

# NATIONAL Assessment Centre Services

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In 10/01/2023       | Job description                          | Date & Time Completed | Done by |
| Ref No NA/CT/23000320/d4 | SAS e-filing                             |                       |         |
| Veh No GBG 5977M         | E-mail (within 8hrs. Aft 2hrs)           |                       |         |
| DOA 09/01/2023 09:15     | 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: GBJ3984P

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

NA2300095

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

ALL

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

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

3) TP: 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 (Non INC) against INC \$20

9) N12: Idac Mobile 30



# 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 15:16 (SGT)                             |
| Reported by                     | Driver   |
| Date of Accident                | 09/01/2023 09:15 (SGT)                             |
| Exact Location of Accident      | Singapore  |
| Additional Location Information | ONAN ROAD TOWARDS FOWLIE ROAD BEFORE MARSHALL LANE |
| Country/State of Loss           | Singapore  |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBG5977M |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                             |
|--------------------------|-----------------------------|
| Is company?              | Yes                         |
| Name Of Registered Owner | KC CREATIVE DESIGN PTE LTD  |
| Company Reg No           | 2XXXXX889K                  |
| Email Address            | kccreativedesign1@gmail.com |
| Mobile Phone No          | (Phone) +65-96498551        |
| 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 | DMCVSNW00097612203                            |

### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | ALAGUSUNDARAM SRIMAAN |
|----------------|-----------------------|

|  |   |
|--|---|
| Occupation .....   | Indoor                                  |
| Date Of Driving Pass .....   | 12/09/2019                              |
| Driving experience .....   | 3 YEARS AND 4 MONTHS                    |
| Gender .....   | Male                                    |
| Mobile Number .....  | (Phone) +65-86203975                    |
| Alt. Phone Number .....  | -                                       |
| Email Address .....  | kccreativedesign1@gmail.com             |
| Address .....  | 61 WOODLANDS INDUSTRIAL PARK E9 PREMIUM |
| Address complement .....   | # 04-08                                 |
| Postcode .....   | 757047                                  |
| 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 .....   | Side Swipe |
| 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? .....  | 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 ..... | Male    |

#### PASSENGER 3

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Male    |

#### PASSENGER 4

|              |         |
|--------------|---------|
| 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



## 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 ..... GBJ3984P  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... ABDUL SUKOR BIN OSMAN  
Contact Number ..... (Phone) +65-88080465  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## PASSENGER 1

Name ..... UNKNOWN  
Gender ..... Male

## PASSENGER 2

Name ..... UNKNOWN  
Gender ..... Male

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... MIAH MOHIR  
Gender ..... Male  
Phone No ..... (Phone) +65-86203975  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHTLY INJURED  
Injured person in which vehicle? ..... GBG5977M  
Were seat belts worn? ..... -  
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 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.



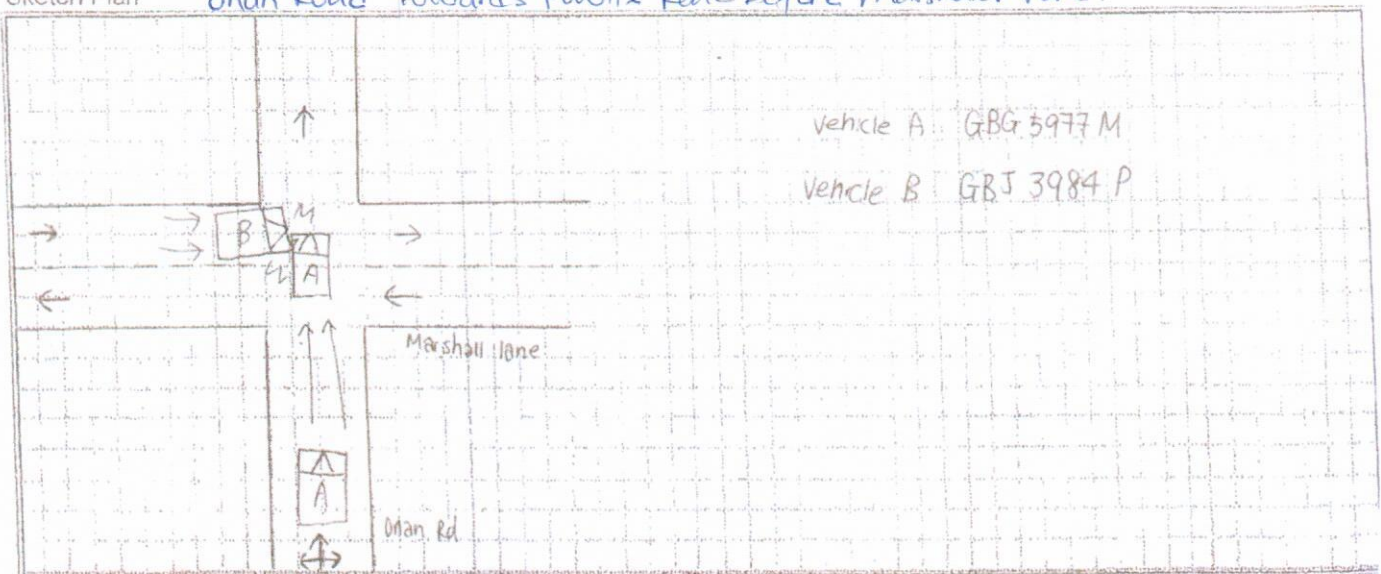
Policyholder's Signature / Date & Time

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

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

Sketch Plan

onan road towards POWLIE ROAD before MARSHALL LANE.





