

NATIONAL Assessment Centre Services

Date In: 10/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTE21012522/13	SAS e-filing		
Veh No: 4N8690K	E-mail (w/dia, klars, AIC 2hrs)		
D.O.A: 09/12/21 0825	i-Motor Claim Form		
OD: (1) / 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: SL49283M	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

NA2106671	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	10/12/2021 12:53 (SGT)
Date of Accident	09/12/2021 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF CLIVE STREET & DUNLOP STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8690K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TMF AUTOMOTIVE PTE LTD
Company Reg No	2XXXXX883C
Email Address	bumblebbb8888@gmail.com
Mobile Phone No	(Phone) +65-91359838
Alternative Phone No	+65-91359838

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00033762100
Cover Note Number	-

DRIVER

Name of Driver	MURUGESAN ARJUNAN
Passport No/FIN	GXXXX384Q

Date Of Birth	10/02/1994
Occupation	Outdoor
Date Of Driving Pass	24/01/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86510650
Alt. Phone Number	-
Email Address	bumblebbb8888@gmail.com
Address	7 SOON LEE ST
Address complement	#01-34
Postcode	62768
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	POORASAMY AYYAPPAN
Gender	Male

PASSENGER 2

Name	CHANDRAN UTHAYASANKAR
Gender	Male

PASSENGER 3

Name	RAMAMOORTHY BARANIDHARAN
Gender	Male

PASSENGER 4

Name	MOHAN DEVENDRAN
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

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	SLU9283M
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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' 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.

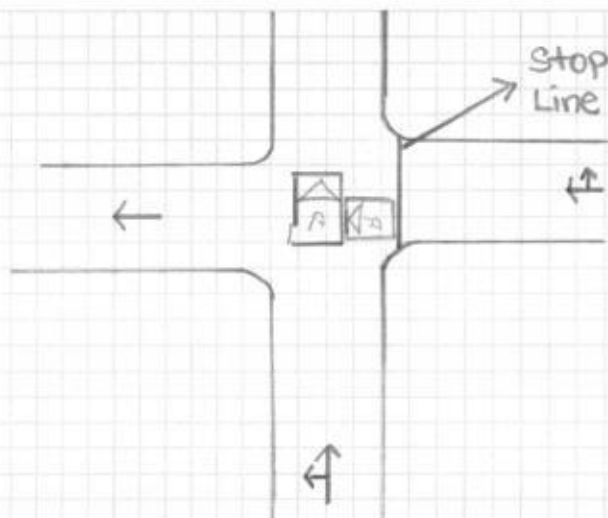


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = YN8690K

B = SLU9283M

Junction of Clive Street
and Dunlop Street

Describe Circumstances of the Accident


Refer to Attached


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

 10/12/21
Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I , VEHICLE A
(YN8690K) WAS TRAVELLING STRAIGHT ON THE
STATED VENUE. SUDDENLY I FELT A HUGE IMPACT
FROM THE RIGHT PORTION OF MY VEHICLE. AFTER I
ALIGHTED I THEN REALISE THAT IS VEHICLE B
(SLU9283M) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : YN8690K

VEHICLE B : SLU9283M

A handwritten signature in black ink, appearing to be 'J. J.' or similar, written in a cursive style.A small handwritten arrow pointing to the right, drawn in black ink.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN021CA0003 Vehicle Registration No: YN8690K
Name (as shown in NRIC): MURUGESAN ARJUNAN NRIC/FIN/Passport No: GXXXXX384Q
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 7 SUND LEE ST #01-34 Singapore (627608)
Contact (Tel): _____ Mobile No.: 86510650
Email Address: _____
Date of Accident: 09/12/21 Time of Accident: 0825
Place of Accident: JUNC OF CLIVE ST & DUNCOP ST
Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN SKETCH PLAN

Policyholder / Driver's Signature
Date:

 10/12/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 9/12/2021	Time: 08:25hr	(hh:mm) 24 hr format
Location Junction of Clive Street and Dunlop Street		
Vehicle Number YN8690K		
Insured Name TMF Automotive Pte Ltd		
NRIC/FIN 201619883C	Contact Number 91359838	
Make Mitsubishi	Model Canter	FEB21ER4SDEB(CBU)
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		
Insurance Company China Taiping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMCVSNA00033762100		
Name of Driver murugesan Arjunan		() Same as Insured
NRIC / FIN G2164384Q	Contact Number 86510650	
Date of Birth 10/2/1994		
Driving Pass Date 24 Jan 2017		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address bumblebbb8888@gmail.com		() NO EMAIL
Address of Driver 7 Soon Lee St #01-34 (S) 627608		
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"/>) Hirer		
() Owner () Spouse () Friend () Relative () Children () Sibling		
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 () 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 detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SLU9283M	
Veh C		
Veh D		
Veh E		
Veh F		

1. Poorasamy Ayyappan (M)
2. Chandran uthayaSankar (M)
3. Ramamoorthy Baranidharan (M)

4. Mohan Devendran (M)

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.	DMCVSNA00033762100	Engine No.: 4P10B73469	
		Cha. No.: FEB21EA10232	
1. Index Mark and Registration Number of Vehicle	YN8690K	AUTOSAFE	
		=====	
2. Name of Policy Holder	TMF AUTOMOTIVE PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08/07/2021 (00:00:00)	Excess Sect. I .	S\$2,000.00
		Excess Sect. II	S\$2,000.00
4. Date of Expiry of Insurance	17/03/2022	EX ON WINDSCREEN .	S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business and Hirer's Business.
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.
- (3) Use for social, domestic or pleasure purpose.

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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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: Chua Suat Lay Sally
 Authorised Officer



Authorised Signatory



TMF AUTOMOTIVE PTE LTD (201619883C)

7 Soon Lee Street #01-34 iSpace Building Singapore 627608

Tel: 6898 1533, Fax: 6268 1968

GST ID No : 201619883C Email: tmfbobbyteh@gmail.com

RENTAL AGREEMENT

Company	AIE
Hirer's Name	2 drivers.
Hirer's Address	51 Bukit Batok Crescent #05-21 Unity Centre
NRIC/ Passport No.	
Driving Licence No.	
Contact No.	
Email	

SG 658c

RENTAL DETAILS

License Plate

License Plate	YN8690 K	Deposit	\$ 1600.
Rental Amount \$	SGD\$ 1600. PER MONTH	Rental Amount + GST 7%	SGD \$ 1712.
FUEL Taken*	FULL / NOT FULL	FUEL Return*	FULL / NOT FULL
*Rates do not include FUEL *Every un-refuel petrol is chargeable @ S\$30 per quarter tank			
Propose Start Date	8/7/2021	Propose Return Date	8/7/2022.
Start Date / Time	8/7/21 6pm	Return Date / Time	


*Deposit There is a 3% charge if paid by credit card.

Payment detail before 1st of every month

Account Number : 628 498 099 001

PayNow : 201619883C

Please indicate the vehicle number when making the payment

F →  E

top up the same level upon return