

NATIONAL Assessment Centre Services

Date: 20/09/12	Job description	Date & Time Completed	Done by
Ref No NA/OT22009230/12	SAS e-filing		
Veh No SNG 5804C	E-mail (within 8hrs. AP: 2hrs)		
DOA 20/09/12 1000	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within OD 2hrs. TP 4hrs)		
	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: GBL7518R	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

NA2202595	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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)		
	6) TR: Re-inspection \$75		
	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		
Cal 1:	Invoice dated	Fee Charged	
Cal 2 / 3:	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	20/09/2022 16:20 (SGT)
Reported by	Both
Date of Accident	20/09/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF UBI RD 1 & UBI AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG5804L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LI SONG SHEN GAVIN
NRIC No	SXXXX108H
Email Address	gavinliq@yahoo.com.sg
Mobile Phone No	(Phone) +65-91116707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	740li
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	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00205412200

DRIVER

Name of Driver	LI SONG SHEN GAVIN
NRIC No	SXXXX108H
Date Of Birth	08/09/1985
Occupation	Indoor

Date Of Driving Pass	21/01/2021
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91116707
Alt. Phone Number	-
Email Address	gavinliyyq@yahoo.com.sg
Address	11 KAMPONG SIREH
Address complement	-
Postcode	537125
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	DRIZZLING
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
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	GBL7518R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KASIRAJAN BARATHI
Contact Number	(Phone) +65-84393478

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 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.

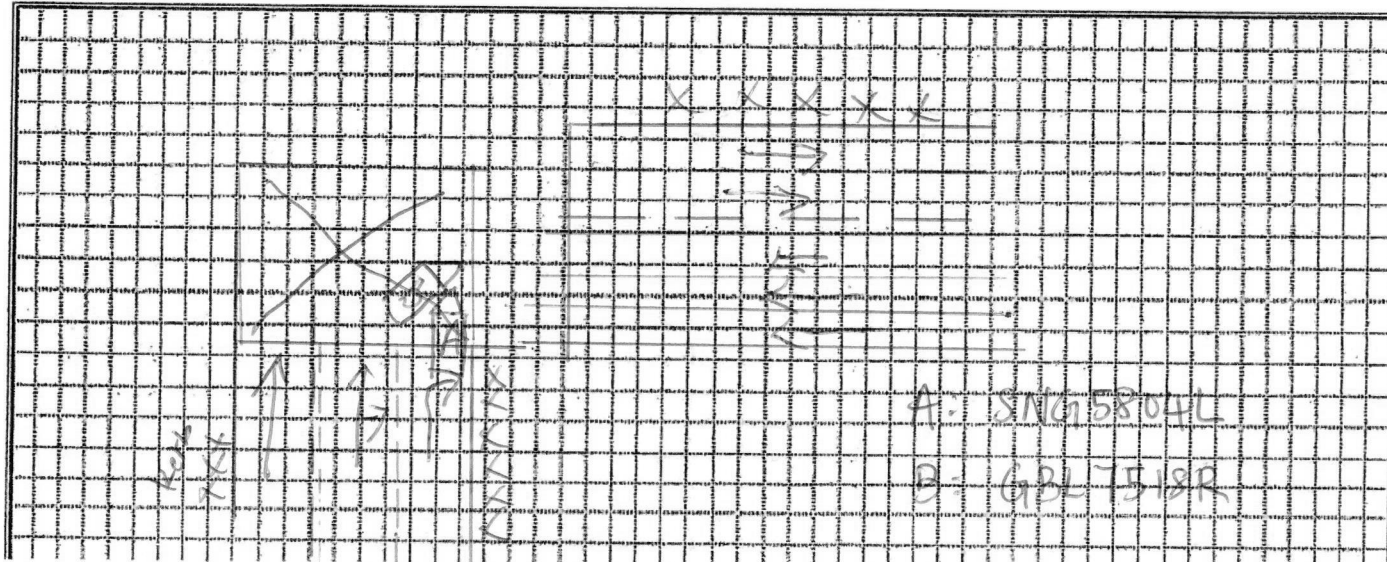
[Signature] 20/9/22

Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 20/9/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



ubi Ave 2

A: SNG15804L

B: GBL7518R

Describe Circumstance of the Accident

I (SN65804L) was travelling on the inner most lane on ubi Ave 2 intending to turn right. The 3rd party vehicle GBL7518R was on the middle lane of 3 lane Road. He did not signal that he was turning right. Upon reaching the junction, he suddenly cut into my right of path for turning right. I did jam brake but couldn't avoid his side rear from banging into my left front portion of my car.

Declaration

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

Gavin 20/9/22.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Sylvia 20/09/22

Witnessed by Reporting Centre Personnel

VEHICLE NO: SN65804L

MAKE & MODEL : BMW 740Li

AUTO / MANUAL

DATE OF ACCIDENT	20 / 09 / 22	*C.C. 3000
TIME OF ACCIDENT	10 00 AM / PM	
LOCATION OF ACCIDENT	Junction of Ubi Rd 1 & Ubi Ave 2	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER		
EMAIL: gavinliyg@yahoo.com.sg	Office:	MOBILE: 91116707
NRIC	S8526108H	
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.	DMPCSNW 00205412200	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	S8526108H	
DATE OF BIRTH	08 / 09 / 1985	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	NA	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	21 / 01 / 2021	
GENDER	Male / Female	
CONTACT NO.	Mobile: 91116707	Office:
EMAIL:	gavinliyg@yahoo.com.sg	
ADDRESS	11 Kampong Siren 5537125	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER: China Taiping
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other, Drizzling	
ROAD SURFACE	Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who?	
CONVEYED BY AMBULANCE	No / If yes, Who?	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	GBL 7518R Any Passenger: NO.	
NAME	Kasirajan Barathu	
CONTACT NO.	8439 3478	
VEHICLE C NO.	Any Passenger.	
VEHICLE D NO.	Any Passenger.	
VEHICLE E NO.	Any Passenger.	
VEHICLE F NO.	Any Passenger.	
ANY WITNESS	NO.	
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) /	NO.	
offering accident claims assistance?	YES / NO	



Motor Private Car

MX1E

N SN

AN0661A

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.

DMPCSNW00205412200

Engine No.: 21639414B58B30A

Cha. No.: WBA7E22060G522838

1. Index Mark and Registration
Number of Vehicle

SNG5804L

2. Name of Policy Holder

LI SONG SHEN GAVIN

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

31/08/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

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. : OCBC BANK 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: GREATLINK INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory