

NATIONAL Assessment Centre Services

(Call 1 800 232 0001) **510823320001**

Date In: 01/03/2023 09:15	Job description	Date & Time Completed	Done by
Ref No: NBA/C1/23002281	SAS e-filing		
Veh No: SLD 2787C	E-mail (with In Str, A/C Str)		
D.O.A: 28/02/2023 18:10	1-Motor Claim Form		
OD: 79 Reporting Only	1-Motor W/O (with: OD Str, TP Str)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'n Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vell No: GBJ 8914J INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, P: 21-70%, P: 30-100%)		
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 repair.

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

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

Remarks: (INC 100%: 0188:0015)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date: _____

Accident: _____

N42300627	Invoice Preparation Charge	
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$120/\$40	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Emergency)	\$50	
6) TR: Re-inspection	\$20	
7) NI: New DA + SMRT Survey	\$140	
8) NTUC Additional Fee		
GR:		
*No: Courtesy Car / Tel Allowance	\$5	
*No: Repair Coordination	\$15	
*No: Post Repair Inspection	\$20	
*No: DV / Collect Excess Coordination	\$5	
*TP (NTUC) / TP (Non-INC) applies INC	\$20	
*No: (100% Mile)	\$0	
Accepted Date	Fee Charged	
Signature	Stamp	

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	02/03/2023 09:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/02/2023 18:10 (SGT)
Exact Location of Accident	Bulim Ave, Singapore
Additional Location Information	SLIP ROAD TOWARDS JURONG WEST AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2787L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NIRMALA D/O KUNASEGARAN
NRIC No	SXXXX160F
Email Address	puppy_nrz@yahoo.com.sg
Mobile Phone No	(Phone) +65-91880865
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00258002202

DRIVER

Name of Driver	MURALI KRISNAN S/O RAJA KRISHNAN
NRIC No	SXXXX650B
Date Of Birth	25/08/1980
Occupation	Indoor

Date Of Driving Pass	24/06/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93884406
Alt. Phone Number	-
Email Address	ravasagu@gmail.com
Address	BLK 540 JELAPANG ROAD #07-40
Address complement	-
Postcode	670540
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	Raining
Road Surface	Wet

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	GBJ8914J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMAD FAZDHIL BIN ISHAK
NRIC No	SXXXX955C

Contact Number	(Phone) +65-97420598
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.

