

# NATIONAL Assessment Centre Services

Date In: 12/08/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CrE 2200 7669/13	E-mail (within 2hrs, AP: 2hrs)		
Veh No: QBJ36534	i-Motor Claim Form		
D.O.A: 11/08/22 1620	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs)		
OD: (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: QBE1621B	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

NA2202150	<b>Invoice Preparation Checklist</b>	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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile \$30		
	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 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	12/08/2022 12:09 (SGT)
Reported by	Driver
Date of Accident	11/08/2022 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY RD EAST TWDS FARRER B4 AIRPORT RD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3653U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AVR ENGRG
Company Reg No	2XXXXX466E
Email Address	yifei1288@gmail.com
Mobile Phone No	(Phone) +65-86150105
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
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	2497

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00076972100

#### DRIVER

Name of Driver	THANGAVEL SELVAM
Passport No/FIN	GXXXX758U
Date Of Birth	29/06/1976
Occupation	Outdoor

Date Of Driving Pass	10/02/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86150105
Alt. Phone Number	-
Email Address	yifei1288@gmail.com
Address	BLK 46 BENDEMEER RD
Address complement	#04-1431
Postcode	330046
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?	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

PLS REFER TO THE ATTACHED STATEMENT

#### 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	GBE1621B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	XD5477U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	THANGAVEL SELVAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ3653U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### IMPORTANT NOTICE

Diagram illustrating a stack structure with three elements: C, A, and B. The stack is represented by a vertical container with three slots. The top slot contains 'C', the middle slot contains 'A', and the bottom slot contains 'B'. Arrows at the bottom indicate the stack's growth direction (upwards).

Handwritten notes on the right side of the diagram:

- A: GBJ3653u
- B: GBE 1621B
- C: XD 5477u

**Describe Circumstances of the Accident**

I was travelling along Bartley Road East towards Farver before Airport Road Exit. I was travelling in the middle lane, the vehicle in front of me jam brake but I kept a safety distance to slow down and stop without having any contact with the vehicle in front. Suddenly I felt an huge impact from the rear portion of my vehicle then, my vehicle thrust forward and hit the vehicle in front of me.

A total of 3 cars were involved in the accident.

**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



Date of Accident : 11/08/22 Accident Time: 16:20 (24-HR-FORMAT)  
Accident Place : Bartley Road East towards Famer Before Airport Road Exit  
Vehicle Reg. No (Car plate No.) : GBJ 36534 Vehicle Make/Model: KIA K2500  
Insurance Company : CHINA TAIPING Policy No. DMCUSNW00076972100  
Name of Registered Owner : Company / Individual AVR ENRG SINGAPORE PTE LTD  
ID of Registered Owner : Co Reg No: 203 27466E Owner's NRIC No: \_\_\_\_\_  
Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_

DRIVER'S Name : THANGAVEL SELVAM DRIVER'S NRIC No: 97154758U

DRIVER'S Date of Birth : 29 June 1976 DRIVER'S License Pass Date 10 Feb 2020

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : 46 BENDEMEER ROAD #04-1431 S330046

DRIVER'S Contact No./ Alt No. : 1) 86150105 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : yifei1288@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): 1 Name & Gender: \_\_\_\_\_

Was the accident reported to the police? YES ☒ NO ☐

Was there any video Captured by car camera: YES ☒ NO ☐

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose ☒

Any injuries, if yes (name of the injured person) Thangavel Selvam

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: GBE 1621 B

Vehicle Reg No: XD 5477U

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

Motor Commercial

MZ300/C

E SN

AN0421A

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.

DMCVSNW00076972100

Engine No.: D4CBJ718651

Cha. No.: KNCSJX76LK7336422

1. Index Mark and Registration  
Number of Vehicle

GBJ3653U

AUTOSAFE

2. Name of Policy Holder

AVR ENGRG SINGAPORE PTE LTD

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

02/07/2021  
(00:00:00)

Excess Sect I. S\$450.00  
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

26/09/2022

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

\* 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: Tan Mingjie  
Authorised Officer

杨亚美  
Authorised Signatory