

NATIONAL Assessment Centre Services

Date In: 16/06/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/UT22005757/13	E-mail (within 8hrs. AD, 2hrs):		
Veh No: GAB 4812K	i-Motor Claim Form		
DOA: 15/06/22 1525	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> 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: 4P6150E	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

NA2201678	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) rT : 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:-		
	ON:		
	*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 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 16:48 (SGT)
Date of Accident	15/06/2022 15:25 (SGT)
Exact Location of Accident	23 Mandai Estate, Singapore 729937
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4812K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAJ MAHAL FOOD PTE LTD
Company Reg No	2XXXXX282W
Email Address	viva_corp@hotmail.com
Mobile Phone No	(Phone) +65-91919124
Alternative Phone No	+65-91919124

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00103222100
Cover Note Number	-

DRIVER

Name of Driver	KANDASAMY RAMACHANDRAN KANNAN
Passport No/FIN	GXXXX572N

Date Of Birth	06/11/1981
Occupation	Outdoor
Date Of Driving Pass	27/04/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86978586
Alt. Phone Number	-
Email Address	kananchitra0618@gmail.com
Address	8A ADMIRALTY STREET
Address complement	#07-26 FOODXCHANGE @AMIRALTY
Postcode	757437
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SD CARD OVERRIDE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6150E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHD ALI BIN ANUAR
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

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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' 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

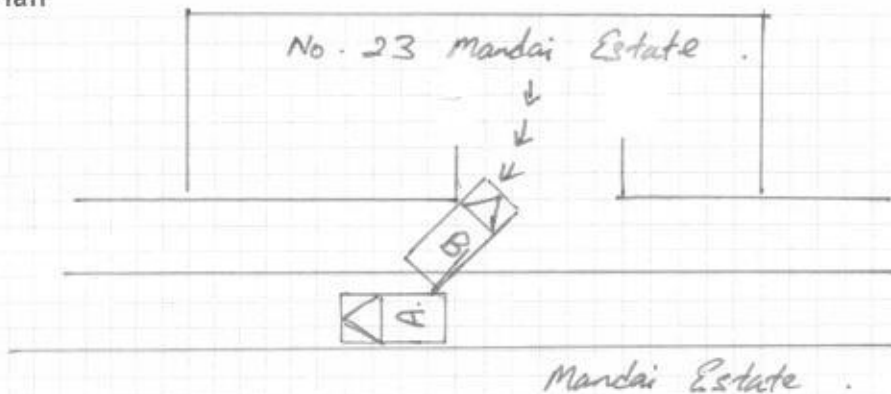
Handwritten signature

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

Handwritten signature and date 16/06/22

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) GBL 4812K.

(B) YP 6150E.

Describe Circumstances of the Accident

On 15/06/2022 at @ 1525 hrs, I parked my vehicle (GBL 4812K) along Mandai Estate opposite No. 23 and was unloading my delivery outside my vehicle on the left side. Suddenly, a lorry (YP 6150 E) reversed out from Unit no. 23 and collided onto the right side of my vehicle.

Declaration

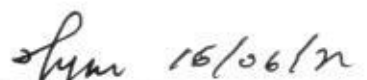
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBL 4812K		MAKE & MODEL:	Toyota Dyna.		AUTO <input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT:	15 / 06 / 2022		CC:			
TIME OF ACCIDENT:	1525 HRS					
LOCATION OF ACCIDENT:	23, Mandai Estate					
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	TAJ MAHAL FOOD PTE LTD.					
TEL NO:	H/P: 9191 9124		OFFICE:	HOME:		
NRIC:	202218282 W.					
ADDRESS:	8A, Admiralty Street #07-26, Food Xchange @ Admiralty.					
EMAIL:	viva-corp@hotmail.com				(S) 757437.	
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMCVSNW 00103222100					
NAME OF DRIVER:	AS ABOVE / IF NO: KANDASAMY RAMACHANDRAN KANNAN.					
NRIC:	G8245572 N.		ANY PASSENGER:	N.A.		
DATE OF BIRTH:	06 / 11 / 1981		LICENCE PASSED DATE:	27 / 04 / 2015.		
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE / FEMALE					
CONTACT NO:	H/P: 8697 8586		OFFICE:	HOME:		
ADDRESS:	8A, Admiralty Street #07-26, Food Xchange @ Admiralty					
EMAIL:	kananchitra 0618@gmail.com				(S) 757437.	
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Employee.					
WEATHER CONDITION:	CLEAR <input checked="" type="checkbox"/> RAINING / OTHERS:					
ROAD SURFACE:	DRY <input checked="" type="checkbox"/> WET / OTHER:					
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?					
VEHICLE B REG NO:	YP 6150 E.		ANY PASSENGERS:			
NAME OF DRIVER:	Mohd Ali Ben Anuar		CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / NO		SA Card Override.			
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO					
ACCIDENT PORTION:	Right Side.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						<input checked="" type="checkbox"/> YES / NO
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Commercial

M2300/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)

N SN

AN0676A

Cov. Type:C

CERTIFICATE No. DMCVSNW00103222100

Engine No.: 1KDB089229

Cha. No.: JTFAT35Y30K216657

1. Index Mark and Registration Number of Vehicle GBL4812K

2. Name of Policy Holder TAJ MAHAL FOOD PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24/08/2021 (00:00:00)

Excess Sect I S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 23/08/2022

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.

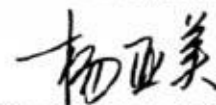
HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

* 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: _____
Zhong YueQiang
Authorised Officer

Authorised Signatory