

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>01/04/2022</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CT122003055/M4</b>	SAS e-filing		
Veh No: <b>GBJ 3050J</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>31/03/2022 18:05</b>	i-Motor Claim Form		
OD / TP <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars:	Veh No: <b>BICYCLE</b>	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

**NA 2200873**

### Invoice Preparation Checklist

Amt (\$) 1st Bill    Amt (\$) Add Bill

<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100);    INC (\$80)		
Driver/Owner:	3) TF : Towing Fee    \$40/\$45		
Contact No:	4) FT : Follow-Through Survey    \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey)    \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection    \$75		
	7) N1 : Idac DA + SMRT Survey    \$160		
<b>Auditors' Comments :-</b>	8) NTUC Additional Services:-		
	<b>ON*</b>		
	*N5: Courtesy Car / Tpt Allowance    \$5		
	*N6: Repair Co-ordination    \$10		
	*N7: Post Repair Inspection    \$25		
	*N8: DV / Collect Excess Coordination    \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC    \$20		
Cat. 2 / 3:	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	01/04/2022 18:39 (SGT)
Date of Accident	31/03/2022 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 11
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3050J
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LINK ELECTRICAL PTE. LTD.
Company Reg No	2XXXXX602W
Email Address	linkepl@yahoo.com.sg
Mobile Phone No	(Phone) +65-67452851
Alternative Phone No	(Office) +65-67452851

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00024272200
Cover Note Number	-

### DRIVER

Name of Driver	SUBRAMANIAN SENTHIL KUMAR
Passport No/FIN	FXXXX580N



Date Of Birth	03/07/1973
Occupation	Outdoor
Date Of Driving Pass	03/01/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91037325
Alt. Phone Number	-
Email Address	senthil.nikhil2007@gmail.com
Address	17 TOH GUAN ROAD EAST
Address complement	#04-41
Postcode	608570
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	Collided into Bicyclist
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	COLLEAGUE
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220401/2004.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BICYCLE
No. Of Passenger (Including Driver)	-



**SKETCH PLAN**

**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. 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

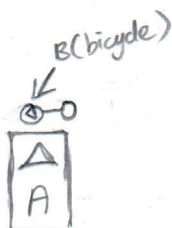
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = GIBJ 3050J

B = Bicycle

Yishun Avenue 11









**SINGAPORE  
POLICE FORCE**



T/20220401/2004

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20220401/2004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2022 09:37	Vide Report No.: L/20220331/0121	Station Diary No.: 32
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Informant's Particulars			
Name of Informant: SUBRAMANIAN SENTHIL KUMAR		Address: 19A TOH GUAN ROAD EAST TOH GUAN DORMITORY SINGAPORE 608567	
ID Type / ID No.: FIN NO / F8305580N		Contact No.: Home/Office: Mobile: 91037325	
Nationality: INDIAN		Email:	
Sex: Male	Age: 48	Date of Birth: 03/07/1973	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Electrical engineering technician (general)		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/03/2022 18:00	Type of Location: Straight Road
Location:  YISHUN AVENUE 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ3050J	Van				No Damage	1



**SINGAPORE  
POLICE FORCE**



T/20220401/2004

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20220401/2004

**CONTINUATION OF REPORT**

**Brief Details.**

On 31/3/2022 at about 1800hrs, I was driving my vehicle bearing plate number GBJ3050J along the road of Yishun Avenue 11. The police did not provide to me any lamp post number. While I was driving my vehicle GBJ3050J to exit the slip road, the lady was cycling across the pedestrian crossing at the same time. I applied my brakes but I did not managed to stop in time, resulting in me colliding with the cyclist. The cyclist fell down, shortly after police and ambulance came to the accident scene. The cyclist was conveyed via ambulance. I do not have the cyclist particulars. I was advised by the police to lodge a police report.





**SINGAPORE  
POLICE FORCE**



T/20220401/2004

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20220401/2004

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

L /  
SGT 1 MUHAMMAD FAUZI BIN  
ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2022 09:37

Officer In Charge Of Case:

TP / GIT /  
SI MOHAMMED FEROUZ BIN HUSSIEN  
Contact No.: 65476206

Classification Of Case:

# ACCIDENT STATEMENT (6:05pm)

ACCIDENT DATE: (31/03/2022) (DD/MM/YYYY), TIME: (18:05) (HH:MM)

LOCATION: Yishun Avenue 11.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 3050J  
b) INSURANCE COMPANY: CTI  
c) POLICY NUMBER: DMCVSNW00024272200  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Nissan - Nu200 (AUTO) / MANUAL (1597cc)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: employment  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: LINK Electrical Pte. Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 200300602W CONTACT: 6745 2851 (0)  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Subramanian Senthil Kumar (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: F8305580N CONTACT: 9103 7325  
c) ADDRESS: #17 Toh Guan Road East #04-41 (S) 608570

\*d) DATE OF BIRTH: (03/07/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/01/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS \_\_\_\_\_

b) ROAD SURFACE: (DRY) / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES/NO) \_\_\_\_\_

7. a) REPORTED TO POLICE (YES/NO) \_\_\_\_\_

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Bicycle MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(2)

1) colleague (cm)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = linkepl@yahoo.com.sg / senthil.nikhil2007@gmail.com

fax =

video = Yes





Motor Commercial

MZ300/C

N SN

AN0663A

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.	DMCVSNW00024272200	Engine No.: HR16135742D	Cha. No.: VM20129507
1. Index Mark and Registration Number of Vehicle	GBJ3050J		
2. Name of Policy Holder	LINK ELECTRICAL PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21/03/2022 (00:00:00)	Excess Sect I .	\$S\$350.00
		EX ON WINDSCREEN .	\$S\$100.00
4. Date of Expiry of Insurance	20/03/2023		
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.		
* 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: \_\_\_\_\_  
SGML PTE LTD  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory