

NATIONAL Assessment Centre Services

Date In: 07/04/12	Job description	Date & Time Completed	Done by
Ref No: NA/CT22003201/13	SAS e-filing		
Veh No: 5V256SP	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 05/04/12 1830	i-Motor Claim Form		
OD: (P) 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: 5ME5489K	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
	system down

NA2200941	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OB*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	Invoice date:	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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	07/04/2022 09:44 (SGT)
Date of Accident	05/04/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE(CTE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2565P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIVABALAN SARABANI@SIVABALAN S/O SARABANI@KRISHNAN
NRIC No	SXXXX094Z
Email Address	3angels302209@gmail.com
Mobile Phone No	(Phone) +65-93808183
Alternative Phone No	+65-93808183

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00150832101
Cover Note Number	-

DRIVER

Name of Driver	PARVINDERKAUR D/O KIRPAL SINGH
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NRIC No	SXXXX114I
Date Of Birth	13/01/1983
Occupation	Indoor
Date Of Driving Pass	15/12/2005
Driving experience	16 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87252509
Alt. Phone Number	-
Email Address	3angels302209@gmail.com
Address	BLK 615 WOODLANDS AVE 4
Address complement	#03-517
Postcode	730615
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220406/7021

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	SME5489K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP6503M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PARVINDERKAUR D/O KIRPAL SINGH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SJV2565P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.

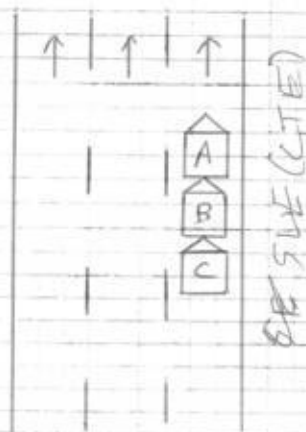
GIA
Policyholder's Signature / Date & Time

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

elyn 07/04/22
Witnessed by Reporting Centre Personnel

Sketch Plan

(A) - SJV 2565 P
(B) - SME 5489 K
(C) - SMP 6503 M



Describe Circumstances of the Accident

— Refer to police report attached —

Report No.: T/20220406/7021




Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

 07/04/22
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220406/7021

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220406/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2022 14:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PARVINDERKAUR D/O KIRPAL SINGH			Address: 615 WOODLANDS AVENUE 4 #03-517 SINGAPORE 730615		
ID Type / ID No.: NRIC NO / S83011141			Contact No.: Home/Office: Mobile: 87252509		
Nationality: SINGAPORE CITIZEN			Email: 3ANGELS302209@GMAIL.COM		
Sex: Female	Age: 39	Date of Birth: 13/01/1983	Type of Informant: Driver		
Race: Sikh		Language: English	Institution / School Name:		
Occupation: FACILITY MANAGER		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2022 18:30	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJV2565P	Car					0
SME5489K	Car					0
SMP6503M	Car					0



**SINGAPORE
POLICE FORCE**



T/20220406/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220406/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PARVINDERKAUR D/O KIRPAL SINGH	ID No.	S8301114I
Related Vehicle	SJV2565P (Car)	Contact No.	87252509
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	06/04/2022	Date	06/04/2022
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time, along SLE(CTE). I was travelling on the extreme right lane of the above mentioned expressway before the Woodlands Ave 2 Exit. When my front vehicles slowed down and stopped, hence i followed suit. Suddenly, I felt a huge impact from the rear. Shortly after, I felt a second impact again. When I alighted, I realised it was a 3 car chain collision. My Vehicle SJV2565P was the first vehicle, followed by SME5489K, and lastly SMP6503M.



**SINGAPORE
POLICE FORCE**



T/20220406/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220406/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/04/2022 14:15

Classification Of Case:

06/04/22 3pm
Dial inform w/s report can't submit

VEHICLE NO: SJV 2565P

MAKE & MODEL: Hyundai Avante AUTO / MANUAL

DATE OF ACCIDENT	05.04.2022	CC 1,600
TIME OF ACCIDENT	6.30 AM / <u>PM</u>	
LOCATION OF ACCIDENT	SLE (CTE)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Sivabalan Sarabani @ Sivabalan s/o Sarabani @ Krishnan	
EMAIL	Office	MOBILE 9380 8183
NRIC	S91810942	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO	PMPCSN W001508 32101	
NAME OF DRIVER	AS ABOVE / IF NO. Parvinderkaur D/o Kirpal Singh	
NRIC	S8301114I	
DATE OF BIRTH	13/01/1983	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	15/12/2005	
GENDER	Male / <u>Female</u>	
CONTACT NO	Mobile: 87752509	Office: Home:
EMAIL	3angels302209@gmail.com	
ADDRESS	B16 615 Woodlands Ave. 4 #03-517 S(730615)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER
RELATIONSHIP	Employee / If No. <u>Spouse</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other	
ROAD SURFACE	<u>Dry</u> / Wet / Other	
ANY INJURIES	No / If <u>yes</u> , Who? Parvinderkaur (F)	
CONTACT NO.		
POLICE REPORT	No / If <u>yes</u> , Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.	SME5489K	Any Passenger: unknown
NAME		
CONTACT NO		
VEHICLE C NO.	SMP6503M	Any Passenger: unknown
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	

****WORKSHOP:**

Advance Auto Garage

Have you been approach by unknown person soliciting (s) /
offering accident claims assistance?

YES / NO



Motor Private Car

MX1F

R SN

AN0576A

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.

DMPCSNW00150832101

Engine No.: G4FC9U799532

Cha. No.: KMHDU418MAU965228

1. Index Mark and Registration
Number of Vehicle

SJV2585P

AUTOSAFE

=====

2. Name of Policy Holder

SIVABALAN SARABANI @ SIVABALAN S/O SARABANI @ KRISHNAN

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

06/08/2021
(00:00:00)

Named Drivers Ex Sect. I

\$S500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$S3,000.00

Ex Sect. I - Age >= 26

\$S500.00

* Age as at date of accident

EX ON WINDSCREEN .

\$S100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: EFIZZIG CREDIT PTE 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:

I MARKETING AGENCY

Authorised Officer

Authorised Signatory