 24 Hour Emergency (5100)	5100
15) 24 Hour Emergency (5100)	5100
16) 24 Hour Emergency (5100)	5100
17) 24 Hour Emergency (5100)	5100
18) 24 Hour Emergency (5100)	5100
19) 24 Hour Emergency (5100)	5100
20) 24 Hour Emergency (5100)	5100

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	03/11/2021 17:57 (SGT)
Date of Accident	02/11/2021 19:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	KAMPONG JAVA FLYOVER EXIT 6 TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8264U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VAITHIYALINGAM SHEZHIYAN
NRIC No	SXXXX367Z
Email Address	chankb93@gmail.com
Mobile Phone No	(Phone) +65-98829595
Alternative Phone No	+65-98829595

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00126482100
Cover Note Number	-

DRIVER

Name of Driver	VAITHIYALINGAM SHEZHIYAN
----------------	--------------------------

NRIC No	SXXXX367Z
Date Of Birth	07/12/1962
Occupation	Indoor
Date Of Driving Pass	07/06/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98829595
Alt. Phone Number	+65-98829595
Email Address	chankb93@gmail.com
Address	BLK 621 WOODLANDS DRIVE 52 #09-40
Address complement	-
Postcode	730621
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MANIMAGALAI
Gender	Female

PASSENGER 2

Name	THAADHINA D/O DINESH KUMAR
Gender	Female

PASSENGER 3

Name	SAHANA D/O SHEZHIYAN
Gender	Female

PASSENGER 4

Name	DIAH OKTAVIA JAANA PUTRI
Gender	Female

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	SLX6300B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC5687X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VAITHIYALINGAM SHEZHIYAN
Gender	Male
Phone No	(Phone) +65-98829595
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJQ8264U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MANIMAGALAI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SLIGHT INJURY
SJQ8264U
Yes
No

INJURED 3

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

THAADHINA D/O DINESH KUMAR
Female
-
-
-
-
-
SLIGHT INJURY
SJQ8264U
Yes
No

INJURED 4

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

SAHANA D/O SHEZHIYAN
Female
-
-
-
-
-
SLIGHT INJURY
SJQ8264U
Yes
No

INJURED 5

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

DIAH OKTAVIA JAANA PUTRI
Female
-
-
-
-
-
SLIGHT INJURY
-
Yes
No


Describe Circumstances of the Accident


On the stated date & time, I, vehicle A (SJRB564U) was stationary at the stated location on the extreme left lane as the front vehicle was stop. Out of sudden, I felt an impact from the rear portion of my vehicle. I alighted and realised vehicle C (GB15687X) collided onto vehicle B (SLX6300B) causing vehicle B (SLX6300B) to surge forward and collided onto the rear portion of my vehicle causing damages.


Passenger : 1) Manimagalai (F)
2) Thaadhina D/o Dinesh Kumar (F)
3) Sahana D/o shezhiyan (F)
4) Diah Oktavia Janna Putri (F)

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

 03/11/2021
Witnessed by Reporting Centre
Personnel

SKETCH PLAN

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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**.
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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

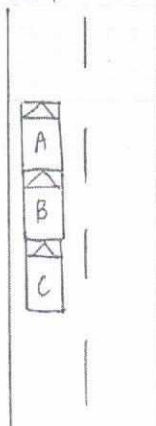
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

03/11/2021

Sketch Plan

(TE (Kampong Java Flyover) Exit b towards Bukit Timah Road



Vehicle A: SJQ 8364U
Vehicle B: SLX 6300B
Vehicle C: G1B 5687X

Date of Accident : 2/11/2021 Accident Time: 1910hrs (24-HR-FORMAT)
Accident Place : (TE) Kampong Java Flyover Exit 6 towards Bukit Timah Road
Vehicle Reg. No (Car plate No.) : S708264U Vehicle Make/Model: Toyota Camry
Insurance Company : China Taiping Policy No. _____
Name of Registered Owner : Company / Individual Vaithiyalingam Shezhiyan
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S2705367Z
Co Contact No: _____ Owner's Contact No: 9882 9595

DRIVER'S Name : Vaithiyalingam Shezhiyan DRIVER'S NRIC No: S2705367Z
DRIVER'S Date of Birth : 07 Dec 1962 DRIVER'S License Pass Date: 07 Jun 1986
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others owner
DRIVER'S Address : APT B1K 621 Woodlands Drive 5 #09-40 Singapore 730621
DRIVER'S Contact No. / Alt No. : 1) 9882 9595 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : chankb93@gmail.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): 05 Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES / NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: 1) Vaithiyalingam Shezhiyan
Injured Name: 2) manimagalai
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose 3) Thuchina olo Dinash Kumar
4) Sahana olo Shezhiyan
5) Diah Oktavia Joana Putri

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLX6300B</u>	Vehicle Reg No: <u>GBL5687X</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: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
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 Private Car

MX1

N SN

AN0715A

Cov. Type:F

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.

DMPCSNW00126482100

Engine No.: 1AZE136657

Cha. No.:MR053BK4107045370

1. Index Mark and Registration
Number of Vehicle

SJQ8264U

2. Name of Policy Holder

VAITHIYALINGAM SHEZHIYAN

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

22/06/2021
(00:00:00)

4. Date of Expiry of Insurance

21/06/2022

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.

HIRE PURCHASE CO. : MOTOR CREDIT 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: ALL INS MARKETING PTE LTD
Authorised Officer

Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

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