

NATIONAL Assessment Centre Services

NA2203002

Date Int: 28/10/2022 12:30
Ref No: NBS/C71220/0688/1
Met No: GBS 2050J
D.O.A: 23/10/2022 16:41

Job description: SAS e-filing
E-mail (please fill, A/C Only)
E-Motor Claim Form
E-Motor W/O (whats app, etc)
E-Photo Uploaded
Assessment/Survey Report
Asst Report by Fax / Hand to Owner/Whom

Preferred W/O / INC Assign W/O / GW: Tel: Fax:

T2 Particulars: Vch No: YQ 4173 INC () / Non-INC ()

Owner / Driver: Tel: Cover Type: ()

Policy No: () Period: () Date: Time: ()

Insured Driver License: () (Note: List Status (WO) V: 0-30%, 4-21-70%, 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 & Secure. NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Driver-In () Towed-In () Invoice: YES () / NO () Towing Cost: ()

Remarks: () (INC Insurer: 078810010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Damage: ()

Date Time: ()

Signature: ()

Print Name: ()

Printed Name: ()

Checked by (Sign-In-Charge): ()

Signature: ()

Signature: ()

Signature: ()

Invoice Preparation Checklist		
1) AR - Accident Report	100%	
2) DA - Damage Assessment	100%	
3) TR - Towing Fee	100%	
4) TR - Towing Through Survey	100%	
5) TR - Towing Through Survey (Repairer)	100%	
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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	28/10/2022 12:36 (SGT)
Reported by	Driver
Date of Accident	23/10/2022 16:41 (SGT)
Exact Location of Accident	Toh Tuck Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3050J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LINK ELECTRICAL PTE LTD
Company Reg No	2XXXXX602W
Email Address	qs@link-electrical.com
Mobile Phone No	(Phone) +65-67451126
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00024272200

DRIVER

Name of Driver	SUBRAMANIAN SENTHIL KUMAR
Passport No/FIN	FXXXX580N
Date Of Birth	03/07/1973
Occupation	Outdoor

Date Of Driving Pass	03/01/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91037325
Alt. Phone Number	-
Email Address	senthil.nikhil2007@gmail.com
Address	17 TOH GUAN ROAD EAST #04-41
Address complement	-
Postcode	608570
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?	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

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	YQ4173Y
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)	-

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 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 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

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

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

Sketch Plan

Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS COMING
TO A STOP DUE TO ONCOMING TRAFFIC.
GUT UP NOWHERE, I FELT A HUGE IMPACT
FROM THE REAR.

Declaration

I/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

28/10/2022

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBJ3050J.

MAKE & MODEL: NISSAN NV200

AUTO/MANUAL

DATE OF ACCIDENT	23 / 10 / 22.	C.C. 2.000.
TIME OF ACCIDENT	1641	AM / PM
LOCATION OF ACCIDENT	TDM TRUCK AVE.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LINK ELECTRICAL PTE LTD.	
EMAIL	GS@LINK-ELECTRICAL.COM	OFFICE: MOBILE: 67451126.
NRIC	2009006076	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURANCE CO.	CN TAIPING.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	Dmc VCNW00024272200.	
NAME OF DRIVER	AS ABOVE / IF NO: SUBRAMANIAN SENTHIL KUMAR.	
NRIC	F8305580N.	
DATE OF BIRTH	03 / 07 / 73	
ANY PASSENGER	YES / NO: DRIVER ONLY	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	03 / 01 / 22.	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 91037325 Office: Home:	
EMAIL	SENTHIL.NIKHIL2007@gmail.com	
ADDRESS	17 TDM GUNAJ RD EAST (SC608570) #04-41.	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	YQ 4734.	Any Passenger: DRIVER ONLY.
NAME	UNKNOWN NAME OF PASSENGERS.	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
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) / offering accident claims assistance?	YES / NO	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0663A

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, 1950 (Malaysia)

CERTIFICATE No.

DMCVSNW00024272200

Engine No.: HR16135742D

Cha. No.: VM20129507

1. Index Mark and Registration

GSJ3050J

Number of Vehicle

2. Name of Policy Holder

LINK ELECTRICAL PTE. LTD.

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

21/03/2022
(00:00:00)

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

4. Date of Expiry of Insurance

20/03/2023

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.

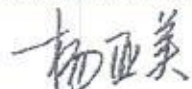
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: SGML PTE LTD
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

www.sg.cntaiping.com