

NATIONAL Assessment Centre Services

Date In <u>06/12/22</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CT1220/2177/T</u>	SAS e-filing		
Veh No <u>GBES 731R</u>	E-mail (within 2hrs, AP 2hrs)		
DOA <u>5/12/22</u>	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>SUA 3519L</u>	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

NA 203422	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add B
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) iFT : 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:-			
	OT:			
	* 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	06/12/2022 14:59 (SGT)
Reported by	Driver
Date of Accident	05/12/2022 23:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MACPHERSON ROAD (JUNCTION BETWEEN ALJUNIED & UPPER ALJUNIED RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5731R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	J & J INFRASTRUCTURE PTE LTD
Company Reg No	2XXXXX705M
Email Address	JAKETSOCL@GMAIL.COM
Mobile Phone No	(Phone) +65-96323511
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	DMCVSNW00001122204

DRIVER

Name of Driver	JAYARAMAN KALIYAMOORTHY
Passport No/FIN	GXXXX327L
Date Of Birth	05/06/1985

Occupation	Outdoor
Date Of Driving Pass	01/03/2013
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90860162
Alt. Phone Number	-
Email Address	JAKETSOCL@GMAIL.COM
Address	53 PAYA UBI , UBI AVE 1
Address complement	#03-23
Postcode	408934
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 - Cross Junction
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)	3
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	Male

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 CIRCUMSTANCES OF ACCIDENT.

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	SHA3319L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	2

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.

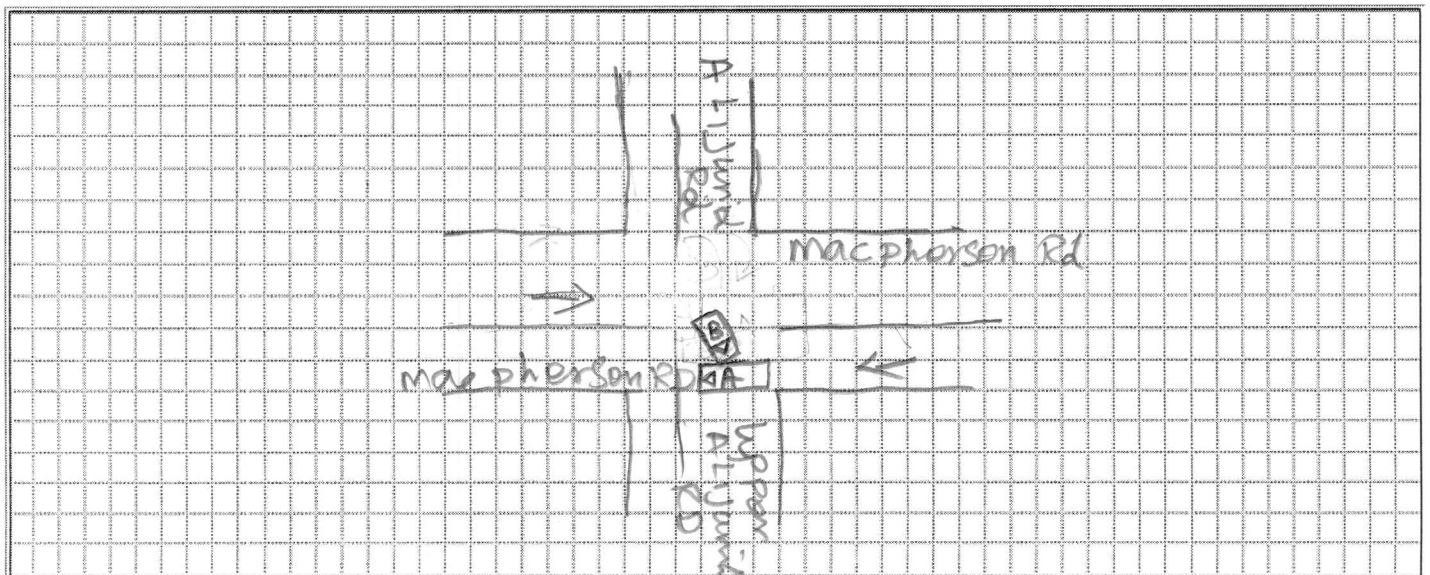


Policyholder's Signature / Date & Time

Actual 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

I was travelling straight way along macpherson Road & suddenly vehicle B U-turn hit onto my lorry right side front portion.

Declaration

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



Policyholder's Signature / Date & Time

06/12/22
J. Kelixamby

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

hph

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

ACCIDENT STATEMENT

11:50 ^{pm}

ACCIDENT DATE: 5 / 12 / 2022 (DD/MM/YYYY), TIME: (2350) (HH:MM)

LOCATION: Macpherson Road. (junction between Aljunied & Upper Aljunied Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 5731R
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMCVSNW00001122204
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota MANUAL (manual)
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work after work working purpose
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: J & J INFRASTRUCTURE PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200919705M CONTACT: 9632 3511
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JAYARAMAN KALIYAMOORTHY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G7976327L CONTACT: 9086 0162
 c) ADDRESS: 53 Paya Ubi, Ubi Ave 1 #03-23, Singapore 408934.

* d) DATE OF BIRTH: (05 / 06 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/3/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 3319L MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9857 4525

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = jaketsocl@gmail.com

fax =

VIDEO = NO

no. of passengers
(including driver)
(2) 3

2 male
colleagues

no. of passengers
(including driver)
(2)

no. of passengers
(including driver)
()



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

R SN

DR0999J

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.

DMCVSNW00001122204

Engine No.: 1KD2571484

Cha. No.: KDY2318022546

1. Index Mark and Registration
Number of Vehicle

GBE5731R

AUTOSAFE

=====

2. Name of Policy Holder

J & J INFRASTRUCTURE PTE LTD

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

18/01/2022
(00:00:00)

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

4. Date of Expiry of Insurance

17/01/2023

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.: ETHOZ CAPITAL LTD 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: Leonard Lim
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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☎ 6222 1033

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