Describe Circumstance of the Accident:

As of above date and time, I was driving my vehicle (GBG 5977 M) along Onan Rd towards Fowle Rd before Marshall lane. I was driving straight to the junction and out of a sudden, vehicle B (GBJ 3984 P) drove out of the road from my left. I braked and honked at the same time. After my vehicle stopped, vehicle B collided into the left front portion of my vehicle.

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

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



|  |   |  |
|--|---|--|
| VEHICLE NO: <u>GBG 5977 M</u>  | MAKE & MODEL <u>Toyota Dyna</u>                                   | AUTO / <u>MANUAL</u>                       |
| DATE OF ACCIDENT:  | <u>09 / 01 / 2023</u>   | CC: <u>3.0</u>                             |
| TIME OF ACCIDENT:  | <u>0915</u> HRS   |  |
| LOCATION OF ACCIDENT:  | <u>Onan Rd towards Fowlie Rd before Marshall lane</u>             |  |
| EXACT PURPOSE USE DURING ACCIDENT:   | <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE                    |  |
| NAME OF OWNER:   | <u>KC Creative Design Pte Ltd</u>                                 |  |
| TEL NO:  | H/P: <u>9649 8551</u>   | OFFICE: HOME:                              |
| NRIC:  | <u>201906889K</u>   |  |
| ADDRESS:   | <u>61 Woodlands Industrial Park E9 #04-08 E9 Premium S 75704</u>  |  |
| EMAIL:   | <u>KCCREATIVEDESIGN1@GMAIL.COM</u>                                |  |
| CLAIM TYPE:  | <u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY                   |  |
| FLEET POLICY:  | YES / <u>NO</u>   |  |
| INSURANCE COMPANY:   | <u>China Taiping</u>  |  |
| TYPE OF COVERAGE:  | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft     |  |
| POLICY NO:   | <u>DMCVSNW00097612203</u>   |  |
| NAME OF DRIVER:  | <u>AS ABOVE</u> / IF NO: <u>Alagusundaram Srimaan</u>             |  |
| NRIC:  | <u>G2282685P</u>  | ANY PASSENGER: <u>4 (4M) (5)</u>           |
| DATE OF BIRTH:   | <u>24 / 06 / 1993</u>   | LICENCE PASSED DATE: <u>12 / 09 / 2019</u> |
| OCCUPATION:  | <u>OUTDOOR</u> / <u>INDOOR</u>                                    |  |
| GENDER:  | <u>MALE</u> / FEMALE  |  |
| CONTACT NO:  | H/P: <u>8620 3975</u>   | OFFICE: HOME:                              |
| ADDRESS:   | <u>61 Woodlands Industrial Park E9 #04-08 E9 Premium S 757047</u> |  |
| EMAIL:   |   |  |
| DOES DRIVER OWNED ANY VEHICLE:   | <u>NO</u> / IF YES, REG NO:                                       | INSURER:                                   |
| RELATIONSHIP:  | <u>Employee</u>   |  |
| WEATHER CONDITION:   | <u>CLEAR</u> / RAINING / OTHERS:                                  |  |
| ROAD SURFACE:  | <u>DRY</u> / WET / OTHER:   |  |
| ANY INJURIES:  | <u>NO</u> / IF YES WHO?   |  |
| NAME & CONTACT:  | <u>Miah Monir (8928 0196)</u>                                     |  |
| NAME & CONTACT:  |   |  |
| POLICE REPORT:   | <u>NO</u> / IF YES, WHERE?  |  |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | <u>NO</u> / IF YES, WHO?  |  |
| VEHICLE B REG NO:  | <u>GBJ 3984 P</u>   | ANY PASSENGERS: <u>2 (2M) (3)</u>          |
| NAME OF DRIVER:  | <u>Abdul Sukor Bin Osman</u>                                      | CONTACT NO: <u>8808 0465</u>               |
| 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 / <u>NO</u>   |  |
| WAS THERE ANY AUDIO RECORDED?  | YES / <u>NO</u>   |  |
| ACCIDENT SCENE PHOTOS TAKEN?   | YES / <u>NO</u>   |  |
| ACCIDENT PORTION:  | <u>left front Portion</u>   |  |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? |   | YES / <u>NO</u>                            |
| WORKSHOP PARTICULAR:   | <u>N-51 Automotive Pte Ltd</u>                                    |  |
| CONTACT NO:  | <u>68420051 / 67440510</u>  |  |
| CONTACT PERSON:  | <u>Stere</u>  |  |
| FAX NO:  | <u>67410510</u>   |  |
| WORKSHOP EMAIL:  | <u>sales@n51.com.sg</u>   |  |





Motor Commercial

MZ300/C

R SN

AN0597A

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.

DMCVSNW00097612203

Engine No.: 1KD2734293

Cha. No.: JTFAT35Y20K208596

1. Index Mark and Registration  
Number of Vehicle

GBG5977M

2. Name of Policy Holder

KC CREATIVE DESIGN PTE LTD

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

12/09/2022  
(00:00:00)

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

4. Date of Expiry of Insurance

11/09/2023

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. : HITACHI CAPITAL ASIA PACIFIC PTE 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: ABS INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory