

NATIONAL Assessment Center Suppliers

Date In: 08/11/2021 20:02
 Ref No: XA2104/353
 Vch No: 57P 2103 3
 C.O.A: 06/4/2021 10:50

Job Description	Done by
SAS Billing	
Transfer (by date 11/19/21)	
Motor Claim Form	
Motor W/O (Within 30 days of loss)	
Photo Uploaded	
Assessment Survey Report	
Accident Report by Ins/Plan to Owner/Driver	

(1) (1) Reporting Only

TP Insurer

Preferred Wksp / NO Assn / Wksp / QW /
 P / Ind / Sub / Vch No: 57P 2103 3
 Owner / Driver /
 Policy No / Period / Cover Type /
 Confirmed by / Date /
 Insured / Driver Liability (%) (Note: Est. Slows (WO) N10-20%, P121-70%, P180-100%)
 Year of Registration /
 License / Loading \$1,000 / \$2,000

() Within 30 days of loss
 () Total Loss Case (to e-mail insurer URGENTLY)
 Driver In / Towed In / Involves VNS / NO / Towing Co /

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Costs > \$3,000) ()

Injury /

Driver/Owner	1) All Losses / Wksp (30)
Continous No	2) SA / Sub / Ind / Wksp (300)
Continous Portion	3) P / Sub / Ind / Wksp (30)
QC Checked by (Engr-In-Clarity)	4) P / Sub / Ind / Wksp (30)
	5) P / Sub / Ind / Wksp (30)
	6) P / Sub / Ind / Wksp (30)
	7) P / Sub / Ind / Wksp (30)
	8) P / Sub / Ind / Wksp (30)
	9) P / Sub / Ind / Wksp (30)
	10) P / Sub / Ind / Wksp (30)
	11) P / Sub / Ind / Wksp (30)
	12) P / Sub / Ind / Wksp (30)
	13) P / Sub / Ind / Wksp (30)
	14) P / Sub / Ind / Wksp (30)
	15) P / Sub / Ind / Wksp (30)
	16) P / Sub / Ind / Wksp (30)
	17) P / Sub / Ind / Wksp (30)
	18) P / Sub / Ind / Wksp (30)
	19) P / Sub / Ind / Wksp (30)
	20) P / Sub / Ind / Wksp (30)

Insured / Driver /
 Policy No / Period / Cover Type /
 Confirmed by / Date /

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	08/11/2021 20:02 (SGT)
Date of Accident	06/11/2021 10:50 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS ECP BEFORE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2103J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VICKNESH S/O ARUNANEETHI
NRIC No	SXXXX210G
Email Address	cs85558cs@gmail.com
Mobile Phone No	(Phone) +65-91130323
Alternative Phone No	+65-91130323

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1584

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00067782100
Cover Note Number	-

DRIVER

Name of Driver	SUPPIAH S/O ARUNANEETHI
NRIC No	SXXXX698D

Date Of Birth	31/01/1989
Occupation	Indoor
Date Of Driving Pass	08/12/2010
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91130323
Alt. Phone Number	-
Email Address	cs85558cs@gmail.com
Address	BLK 203B PUNGGOL FIELD #06-334
Address complement	-
Postcode	822203
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
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	SMS359L
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	SKH844J
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	SUPPIAH S/O ARUNANEETHI
Gender	Male
Phone No	(Phone) +65-91130323
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJD2103J
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.
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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.
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE toward ECP

ASJA 2103J
BSHA 844J
CSMS 359J

1

2

3

B D A C D

Describe Circumstances of the Accident

I was driving my car ~~to~~ SJD 2103 J on LANE DT KPE Towards ECP. The car in front of me slowed down and I also slowed on my vehicle and prepared to stop as I knew that I managed to stop behind the car and after stopping there was a loud bang from my rear and that impact caused my car to move forward and it collided into the rear of the vehicle which was in front of me. I immediately pulled my handbrake after the collision and stepped out of the car to assess the situation. Then I found I was involved in 3 car chain collision.

