

NATIONAL Assessment Centre Services: [ver 1 Jan 08] **SH0822-80005**

Date In: 28/07/2022 13:30	Job description	Date & Time Completed	Done by
Ref No: X130/C1722807200/4	SAS e-filing		
Veh No: GT 8229L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 27/07/2022 13:53	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: **SEA 248E** 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	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

NA2202007

Claimant's Particulars	Invoice Preparation Checklist	AM (S)	AM (B)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Fasurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao 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		
	TP (N11): TP (Wn INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax Charged	

C Checked by (Engr-In-Charge):

auditors Comments:

L 1:

L 2/3:

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 Actual 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	28/07/2022 13:30 (SGT)
Reported by	Driver
Date of Accident	27/07/2022 13:53 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BUKIT BATOK EXIT 31 BLK 271
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT8329L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICH AIRE PTE. LTD.
Company Reg No	2XXXXX646M
Email Address	rajeshkannan653@gmail.com
Mobile Phone No	(Phone) +65-83463501
Alternative Phone No	-

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.
Policy Number / Cover Note Number	DMCVSNW00071762203

DRIVER

Name of Driver	KARUBBIAH RAJESH KANNAN
Passport No/FIN	FXXXX554L
Date Of Birth	05/06/1980
Occupation	Outdoor

Date Of Driving Pass	11/02/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83463501
Alt. Phone Number	-
Email Address	rajeshkannan653@gmail.com
Address	35 JURONG EAST AVENUE 1 #13-04
Address complement	-
Postcode	609774
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH248E
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	KARUBBIAH RAJESH KANNAN
Gender	Male
Phone No	(Phone) +65-83463501
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GT8329L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



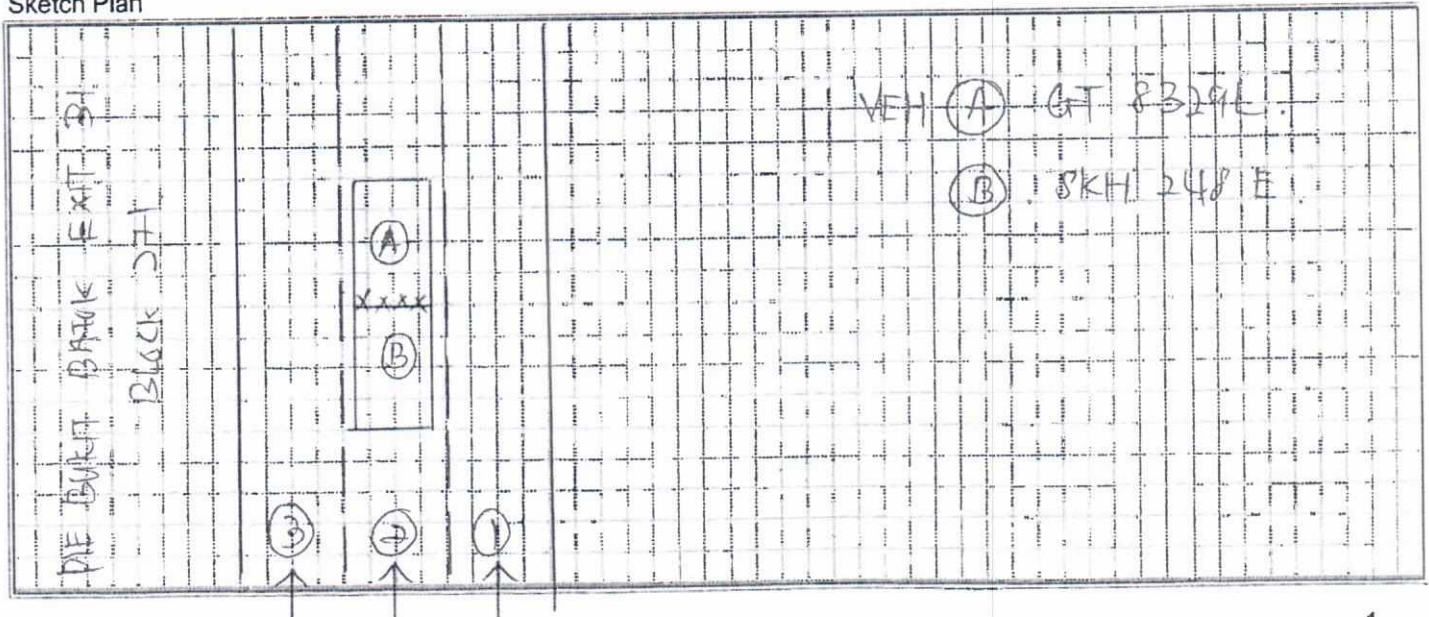
Policyholder's Signature / Date & Time

X. Rajeshkannan

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

28/07/2012
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE

(A) GT 8329 L TRAVELLING ALONG PIE BUKIT BATOK EXIT 31 BLOCK

271. I WAS NOTICE THAT THE VEHICLE IN FRONT OF ME WAS STOPPED,

I ALSO MAKE A STOPPED, AFTER I COMPLETE MAKE A STOPPED, A

VEHICLE (B) SKH 248 E WAS HIT ONTO THE REAR OF MY VEHICLE.

& MY VEHICLE WAS DAMAGED.

VEH (A) GT 8329 L.

(B) SKH 248 E.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

K. Rajeshkannan

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Date of Accident : 27/07/22 Accident Time: 1353. (24-HR-Format)
 Accident Place : PIE BUKIT BATOK EXIT 31 BLOCK 271
 Vehicle No. (Car Plate No.) : GT 8329 L Make/Model: Toyota Dyna
 Insurance Company : CHINA TAIPING Policy No: PMCUSNW00071762203
 Owner or Company Name /IC No. : RICH AIRE PTE LTD (200704646M)
 Owner or Company Contact No. : 8346 3501 Owner's Hp 8346 3501 Company Tel
 DRIVER'S Name / IC No. : KARUBBIAH RAJESH KANNAN (F8207554L)
 DRIVER'S Date Of Birth : 05/06/1980 DRIVER'S License Pass Date 11/02/2009
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:
 DRIVER'S Address : 35 JURONG EAST AVE 1 PARC OASIS #13-045 609774
 DRIVER'S Contact No./ Alt No. : 1) 83 46 3501 2) 8346 3501
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : RAJESHKANNAN653 @ GMAIL . COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ (NO)
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): YES, DRIVER.

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) SKH 248 E.</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**



Motor Commercial

MZ300/C

R SN

AN0676A

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.

DMCVSNW00071762203

Engine No.: 1KD2800604

Cha. No.: JTFAT35YX0K210550

1. Index Mark and Registration
Number of Vehicle

GT8329L

2. Name of Policy Holder

RICH AIRE PTE. LTD

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

25/06/2022
(00:00:00)

Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

24/06/2023

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.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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: EYZY-1 SERVICES PTE LTD
Authorised Officer

Authorised Signatory