

NATIONAL Assessment Centre Services

Date In: 22/03/2022 13:22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22002619/M4	SAS e-filing		
Veh No: GX 7824J	E-mail (within 3hrs. AIC 2hrs)		
D.O.A: 21/03/2022 18:45	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: YM9627T 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 (\$) 1st Bill	Amt (\$) Add Bill
NA 2200756		
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*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 30	
	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 22/03/2022 13:22 (SGT)
Date of Accident 21/03/2022 18:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES PLACE INFRONT SINGAPORE FUNERAL PARLOUR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX7824J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOPAIR ENGINEERING PTE LTD
Company Reg No 2XXXXX861G
Email Address wecare@topair.com.sg
Mobile Phone No (Phone) +65-67895223
Alternative Phone No (Office) +65-67895223

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00023192102
Cover Note Number -

DRIVER

Name of Driver BOORASAMY GURUMOORTHY
Work Permit No GXXXX811Q

Date Of Birth	09/05/1986
Occupation	Outdoor
Date Of Driving Pass	01/04/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94666081
Alt. Phone Number	-
Email Address	gurumoorthi9586@gmail.com
Address	27 NEW INDUSTRIAL ROAD
Address complement	#06-03
Postcode	536212
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	YM9627T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ISLAM MOHAMMAD MINARUL
Contact Number	(Phone) +65-82618339
Address	-
Address complement	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



Carter

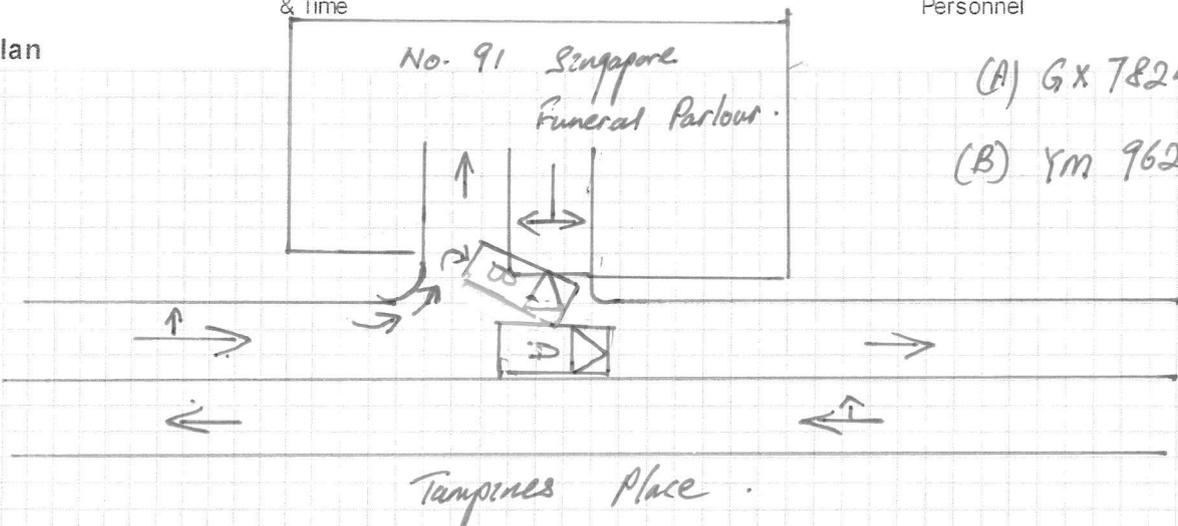
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Rn 22/3/2022

Sketch Plan



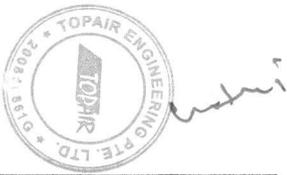
(A) GX 7824J.
(B) YM 9627T.

Describe Circumstances of the Accident

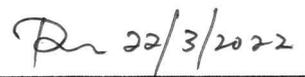
On 21/03/2022 at @ 1845 hrs, I was travelling in my vehicle (GX 7824J) along Tampines Place near to Singapore Funeral Parlour on a single lane. The lorry (YM 9627T) in front of me turn left into the entrance of Singapore Funeral Parlour and I proceed straight forward. Suddenly, the said lorry made a right turn out and collided onto the left side 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

Witnessed by Reporting Centre Personnel

VEHICLE NO:	GX 7824 J		MAKE & MODEL:	Toyota Dyna .		AUTO (MANUAL)	<input checked="" type="checkbox"/>
DATE OF ACCIDENT:	21 / 03 / 2022 .		CC:	2982cc			
TIME OF ACCIDENT:	1845 HRS						
LOCATION OF ACCIDENT:	Tampines Place in front Singapore Funeral Parlour						
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	TOPAIR ENGINEERING PTE LTD						
TEL NO:	H/P:		OFFICE: 6789 5223		HOME:		
NRIC:	200816861G.						
ADDRESS:	27, New Industrial Road #06-03 (S) 536212 .						
EMAIL:	wecare @ topair . com . sg .						
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / 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 / Third Party / Third Party Fire & Theft						
POLICY NO:	DMCVSNW00023192102 .						
NAME OF DRIVER:	AS ABOVE / IF NO:		Boorasamy Gurumoorthi				
NRIC:	G7906811Q		ANY PASSENGER:		N.A		
DATE OF BIRTH:	09 / 05 / 1986		LICENCE PASSED DATE:		01 / 04 / 2017		
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR						
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE						
CONTACT NO:	H/P: 9466 6081		OFFICE:		HOME:		
ADDRESS:	27, New Industrial Road #06-03 (S) 536212 .						
EMAIL :	gurumoorthi 9586 @ gmail . com						
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:		INSURER:				
RELATIONSHIP:	Employee .						
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / OTHERS:						
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:						
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?						
NAME & CONTACT:							
NAME & CONTACT:							
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?						
VEHICLE B REG NO:	YM 9627 T		ANY PASSENGERS:		3-4 (M) .		
NAME OF DRIVER:	Islam Mohammad Minarul .		CONTACT NO:		8261 8339		
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:	N.A.		WITNESS CONTACT:		N.A.		
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 / NO						
ACCIDENT PORTION:	Left side .						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd .						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	JOSEPH TAN						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						

Motor Commercial

MZ300/C

R SN

AN0676A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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)

Engine No.: 1KD2793338

Cha. No.:JTFAT35Y80K210143

CERTIFICATE No. DMCVSNW00023192102

1. Index Mark and Registration
Number of Vehicle GX7824J

2. Name of Policy Holder TOPAIR ENGINEERING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01/04/2021 (00:00:00)
Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance 31/03/2022

5. Persons or Classes of Persons entitled to drive*
Any person who is driving on the Policyholder's order or with their 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:*
(1) Use in connection with the Policyholder's business.
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
(3) Use for social, domestic or pleasure purposes.The Policy does not cover
(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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: EZY-1 SERVICES PTE LTD
Authorised Officer
Authorised Signatory