

NATION 11 Assessment Centre Services

SN08223M0002

Date: 22/03/2022 15:25	Vehicle Description	Time Taken to Complete	Location
Ref No: N188/C7122008632/Y	SASE filing		
Ref No: YQ 18955	E-mail (uploading status) (M, 2hrs)		
Date: 21/03/2022 13:15	i-Motor Claim Form		
① Reporting End	i-Motor W/O (reason for not i-Motor)		
	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: SKQ 6866E	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 or 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

<p>NA2200758</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR : Accident Reporting (\$30)</p> <p>2) DA : Damage Assessment (\$100), INC (\$80)</p> <p>3) TF : Towing Fee \$40 \$45</p> <p>4) FT : Follow-Through Survey \$120</p> <p>5) RT : Follow-Through Survey (Resurvey) \$10</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR : Re-inspection \$75</p> <p>7) N1 : 1 day DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OR:</p> <p>* N5 : Courtesy Car / Trip Allowance \$2</p> <p>* N6 : Repair Coordination \$10</p> <p>* N7 : Post Repair Inspection \$25</p> <p>* N8 : DV / Collect Excess Coordination \$1</p> <p>* LP (N11) : TP (by a INC) against INC \$10</p> <p>9) N12 : 1 day Mobile \$10</p> <p>Invoice dated: _____</p> <p>See Charges:</p>	<p>Am1 (\$)</p> <p>Am1 (\$)</p> <p>Am3 (\$)</p> <p>Am3 (\$)</p>
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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 15:25 (SGT)
Date of Accident	21/03/2022 13:15 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1895S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LONGSHOT COMPANY
Company Reg No	2XXXX200W
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-87424207
Alternative Phone No	+65-87424207

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	2977

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00151672100
Cover Note Number	-

DRIVER

Name of Driver	TINESH RAJAKRISHNA
NRIC No	SXXXX647A

Date Of Birth	29/08/1989
Occupation	Outdoor
Date Of Driving Pass	16/11/2010
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87424207
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 512 BUKIT BATOK STREET 52 #02-512
Address complement	-
Postcode	650512
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	Collision - Head to Rear
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ6466E
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)		-

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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.

LONGSHOT COMPANY

2 SIRAT ROAD

SINGAPORE 545750

TEL: 63873410 / 6387 8907

FAX: 63873826

REG. NO. 296202100W

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JLN BAHAR



A = YQ12955

B = SFQ6466E

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG JLN BHARU.

THE VEHICLE IN FRONT OF MINE CAME TO A

COMPLETE STOP, I FOLLOWED TO STOP.

SUDDENLY, I FELT AN IMPACT FROM THE REAR.

Declaration

We declare the foregoing particulars are true in every respect.



LONGSHOT COMPANY
2 SIRAT ROAD
SINGAPORE 545758
TEL: 6877 1111 / 6877 6667
FAX: 6877 6667
Email: info@longshot.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature] 22/03/2022

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: 21 / 03 / 2022 (dd/mm/yy)

Time of Accident: 07 13 : 15 (24-HR-FORMAT)

Vehicle No.: YQ1895S Vehicle Make & Model / Engine (cc): MITSUBISHI CANTER Private Hire: (Y / N)

Exact location of Accident: ULN BAHAR

Policyholder's Name / IC No.: LONGSHOT COMPANY ROC/UEN (Company) 29820200W

Driver's Name / IC No.: TINESH A/L RAJAKRISHNA S8973647A (As Above) ☐

Driver's Contact No.: 8742 4207 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 512 BUKIT BATOK STREET 52 #02-512 SINGAPORE 650512

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: CHINA TAIPING

Driver Email address: _____

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): 1

*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: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKQ6766E

Driver's Contact No: _____ Insurance Company: _____

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

Driver's Contact No: _____ Insurance Company: _____

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

Preferred Workshop Name: _____ Contact No: _____

Motor Commercial

MZ301/C

N SN

AN0478A

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, 1997 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00151672100

Engine No.: 4P10E08152

Cha. No.: FECX1HA30015

1. Index Mark and Registration
Number of Vehicle

YQ1895S

AUTOSAFE

=====

2. Name of Policy Holder

LONGSHOT COMPANY

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

27/12/2021
(00:00:00)

Excess Sect I. S\$500.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

26/12/2022

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes
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 racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC 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 1997 (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: INSURE HUB 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

🌐www.sg.cntaiping.com