

NATIONAL Assessment Centre Services (part 1 of 2) **SN0823240001**

Date In: 17/07/2023 15:26	Job description	Date & Time Completed	Done by
Ref No: NBR/C12200/884/14	SAS e-filing		
Veh No: SJN8779S	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/07/2023 18:10	i-Motor Claim Form		
OD (72) Reporting Only	i-Motor W/O (Within: OD 2hrs, 24 hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

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

TP Particulars: () Veh No: PC904LS INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): 16-0-20%, P: 21-72%, P: 30-140%)

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 No: 0788, 0610)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: () Time: ()

Actions: ()

NA2300509

Important Reminders:	Invoice Preparation Checklist	AMT	Page 001
Owner/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (3100)	INC (330)	
Damaged Portion: ()	3) TP: Towing Fee	\$10/\$40	
	4) PT: Follow-Through Survey	\$150	
	5) FT: Follow-Through Survey (Resurvey)	\$100	
	6) TR: Re-inspection	\$75	
	7) NI: New DA, SMART Survey	\$150	
	8) NTUC Additional Services		
Checked by (Engr-In-Charge):	QW		
	*NO: Courtesy Car / Tol Allowance	\$5	
	*NO: Repair Coordination	\$10	
	*NO: Post Repair Inspection	\$25	
	*NO: DV / Collect Excess Coordination	\$5	
	TP (11): TP (Non-INC) against INC	\$10	
	TP (11): TP (Non-INC) against INC	\$10	
	Invoice dated	Fee Charged	
	Invoice total	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	17/02/2023 15:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 18:10 (SGT)
Exact Location of Accident	Pasir Ris Drive 3, Singapore
Additional Location Information	TOWARDS ELIAS MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8779S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PAUL S BHAT
NRIC No	SXXXX047F
Email Address	paulbhat@singnet.com.sg
Mobile Phone No	(Phone) +65-96629341
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00053822200

DRIVER

Name of Driver	CHOW SWEE LIAN PETULA MRS PETULA BHAT
NRIC No	SXXXX247C
Date Of Birth	29/01/1968
Occupation	Indoor

Date Of Driving Pass	20/03/2006
Driving experience	16 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92317767
Alt. Phone Number	-
Email Address	paulbhat@singnet.com.sg
Address	BLK 243 PASIR RIS STREET 21 #08-109
Address complement	-
Postcode	510243
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	PC9041S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	10

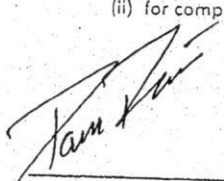
SKETCH PLAN

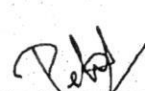
IMPORTANT NOTICE

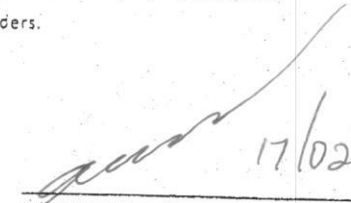
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

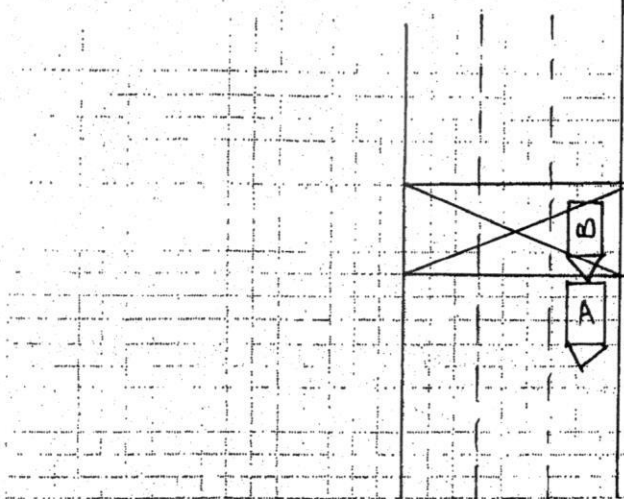

Policyholder's Signature
Date & Time:


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

 17/02/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PASIR RIS DRIVE 3, TOWARDS ELIAS MALL



A: SJN 8779S

B: PC 9041S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.02.2023 at about 6.10 pm, i am travelling
along pasir ris drive 3 towards ELIAS MALL.
Vehicle B collided into my rear portion
when i am stationary waiting for traffic light
to turn green.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: SJNB779S

MAKE & MODEL: NISSAN RASHBAI

AUTO / MANUAL

DATE OF ACCIDENT	16 / 11 / 2023	*C.C. 2.0
TIME OF ACCIDENT	6.10 AM / PM	
LOCATION OF ACCIDENT	PASIR RIS DRIVE 3 TWO EVAS MALL	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE (OUTSIDE ACTIVE SG SPORT CENTRE)	
NAME OF OWNER	PAUL S BHAT	
EMAIL: paulbhat@singnet.com.sg	Office:	MOBILE: 9662 9341
NRIC	J7004047F	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	DMPC SNW00053822200	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	CHINA TAI PING	
NAME OF DRIVER	AS ABOVE / IF NO: CHOW SWEE LIAN PETULA	
NRIC	S6801247C	MRS PETULA BHAT
DATE OF BIRTH	29 / 01 / 1968	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	20 / 03 / 2006	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile: 9231 7767 Office:	Home:
EMAIL		
ADDRESS	BLK 243 PASIR RIS STREET 21 #08-10 9	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.	INSURER: S510243
RELATIONSHIP	Employee / <u>If No: SPOUSE</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	PC 90415	Any Passenger: 10
NAME		
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / <u>NO</u>	



Motor Private Car

MX1F

E SN

AN0214A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00053822200

Engine No.: MR20484359W

Cha. No.: SJNFBAJ11U2012182

1. Index Mark and Registration
Number of Vehicle

SJN8779S

AUTOSAFE

2. Name of Policy Holder

PAUL S BHAT

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

24/02/2022
(12:24:36)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11/03/2023

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : STANDARD CHARTERED BANK(S) 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