

NATIONAL Assessment Centre Services

Date In 20/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/C7123001885/d4	SAS e-filing		
Veh No SLL 3424K	E-mail (within 8hrs. Aft 2hrs)		
DOA 19/02/2023 07:30	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	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: UNKNOWN (	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

NA2300542	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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) 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		
Cat 1:	Invoice date:	Fee Charged	
Cat 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	20/02/2023 16:16 (SGT)
Reported by	Driver
Date of Accident	19/02/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL3424K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG GEOK ENG
NRIC No	SXXXX774A
Email Address	ctwintergreen@yahoo.com.sg
Mobile Phone No	(Phone) +65-96272222
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00195012205

DRIVER

Name of Driver	RAMANATHAN RAVICHANDRAN
NRIC No	SXXXX288B
Date Of Birth	15/05/1970
Occupation	Outdoor

Date Of Driving Pass	25/06/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94555985
Alt. Phone Number	-
Email Address	ravihnc@gmail.com
Address	APT BLK 167 STIRLING ROAD
Address complement	# 11-1201
Postcode	140167
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230219/2026
 *PLEASE BE INFORMED THAT TRAFFIC POLICE HAS TOWED THE VEHICLE TO THE WORKSHOP AS VEHICLE IS UNDRIVEABLE.
 PHOTOS TAKEN IS AT THE PLACE OF SCENE BY TP.

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	UNKNOWN
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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.

