

ADDITIONAL Assessment Centre Services:

(with 1 Job)

5108 22950005

Date In: 05/09/2022 12:56
Ref No: NPA/CTI22008653/4
Veh No: SKB 4Z
D.O.A: 03/09/2022 15:18

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with 1st, 2nd, 3rd)		
1-Motor Claim Form		
1-Motor W/O (with 1st, 2nd, 3rd, 4th)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

OD: TP / Reporting Only

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

TP Particulars: Vch No: GBA 568X 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: () Action: ()

Particulars	Amount	Balance
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TF: Towing Fee (\$10/\$45)		
4) FT: Follow-Through Survey (\$120)		
5) PT: Follow-Through Survey (Resurvey) (\$30)		
For claimant's use only (over 10 Jan 2003)		
6) TR: Re-inspection (\$75)		
7) NI: Idco DA + SMRT Survey (\$160)		
8) NI/C Additional Services		
ON:		
*N3: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11) + TP (N12) against INC	\$20	
9) N12: Idco Mobile	\$10	
Invoice dated	Fax Charged	
Invoice dated	Fax Charged	

NA2202372

Driver/Owner: ()
Contact No: ()
Damaged Portion: ()
C. Checked by (Engi-In-Charge): ()

1.2/3:

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	05/09/2022 12:56 (SGT)
Reported by	Both
Date of Accident	03/09/2022 15:18 (SGT)
Exact Location of Accident	Telok Blangah Rd, Singapore
Additional Location Information	TOWARDS SENTOSA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	S VINOTH KRISHNAN
NRIC No	SXXXX866C
Email Address	vinothkrishnan02@gmail.com
Mobile Phone No	(Phone) +65-81448144
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00258692100

DRIVER

Name of Driver	M SUBRAMANIAM
NRIC No	SXXXX016D
Date Of Birth	15/12/1965
Occupation	Indoor

Date Of Driving Pass	23/08/1988
Driving experience	34 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98574125
Alt. Phone Number	-
Email Address	vinothkrishnan02@gmail.com
Address	BLK 976 HOUGANG STREET 91 #02-256
Address complement	-
Postcode	530976
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	5
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 GBK568Y
 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 SMQ4864D
 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 M SUBRAMANIAM
 Gender Male
 Phone No (Phone) +65-98574125
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle SKB4Z
 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 willful 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 shed outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature / Date & Time

Sketch Plan

[Signature]

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

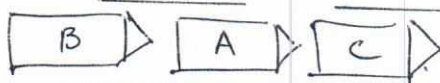
[Signature] 05/09/2022
Witnessed by Reporting Centre Personnel

Telok Belangah Rd.

A: SKB4Z

B: GAK 5684

C: SMQ 4864D



Describe Circumstances of the Accident

on 3/8/22 @ 1 was driving along Teluk belanga Rd towards Sentosa
the traffic flow was medrate, while moving straight, vehicle C
change to lane which my vehicle was travelling, the said vehicle
slow down ahead of me and I follow suit, At this juncture
vehicle 'B' crashed on my back, due to the heavy impact my car
surgeel forward collided against vehicle C.

Declaration

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

x

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

05/09/2022

VEHICLE NO: SKB 42

MAKE & MODEL :

AUTO/MANUAL

DATE OF ACCIDENT	03/09/2022		c.c. 1.6cc
TIME OF ACCIDENT	15.18 AM (PM)		
LOCATION OF ACCIDENT	TELOK BELONGAH ROAD TOWARDS SENTOSA		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT	PRIVATE USE	PRIVATE HIRE
NAME OF OWNER	S VINOTH KRISHNAN		
EMAIL: Vinothkrishnan 02@gmail.com	Office:	MOBILE: 81448144	
NRIC	S9218866C		
CLAIM TYPE	OD	THIRD PARTY	REPORTING ONLY
FLEET POLICY:	YES/NO?		
INSURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMPCSNW00258692100		
NAME OF DRIVER	AS ABOVE / IF NO: M SUBRAMANIAM		
NRIC	S1682016D		
DATE OF BIRTH	15/12/1965		
ANY PASSENGER	YES/NO:		
NAME OF PASSENGER	4		
GENDER OF PASSENGER	MALE / FEMALE 1 1 MALE 3 FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	23/05/1988		
GENDER	Male / Female		
CONTACT NO.	Mobile: 98574121	Office:	Home:
EMAIL:	as above		
ADDRESS	BLK 976 HOUGAN ST 91 #02-256 S530976		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.		INSURER
RELATIONSHIP	Employee / If No: FATHER		
WEATHER CONDITION	Clear / Raining / Other		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who? M SUBRAMANIAM		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?		
VEHICLE B NO.	G8K 568 Y	Any Passenger:	NO
NAME			
CONTACT NO.			
VEHICLE C NO.	SMQ 4864D	Any Passenger:	1
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS	NO		
WITNESS CONTACT NO.	NO		
WAS THERE ANY VIDEO CAPTURE?	YES/NO		
WAS THERE ANY AUDIO RECORDED?	YES/NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES/NO		
**WORKSHOP:			
Have you been approach by unknown person soliciting (s) /			
offering accident claims assistance?			
YES/NO			

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)

E SN
AN0727A
Cov Type C

CERTIFICATE No. DMPCSNW00258692100

Engine No: 27091030403240
Chassis No: WDD1173432N094755

1 Index Mark and Registration
Number of Vehicle

SKB42

AUTOSAFE

2 Name of Policy Holder

S VINOTH KRISHNAN

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

10/12/2021
(16:41:11)

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers

Ex Sect. I - Age <= 25 \$53,000.00

Ex Sect. I - Age >= 26 \$5500.00

* Age as at date of accident

EX ON WINDSCREEN \$5100.00

4 Date of Expiry of Insurance

09/01/2023

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 S\$1,000 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.: STANDARD CHARTERED BANK(S) 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: Ho Li Hwa Irene
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

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