

NATIONAL Assessment Centre Services: (ver 1 Jan'08) **SMRP226-60001**

Date In: 16/06/2022 15:20	Job description	Date & Time Completed	Done by
Ref No: NGA/C722005731/4	SAS e-filing		
Veh No: GBF 3276Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/06/2022 14:00	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD, 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMY 8091S INC () / Non-INC ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: Time: ()

Confirmed by: ()

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 5616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/ Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000]: ()

Injury: _____

Date/Time	Actions

NA2201681

Claimant's Particulars:

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

C Checked by (Engr-In-Charge): _____

Auditors' Comments: _____

t. 1: _____

t. 2 / 3: _____

Invoice Preparation Checklist	Amount	Remarks
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)	\$40/\$45	
3) TF: Towing Fee	\$120	
4) FT: Follow-Through Survey	\$30	
5) FT: Follow-Through Survey (Resurvey)		
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) N1: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON*		
*N3: 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: Idao 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	16/06/2022 15:20 (SGT)
Date of Accident	15/06/2022 14:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	AFTER STEVENS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3276X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KUANG MOOI ENTERPRISES PTE LTD
Company Reg No	2XXXXX049W
Email Address	xdetox32@gmail.com
Mobile Phone No	(Phone) +65-96319237
Alternative Phone No	+65-98376566

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	DMCVSNW00084572105
Cover Note Number	-

DRIVER

Name of Driver	RAJANIAN SREE KRISHNAN
Passport No/FIN	GXXXX645T

Date Of Birth	30/04/1980
Occupation	Outdoor
Date Of Driving Pass	24/02/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98376566
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	48 TOH GUAN ROAD EAST #08-115
Address complement	ENTERPRISE HUB
Postcode	608586
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	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?	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY8091Z
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	SLH2754K
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)	-

IMPORTANT NOTICE

- 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.

X

X

KUNING MOOI ENTERPRISES PTE LTD

Tel: 67956728

★

Policyholder's Signature / Date &
Time

Sketch Plan

X
R. Sree / Krishna

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

Witnessed by Reporting Centre
Personnel

17 Changes After Steam Exit



Vehicle A = GBF 3276X
Vehicle B = SMY 8091Z
Vehicle C = SLH 2754K

Describe Circumstances of the Accident

On the above date & time, I was travelling along
PTE Changi After Screen Exit.

The front vehicle slow down and ^I follow suit.

Out of Suddenly, I felt a Impact from my rear. I alighted
from my vehicle and realised I was involved in a 3
car chain Accident.

I would like to state that Vehicle B collided on
to my Vehicle Rear portion then Vehicle C Collided on
to the Vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

X
X

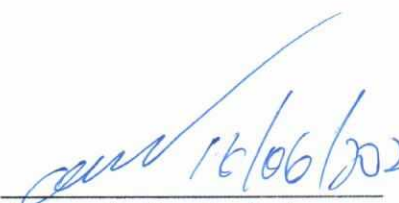
Policyholder's Signature / Date & Time



X

R. Sreekrishnan

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


Witnessed by Reporting Centre Personnel

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: 15/06/2022 (dd/mm/yy) Time of Accident: 14:00 (24-HR-FORMAT)

Vehicle No.: 9BF 3276X Vehicle Make & Model / Engine (cc): Nissan Cabstar 3-0 Private Hire: (Y/N)

Exact location of Accident: PIE Changi After Staran Exit.

Policyholder's Name / IC No.: Kuang Mooi Enterprises Pte Ltd ROQUEEN (Company) 800704049W

Driver's Name / IC No.: Rajaian Sree krishnan (68450645T) (As Above)

Driver's Contact No.: 98376566 Company Contact No / Owner Contact No: 96319237

Driver's Address: 48 Toh Guan Rd East #08-115 Enterprise Hub (S) 608586

Owner Email address: xdetox32@gmail.com Insurance Company: China Taiping

Driver Email address: As Above 30/04/1980 24/02/2014

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): 01

*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: B SMY 8091Z

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No: C SLH 2754K

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376

Motor Commercial

M2300/C

R SN

AN0435A

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)

CERTIFICATE No.

DMCVSNW00084572105

Engine No.: ZD30014454N

Cha. No.: JN1SC2F24Z0859123

1. Index Mark and Registration
Number of Vehicle

GBF3276X

AUTOSAFE

2. Name of Policy Holder

KUANG MOOI ENTERPRISES PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment31/08/2021
(00:00:00)

Excess Sect I. S\$500.00

EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

30/08/2022

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. : THIAM HENG AUTO (S) 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: YETTA 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

🌐 www.sg.cntaiping.com