POLICE REPORT G/2021/1106/7043

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

Witnessed by Reporting Centre Personnel

M

Email: sm@idac.com.sg Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 06/11/2021 (dd/mm/yy)

Time of Accident: 10:50 (24-HR-FORMAT)

Vehicle No.: ~~STH 2103J~~ SJD Vehicle Make & Model / Engine (cc): LAULER Private Hire: (Y) (N)

Exact location of Accident: JPE Toward ELP before tunnel

Policyholder's Name / IC No.: VICKNESHWARAN S/O ARUNANEE THI S 93042106 ROC/UEH (Company)

Driver's Name / IC No.: SUPPIAT S/O ARUNANEE THI S8903698D (As Above) ☐

Driver's Contact No.: 9113 0323 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 203B PUNGGOL FIELD #06-334 SIN 822203

Owner Email address: _____ Insurance Company: CHINA

Driver Email address: CS8558CS@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: SUPPIAT S/O ARUNANEE THI

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Bedok division HQ

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMS 359L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SKH 844J

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



G/20211106/7043

1 of 2

POLICE REPORT (NP299)

Report No. G/20211106/7043

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 06/11/2021 14:43	Vide Report No.	Station Diary No.
Name Of Informant SUPPIAH S/O ARUNANEETHI	Address 203B PUNGGOL FIELD #06-334 SINGAPORE 822203	
ID Type / ID No. NRIC NO / S8903698D	Contact No. Home/Office: Mobile: 91130323	
Nationality SINGAPORE CITIZEN	Email Address dineshjigsaw@gmail.com	
Occupation SAF REGULAR	Sex Male	Age 32
Institution/School Name	Date of Birth 31/01/1989	Race Indian
Date/Time Of Incident 06/11/2021 10:50 - 06/11/2021 10:50	Location Of Incident KPE TOWARDS ECP LANE 1 (9KM)	

Brief details.

At around 1050hrs on 06/11/21, I was involved in a chain collision involving three cars. I was driving SJD 2103J (white lancer GLX) on the lane 1 and the vehicle Infront of me SMS3591 (grey Honda fit) slowed down and came to a stop I slowed down and came to competed stop about more than 1 - 1.5 meter behind the vehicle. After I came to a complete stop I heard a loud bang from the rear of vehicle my vehicle and it caused my vehicle to roll forward and collided into the vehicle which was Infront of me. I immediately engaged my handbrake and dismounted from my vehicle to Access the situation. All three vehicles sustained damages. All parties took pictures of the damages.

DAMAGE

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2021 14:43
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20211106/7043

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211106/7043

SJD2103(FRONT AND REAR)

SMS3591(REAR)

SKH844J(FRONT)(BMW 3rd vehicle)

We were then told to move our vehicle to the road shoulder by the LTA marshal. After moving to the road shoulder we exchanged particulars and then proceeded to drive the vehicle to the workshop. All 3 parties sustained to Major injuries whereby a medical evacuation was required.

Subjects Involved			
Victim			
Person Name	SUPPIAH S/O ARUNANEETHI		
ID Type	NRIC NO	ID No	S8903698D
Gender	Male	Age	32
Race	Indian	Language	English
Occupation	SAF REGULAR	Address	203B PUNGGOL FIELD #06-334 SINGAPORE 822203
Mobile No	91130323	Is Informant A Victim?	Yes
Person Name	SUPPIAH S/O ARUNANEETHI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
06/11/2021 14:43

Classification Of Case:

HEALTHLIGHT FAMILY MEDICINE CLINIC

Blk 601 Choa Chu Kang Street 62 #01-09 Singapore 680601
Tel: +6567672281

MEDICAL LEAVE

No: **112451**

Issued date: **06/11/2021**

Name: **Suppiah arunaneethi**

NRIC / Passport number: **A S8903698D**

Start date: **06-11-2021** End date: **07-11-2021**

Type of certificate granted: **Medical leave**

This is to certify that the patient is unfit for duty for a period of 2 days



Scan QR code
to verify this
MC

Dr Sau Po Yi

License No.:
MBChB

This certificate is not valid for Court Attendance or Police Reporting.



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

MX1F

N SN

AN0644A

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.

DMPCSNW00067782100

Engine No.: 4G18JP4632

Cha. No.: JMYSNCS3A8U003653

1 Index Mark and Registration
Number of Vehicle

SJD2103J

AUTOSAFE

2 Name of Policy Holder

VICKNESHWARAN S/O ARUNANEETHI

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

31/03/2021
(13.49.16)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4 Date of Expiry of Insurance

30/03/2022

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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK SINGAPORE 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



Issued By: CAR HOUSE ENTERPRISE (S) PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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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