

NATIONAL Assessment Centre Services

Date In 10/01/2023

Ref No NA/C1123000292/J4

Veh No YQ 5799K

DOA 09/01/2023 13:30

OD/TP/Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs. Aft 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs. TP 4hrs)

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: SLR 747E

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

NA2300086

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:-

1/1

2/3

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

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:-

ON*

* 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 (N:n) INC against INC \$20

9) N12: Idac Mobile \$0

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	10/01/2023 08:56 (SGT)
Reported by	Driver
Date of Accident	09/01/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG WAY TOWARDS KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5799K
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INTERIOR FILE PTE LTD
Company Reg No	2XXXXX558E
Email Address	interiorfile@gmail.com
Mobile Phone No	(Phone) +65-67493389
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	2755

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00040532200

DRIVER

Name of Driver	MUMMOORTHY ANANTHAKUMAR
Passport No/FIN	GXXXX152K

Date Of Driving Pass	05/03/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91948602
Alt. Phone Number	-
Email Address	interiorfile@gmail.com
Address	33,JALAN TARI SERIMPI
Address complement	-
Postcode	799120
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)	2
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

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR7475E
-----------------------------------	----------

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BURRIDGE STEVEN HAROLD
Contact Number	(Phone) +65-91731477
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.

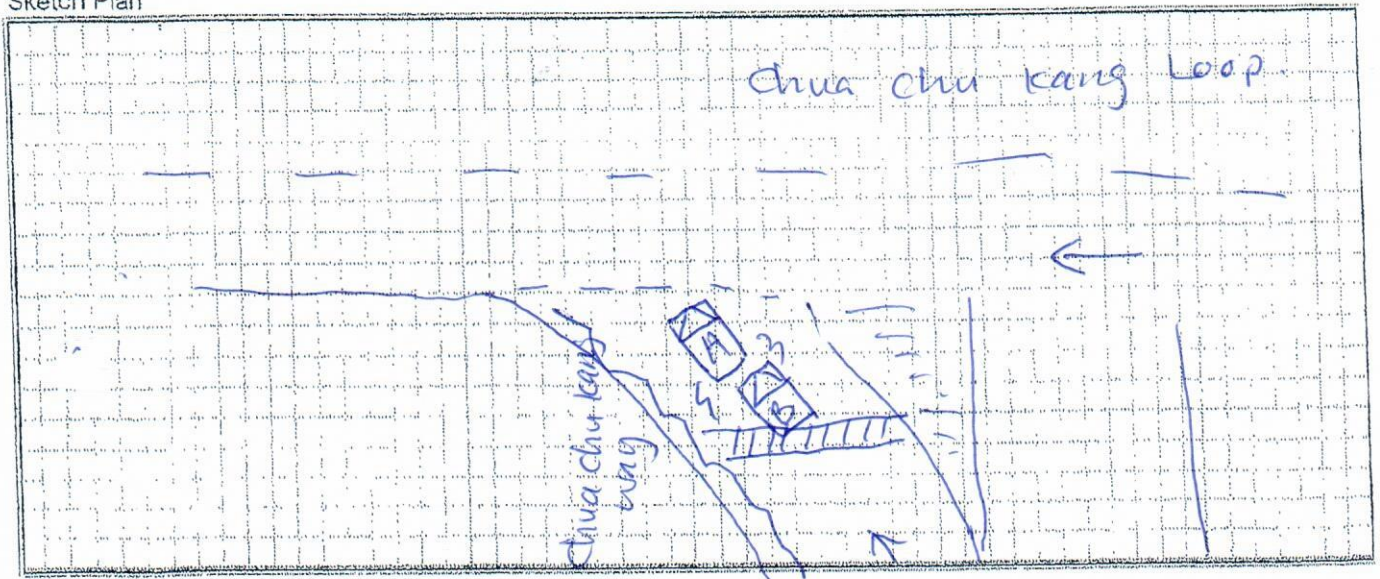


Policyholder's Signature / Date & Time

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

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

Sketch Plan



A - YQ 5799K

B - SLR 7475E


Describe Circumstance of the Accident:

On the date 09/01/2023 time about 1330hrs.
I driving my company Lorry YQ5799K along
Chua Chu Kang way toward KJE, Somewhere
Filter into Chua Chu Kang Loop Slip Rd, when
I am at the Filter lane to waiting main
Rd traffic to clear, Suddenly I felt a impact
from my back, so I come out to check and
realised vehicle "B" SLR7475E hit my lorry
from behind.

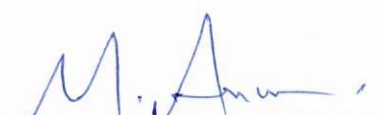
Nobody was injury


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
& Time

 10/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	YQ5799K	MAKE & MODEL	TOYOTA DYNA 150	AUTO (MANUAL)
DATE OF ACCIDENT:	09/01/2023		SMT	CC. 2.0
TIME OF ACCIDENT:	1330	HRS		
LOCATION OF ACCIDENT:	Choa Chu Kang Way toward KJE			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	INTERIOR FILE PTE LTD			
TEL NO:	H/P: 97879833	OFFICE:	67493388 HOME:	
NRIC:	ROC	200504558E		
ADDRESS:	3023 Ubi Rd 3 # 01-16 Ubiplx S' 408663			
EMAIL:	interiorfile@gmail.com			
CLAIM TYPE:	OD (THIRD PARTY) / REPORTING ONLY			
FLEET POLICY:	YES (NO?)			
INSURANCE COMPANY:	China Taiping Ins (S) PTE Ltd			
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft			
POLICY NO:	DMCNSNW00040532200			
NAME OF DRIVER:	AS ABOVE / IF NO: Mummooorthy Ananthakumar			
NRIC:	FIN	G6985152K	ANY PASSENGER:	1(M)
DATE OF BIRTH:	20/Apr/1991		LICENCE PASSED DATE: 05/03/2019	
OCCUPATION:	(OUTDOOR) INDOOR			
GENDER:	(MALE) FEMALE			
CONTACT NO:	H/P: 91948602	OFFICE:	HOME:	
ADDRESS:	33, Jalan tari serimpi S' 799120			
EMAIL:	interiorfile@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	(NO) IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Employee			
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:			
ROAD SURFACE:	(DRY) WET / OTHER:			
ANY INJURIES:	(NO) IF YES, WHO?			
NAME & CONTACT:	NIL			
NAME & CONTACT:	NIL			
POLICE REPORT:	NO / IF YES, WHERE? NIL			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO? NIL			
VEHICLE B REG NO:	SLR 7475E	ANY PASSENGERS:	0	
NAME OF DRIVER:	Burridge Steven Harold	CONTACT NO:	91731477	
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO			
WAS THERE ANY AUDIO RECORDED?	YES (NO)			
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO			
ACCIDENT PORTION:	Rear portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO			
WORKSHOP PARTICULAR:	N-51 Automotive P/L			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Irene.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



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

AN0055A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.	DMCVSNW00040532200	Engine No.: 1GD8074338	Chs. No.: JHHAQV4630K001737
1. Index Mark and Registration Number of Vehicle	YQ5769K		
2. Name of Policy Holder	INTERIOR FILE PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactment	21/03/2022 (09:44:02)	Excess Sect 1.	\$5500.00
		EX ON WINDSCREEN.	\$8100.00
4. Date of Expiry of Insurance	26/01/2023		
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.: TOYOTA FINANCIAL SERVICES SINGAPORE PTE. 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: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208364E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com