[Signature] 20/02/2023

[Signature] 20/02/2023

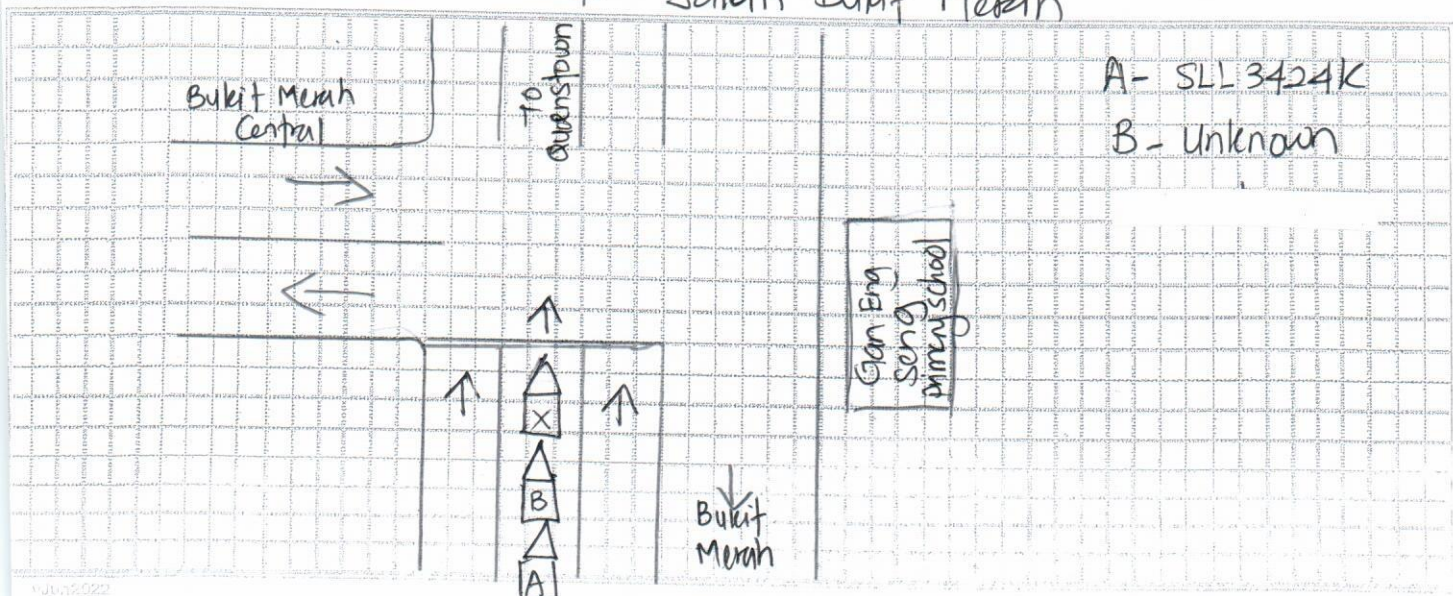
Policyholder's Signature / Date & Time

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

↑ Jalan Bukit Merah



Describe Circumstance of the Accident

Please Refer to the attached police Report
- 7/20230219/2026

Declaration

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

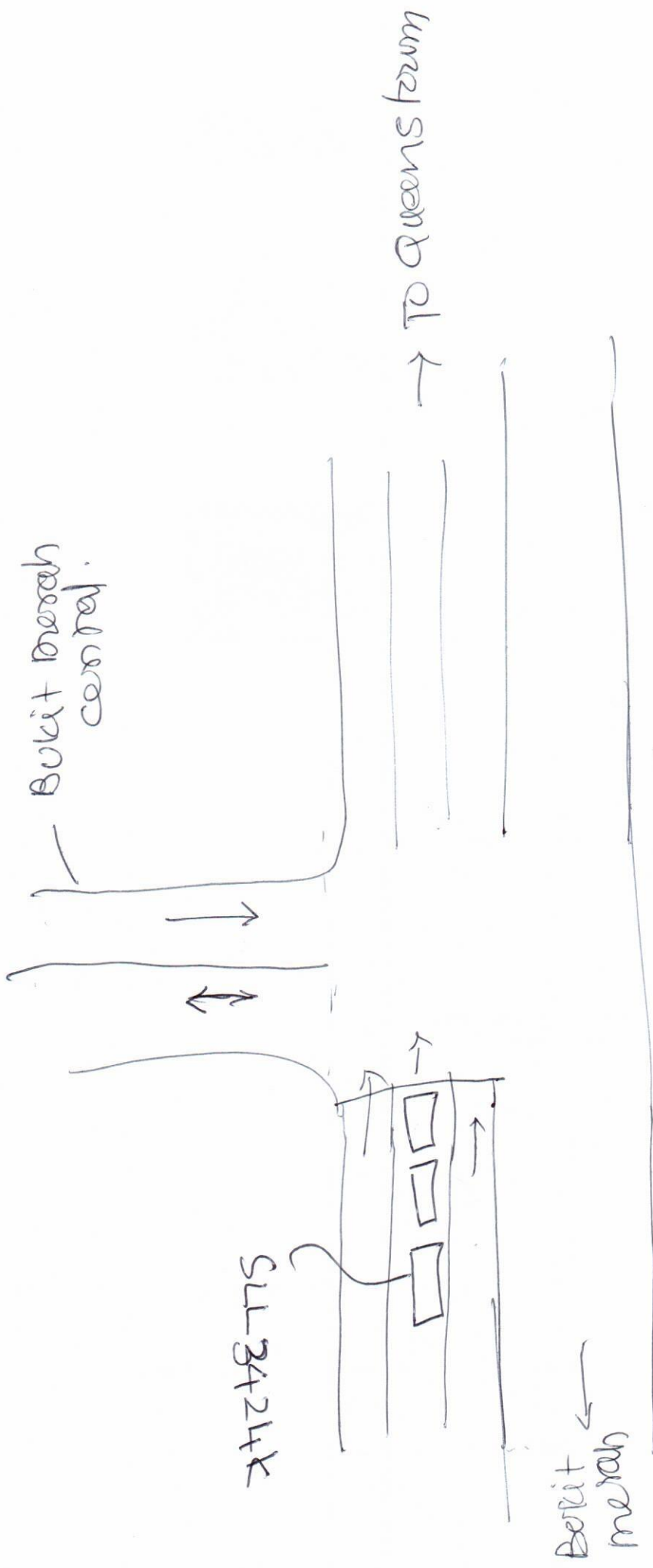
Policyholder's Signature / Date & Time

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

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

[Signature] 30/02/2023

[Signature] 20/02/2023





SINGAPORE POLICE FORCE



T/20230219/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20230219/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2023 10:55		Vide Report No.: D/20230219/0048		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: RAMANATHAN RAVICHANDRAN			Address: APT BLK 167 STIRLING ROAD #11-1201 SINGAPORE 140167		
ID Type / ID No.: NRIC NO / S7062288B			Contact No.: Home/Office: Mobile: 94555985		
Nationality: INDIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 15/05/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/02/2023 07:15	Type of Location: Straight Road
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL3424K	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230219/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20230219/2026

