

**NATIONAL Assessment Centre Services** (Ref: 12345678) **SA10823100002**

Date In: 12/01/2023 15:39	Job description	Date & Time Completed	Done by
Ref No: NA2300114	SAS e-filing		
Veh No: 68L 908PL	E-mail (within 3hrs, A/C this)		
D.O.A: 12/01/2023 08:10	I-Motor Claim Form		
TP Insurer: (TP) Reporting Only	I-Motor W/O (White: QD this, TP this)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: 8KT 2800A INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Bst 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 repeller.

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

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) INC 10/1/2023 07:38:00 ( ) 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: ( ) Action: ( )

NA2300114

Driver/Owner:	Invoice Preparation Checklist	QAR ( )	Task B/M
Contact No:	1) AR: Accident Reporting (\$30)		
Damaged Part/No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
	3) TP: Towing Fee	\$10/\$45	
	4) PT: Follow-Through Survey	\$150	
	5) RT: Follow-Through Survey (Resurvey)	\$50	
	Excess/Insurance/INC Only (over 10 Jan 2023)		
	6) TR: Re-inspection	\$75	
	7) NI: New DA + SMART Survey	\$140	
	8) NTUC Additional Services		
	QD:		
	*NI: Courtesy Car / Transport Allowance	\$5	
	*NI: Repair Coordination	\$15	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Coordination	\$5	
	*TP (NI) / TP (Non-INC) against INC	\$70	
	*NI: New Model	\$0	
	Invoice Total		
	Fee Charged		

12/3:

# 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	12/01/2023 15:39 (SGT)
Reported by	Driver
Date of Accident	12/01/2023 08:10 (SGT)
Exact Location of Accident	Jurong Gateway Rd, Singapore
Additional Location Information	JURONG EAST MRT PICK UP POINT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL9084L
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WINSYS TECHNOLOGY PTE LTD
Company Reg No	1XXXX616W
Email Address	winsysadmin@winsys.com.sg
Mobile Phone No	(Phone) +65-97521003
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Byd
Model	ET3
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	0

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00081782200

### DRIVER

Name of Driver	RAMAN PALANIKUMAR
Passport No/FIN	GXXXX795X
Date Of Birth	20/04/1984
Occupation	Outdoor

Date Of Driving Pass .....	26/11/2012
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84216500
Alt. Phone Number .....	-
Email Address .....	winsysadmin@winsys.com.sg
Address .....	18 BOON LAY WAY #03-120
Address complement .....	-
Postcode .....	609966
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	HERMANTO TANZIL
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 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 .....	SKJ2848A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RAMAN PALANNIKUMAK
Gender .....	Male
Phone No .....	(Phone) +65-84216500
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBL9084L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	HERMANTO TANZIL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBL9084L
Were seat belts worn? .....	Yes
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.
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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. The 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.
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.



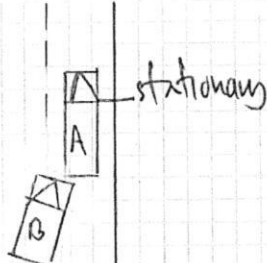
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Jinhong  
Salomon Rd  
Pickup  
Point



(A) GBL 9094L

(B) SKJ 2848A

**Describe Circumstances of the Accident**

I was waiting at Jurong East MRT pick up patient to pick worker.  
Suddenly I felt an impact from the rear. I alighted and realized  
that I was being hit by SKJ2848A.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*P. Selly*

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

*PCW* 12/01/2023  
Witnessed by Reporting Centre  
Personnel



Date of Accident : ~~08/10~~ 12/01/23 Accident Time: 0810 (24-HR-Format)  
Accident Place : Jurong Gateway Rd, Jurong East MRT pick up point  
Vehicle. No. (Car Plate No.) : GRL 9084L Make/Model: BYD T3  
Insurance Company : China Taiping Policy No: DMCLSNW00081782200  
Owner or Company Name / IC No. : Winsys Technology Pte Ltd 19980616W  
Owner or Company Contact No. : 97521003 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : Raman Palanikumar 98407954  
DRIVER'S Date Of Birth : 20/04/84 DRIVER'S License Pass Date 26/11/12  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : 18 Bean Lay Way #03-120 S609966  
DRIVER'S Contact No./ Alt No. : 1) 8421 6500 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : winsysadmin@winsys.com.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2 Pax include driver  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>SKJ 2848A</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

① Hermanto Tanzil - ①M



Motor Commercial

MZ300/C

N SN

AN0650B

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.

DMCVSNW00081782200

Engine No.: -

Cha. No.: LC0CE4DB7N0065653

1. Index Mark and Registration  
Number of Vehicle

GBL9084L

2. Name of Policy Holder

WINSYS TECHNOLOGY PTE LTD

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

05/07/2022  
(00:00:00)

Excess Sect I . S\$750.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

04/07/2023

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. : UNITED OVERSEAS BANK LIMITED

\* 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: Chua Suat Lay Sally  
Authorised Officer

Authorised Signatory



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	616W

### Vehicle Details

Vehicle No.:	GBL9084L
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	BYD
Vehicle Model:	ET3
Primary Colour:	White
Manufacturing Year:	2022
Engine No.:	-
Chassis No.:	LC0CE4DB7N0065653
Maximum Power Output:	-
Open Market Value:	\$23,078.00
Original Registration Date:	05 Jul 2022
First Registration Date:	05 Jul 2022
Transfer Count:	0
Actual ARF Paid:	\$1,154.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	04 Jul 2032
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$47,701.00
COE Rebate Amount:	\$44,823.00
<b>Total Rebate Amount:</b>	<b>\$44,823.00</b>

The information contained herein is correct as at 12 Jan 2023

OK