Nirmala 1/3/23

Policyholder's Signature / Date & Time

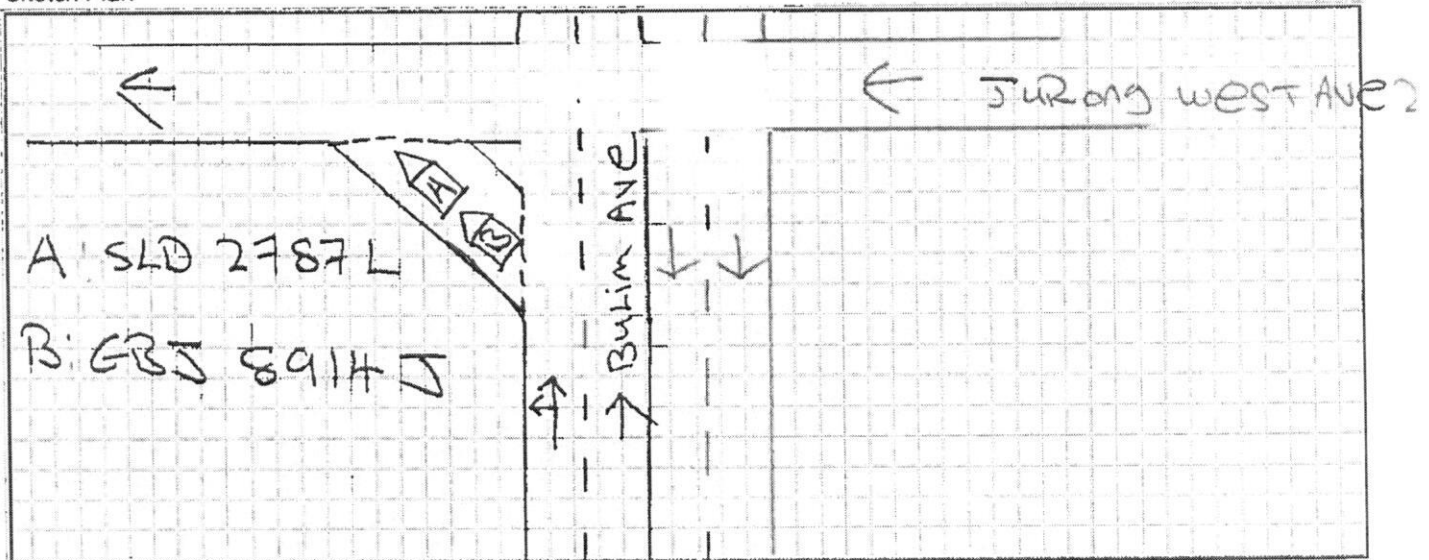
Sh 01/03/2023

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

02/03/2023

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

Sketch Plan



Describe Circumstance of the Accident


I was waiting at filter of Bulim Ave to turn to Jurong West Ave 2 at about 180hr on 28 Feb 2023. When red Van with VRN of GBJ 8914J hit the rear of my vehicle which has VRN of SLD2787L. I came out of the vehicle and talk with the driver of GBJ8914J. The Driver explained that he misjudge and hit my cars rear. We exchange details and agreed to claim insurance.

Declaration

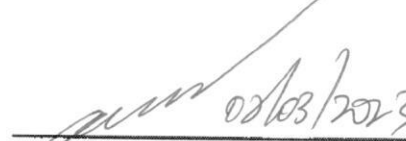
I/We declare the foregoing particulars are true in every respect.

Nirmalgh 1/3/23

Policyholder's Signature / Date & Time

 01/03/2023

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

 02/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 28 / 02 2023 (dd/mm/yy)

Time of Accident: 18 : 10 (24-HR-FORMAT)

Vehicle No. : SLD2787L Vehicle Make & Model / Engine (cc): TOYOTA WISH 1.8 Private Hire: (Y ☒ N)

Exact location of Accident: BULIM AVE, Toward JURONG WEST AVE 2

Policyholder's Name / IC No. : NIRMALAH D/O KUNASEGARAN S8397160F ROC/UEN (Company) _____

Driver's Name / IC No. : MURALI KRISHNAN S/O RAJA KRISHNAN S8026650B (As Above) ☐

Driver's Contact No. : 93884406 Company Contact No / Owner Contact No: 91880865

Driver's Address: BLK 540 JELAPANG ROAD #07-40 S670540

Owner Email address : PUPPY_NRZ@YAHOO.COM.SG Insurance Company : CHINA TAIPING DMPCSN00258002202

Driver Email address : RAVASAGU@GMAIL.COM

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner ☒ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 01

*Passenger Name: _____ Gender: Male / Female x ()

*Passenger Name: _____ Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks : _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: MuHAMAD FAZDLI Bin ISHAK S9043955C Vehicle No: GBJ 8914 J

Driver's Contact No: 9742 0598 Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Motor Private Car

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1WF

R SN

AN0472A

Cov. Type C

CERTIFICATE No.

DMPCSHA00258002202

Engine No.: ZZR1766572

Cha. No.: JTDGG20W50J004209

1. Index Mark and Registration Number of Vehicle

SLD2787L

AUTOSAFE

2. Name of Policy Holder

NIRMALAH D/O KUNASEGARAN

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

10/12/2022

(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

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

09/12/2023

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 will be doubled). A Flat S\$5,000

Excess shall apply for Theft Losses occurring outside Singapore. 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. : TOKYO CENTURY LEASING (S) 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:

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com