CONTINUATION OF REPORT

Driver				
Name	RAMANATHAN RAVICHANDRAN		ID No.	S7062288B
Related Vehicle	NIL		Contact No.	94555985
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 19/02/2023 between 0715hrs to 0730hrs, I was driving back home along Jalan Bukit Merah towards Queensway Rd. I was driving in the middle lane. I was slowing down as I spotted one lorry in front of me. I am not sure whether the lorry is moving off slowly or stationary. Subsequently, I hit the rear of the lorry. The lorry driver wind down his window and look from his side but did not went down. I went out of the car as I wanted to take photo of the incident, but the lorry left. While I was calling the towing company, one police patrol stopped to assist me. After a while, Traffic Police arrived at scene. Traffic police took my in-car SD card and i was issued an acknowledge slip. My damage is the front bumper, bonnet and engine compartment. No one is injured and no damage to any government property. I wish to add on that I did not manage to get the lorry plate number.

I am lodging this report for claiming of insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20230219/2026

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20230219/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

D /

SGT 3 MUHAMMAD FIRDAUS
BIN ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/02/2023 10:55

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20230219/0048

I, SGT(2) T220159 SYAHIRUL NIZAM
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP PU
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one 64 GB SANDISK ULTRA MICRO SD CARD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from SUL3424K (MAZDA) RANICHANDAN S7062288B
(Name, NRIC or Passport No. / Rank and No.)

of _____
(Address / Police Station / NPC / NPP)

on 19/02/23 at 0925hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

S7062288B
(Signature)
(Name, NRIC or Passport No. / Rank and No.)

Received by:

SGT(2) T220159 Syahirul Nizam
(Signature)
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 FIDAM: 6547 6202

ACCIDENT STATEMENT

ACCIDENT DATE: 19/02/2023 (DD/MM/YYYY) TIME: 07:30 (HH:MM)

LOCATION: Jalan Bukit Merah

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLL 3424K

b) INSURANCE COMPANY: China Taiping

c) POLICY NUMBER: DMPCSNA00195012205

d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Mazda 5 Auto / MANUAL

f) TYPE: SALEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS

g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME: Private use

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: Ng Geok Eng (MALE) / FEMALE

b) NRIC/FIN/PASSPORT: S0223774A CONTACT: 96272222

c) ADDRESS: 14 Sandy lane # 437328 (S)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Ramanathan Ravichandran (MALE) / FEMALE

b) NRIC/FIN/PASSPORT: S7062288B CONTACT: 9455 5985

c) ADDRESS: Apt 8LK 167 Stirling Road # 11-1201, S 140167

d) DATE OF BIRTH: 15/05/1970 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 25/06/2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: Queenstown

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN (Lorry) MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT:

CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:

CONTACT:

Email = ravihhc@gmail.com

Phone =

Video = NO



Motor Private Car

MX1F

R SN

AN0185A

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.

DMPCSNA00195012205

Engine No.: PE10405076

Cha. No.: JM6CW1071G0124796

1. Index Mark and Registration
Number of Vehicle

SLL3424K

2. Name of Policy Holder

NG GEOK ENG

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

28/08/2022
(00:00:00)

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

4. Date of Expiry of Insurance

27/08/2023

* Age as at date of accident
EX ON WINDSCREEN S\$100.00

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.

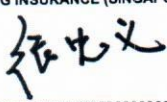
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Chai HuiLin Lynn
Authorised Officer


Authorised Signatory