

NATIONAL Assessment Centre Services

Date In 22/02/2023	Job description	Date & Time Completed	Done by
Ref NO NM/CT123001990/Ad4	SAS e-filing		
Veh No YN 9403S	E-mail (within 8hrs. Aft 2hrs)		
DOA 22/02/2023 10:20	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: SMM 8732X	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA2300569 / NA2300570	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2/3:	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			
	Invoice date/d	Fee Charged		
	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	22/02/2023 18:05 (SGT)
Reported by	Driver
Date of Accident	22/02/2023 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BLK 302 UBI AVENUE 1 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9403S
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SRI MULLAI TRADERS PTE LTD
Company Reg No	2XXXXX170Z
Email Address	srinullaitraders@gmail.com
Mobile Phone No	(Phone) +65-91881970
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00131102200

DRIVER

Name of Driver	PERIYASAMY SARAVANAN
Passport No/FIN	GXXXX702R
Date Of Birth	18/04/1994
Occupation	Outdoor

Date Of Driving Pass	28/06/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89184268
Alt. Phone Number	-
Email Address	srinullaitraders@gmail.com
Address	BLK 8 SELEGIE ROAD, SELEGIE HOUSE
Address complement	# 07-05
Postcode	180008
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?	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 THE ATTACHED STATEMENT

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	SMM8732X
Vehicle Manufacturer	Honda
Vehicle Model	City
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL MUHAIMIN BIN ABDUL MALIK
NRIC No	SXXXX419E

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.

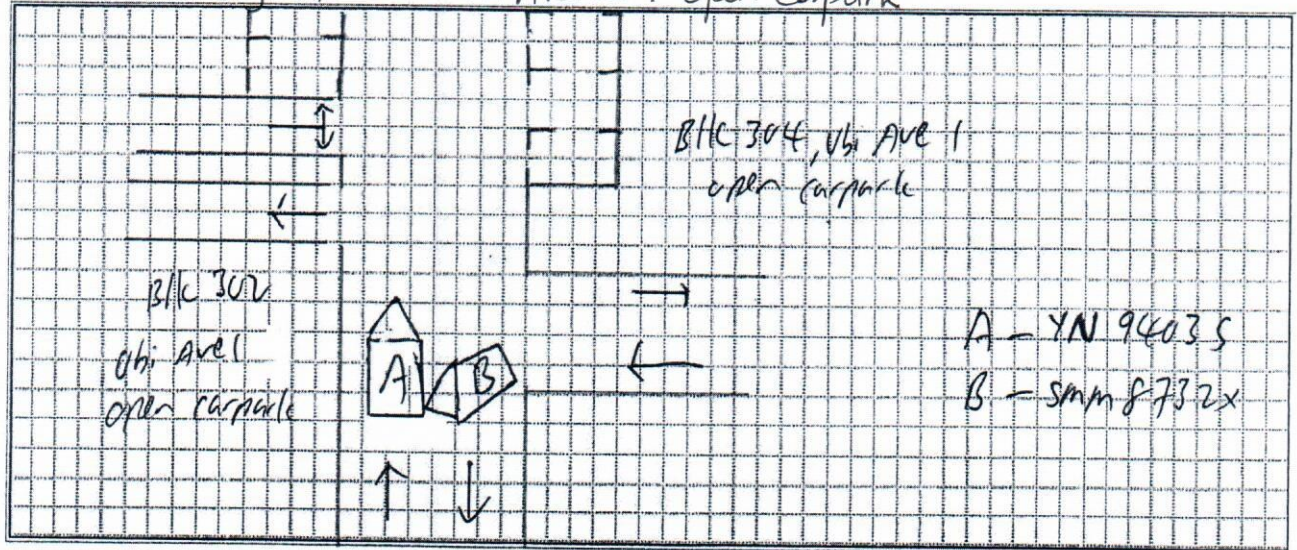
8. Consent under the Personal Data Protection Act (PDPA)

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.

Policyholder's Signature / Date R. m. y. 2022/2/2 Driver's Signature (if driver is not the policyholder) / Date & Time P. s. i. 2022/2/2 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) g. m. u. l. 2022/2/2

Sketch Plan Along B1K 302 - ubi Avenue 1 open carpark



Describe Circumstance of the Accident

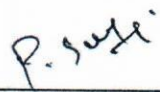
On the stated date and time, I was travelling straight along
Blk 302, Ubi Ave 1 - vehicle bearing SMM 8732X
make a left turn, failed to stop without observing the traffic,
collided to the rear right hand portion of my vehicle YN 9403 S,
my rim and rear undercarriage were damaged, as well as the
lung shaft due to the great impact. After the accident,
my lorry was unable to drive due to the damaged lung shaft,
I called for a tow truck and send to workshop.

Declaration

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


Policyholder's Signature & Date




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

 22/2/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Date of Accident : 22.02.2023 Accident Time: 1020 (24-HR-Format)
Accident Place : Along B1/C 302, Ub: Ave 1 open carpark
Vehicle No. (Car Plate No.) : YN 9403 S Make/Model: MITSUBISHI CANTER
Insurance Company : Ching Taiping Policy No: DMCUSNW00131102200
Owner or Company Name / IC No. : 201406170 E Sri Mullai Traders Pte Ltd
Owner or Company Contact No. : 91881970 Owner's Hp _____ Company Tel _____
DRIVER'S Name/IC No. : Periyasamy Saravanan G3937702R
DRIVER'S Date of Birth : 18.04.1994 DRIVER'S License Pass Date: 28.06.2022
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling Employee Others: _____

DRIVER'S Address : B1/C 8, Selegie Rd, #07-05, Selegie House, S180008
DRIVER'S Contact No./ Alt No. : 1) 89184268 2) _____
DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)
Email Address : Srimullai traders @ gmail . com
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): 01 driver

Was there any video Captured by car camera YES / NO file too large to upload

Exact purpose for which vehicle was being used at the time of accident: Private Use Work Purpose

Any injury (If YES, Please state): _____

Other Party Driver's Particular (if any)

Vehicle No	: Smm 8732 X	Vehicle No	:
Vehicle Make/Model	: Honda CITY	Vehicle Make/Model	:
Name Driver	: Abdul Muhaimin BIN	Name Driver	:
IC No. Driver/Contact:	: S9032419E Abdul Malik	IC No. Driver/Contact:	:

Passenger's name & gender:

Motor Commercial

MZ300/C

CERTIFICATE OF INSURANCEMotor 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)

N SN

AN0679A

Cov. Type C

CERTIFICATE No.

DMCVSNW00131102200

Engine No. 4P10B76596

Cha No. FEB21CA10022

1 Index Mark and Registration
Number of Vehicle

YN9403S

AUTOSAFE

=====

2 Name of Policy Holder

SRI MULLAI TRADERS PTE. LTD

3 Effective date of the Commencement of 25/10/2022
Insurance for the purposes of the Regulations, (11.49.28)
Ordinance or EnactmentExcess Sect I SS\$1,050.00
EX ON WINDSCREEN SS\$100.00

4 Date of Expiry of Insurance

24/10/2023

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 : ABWIN 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: ABWIN PTE LTD

Authorised Officer

Authorised Signatory