

NATION 11 Assessment Centre Services

SMET 22850001

Date In: 05/04/2022 15:45	Job description: SAS e-filing	Type & Time Completed:	Done by:
Ref No: N38/C9E2003136/Y	E-mail (optional, Max 2 lines):		
Veh No: GBJ 251K	i-Motor Claim Form		
DD: 01/04/2022 11:00	i-Motor W/O (within 24 hrs of 1st 4 hrs)		
DD: (TP) Reporting Only	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: BW 192PH	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
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) \$10		
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:-		
	Q1:		
	*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: Blue Mobile \$0		
	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	05/04/2022 15:42 (SGT)
Date of Accident	01/04/2022 11:00 (SGT)
Exact Location of Accident	Yishun Ave 7, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ351K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ABS LEASING SERVICES PTE. LTD.
Company Reg No	2XXXXX528D
Email Address	supersonicrun123@gmail.com
Mobile Phone No	(Phone) +65-84569395
Alternative Phone No	+65-84569395

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00019912101
Cover Note Number	-

DRIVER

Name of Driver	RAJENDRAN RAMACHANDRAN
Passport No/FIN	GXXXX691L

Date Of Birth	30/04/1991
Occupation	Outdoor
Date Of Driving Pass	24/09/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84569395
Alt. Phone Number	-
Email Address	supersonicrun123@gmail.com
Address	23 DICKSON ROAD #01-03
Address complement	-
Postcode	209507
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW1978H
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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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' 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

YISHUN AVENUE 7



Vehicle A
GBS 351 K

Vehicle B
SJW 1978 H

Describe Circumstances of the Accident

On the stated date and time

I Veh A was travelling along

Xishun Ave 7 at the Slip Road Stop line

Suddenly, Veh B collided onto my

Rear portion of my Veh.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

R. Ramadani

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

05/04/2022
Witnessed by Reporting Centre Personnel

VEHICLE NO: GBJ 351K

MAKE & MODEL NISSAN

URVAN

AUTO / MANUAL ☒

DATE OF ACCIDENT	01 / 04 / 2022	CC
TIME OF ACCIDENT	11:00	AM / PM <input checked="" type="radio"/>
LOCATION OF ACCIDENT	Yishun Ave 7	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE. LTD.	
EMAIL	SUPERSONICRUN123@GMAIL.COM	Office: / MOBILE: /
NRIC	2018195280	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / <input checked="" type="radio"/> Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00019912101	
NAME OF DRIVER	AS ABOVE / IF NO. RAJENDRAN RAMACHANDRAN	
NRIC	625096914	
DATE OF BIRTH	30 / 04 / 1991	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO :	
NAME OF PASSENGER	Nil -	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	24 / 09 / 2021	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8456 9395 Office: Home:	
EMAIL	/	
ADDRESS	22 Dickson Road #01-03	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> Yes, Reg No. DISCOVER	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> If yes, Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="radio"/> If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SW 1978 H Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	



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 Commercial

MZ407/C

R SN

AN0597A

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.	DMCVSNW00019912101	Engine No.: ZD30208747K	Cha. No.: JN1MG2E25Z0760020
1. Index Mark and Registration Number of Vehicle	GBJ351K	AUTOSAFE	*****
2. Name of Policy Holder	ABS LEASING SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/04/2021 (00:00:00)	Excess Sect. I.	\$S\$1,500.00
		Excess Sect. II	\$S\$1,500.00
4. Date of Expiry of Insurance	05/04/2022	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.			
HIRE PURCHASE CO. : DBS BANK LTD 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: ABS INSURANCE AGENCY 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

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