

NATIONAL Assessment Centre Services

Date In 03/03/2023	Job description	Date & Time Completed	Done by
Ref No NM/CT123002282/Wd4	SAS e-filing		
Veh No SMT 58254	E-mail (within 8hrs. A/C 2hrs)		
DOA 28/02/2023 20:45	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: Lamp post	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA2300643 / NA2300644	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
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)			
	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			
	Invoice date:	Fee Charge:		
	Invoice dated	Fee Charge:		

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	03/03/2023 08:43 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 20:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 1 , BEFORE THE ESTUARY CONDO ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT5825U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NAPOLIZZ PIZZA PTE LTD
Company Reg No	2XXXXX707W
Email Address	sales@napolizz.sg
Mobile Phone No	(Phone) +65-90925053
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Mustang
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	5038

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00158392200

DRIVER

Name of Driver	NAGENDRAN ARUMUGAM
NRIC No	SXXXX916D
Date Of Birth	20/10/1982

Occupation	Indoor
Date Of Driving Pass	16/03/2010
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91711447
Alt. Phone Number	-
Email Address	sales@napolizz.sg
Address	27 YISHUN STREET 51
Address complement	# 02-14
Postcode	768088
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT- L/20230301/7046

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	LAMPOST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
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

VEHICLE NO: SMT5825U
DATE OF ACCIDENT: 28 FEB'23

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 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:

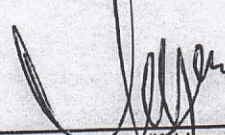
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

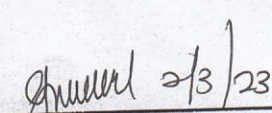
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

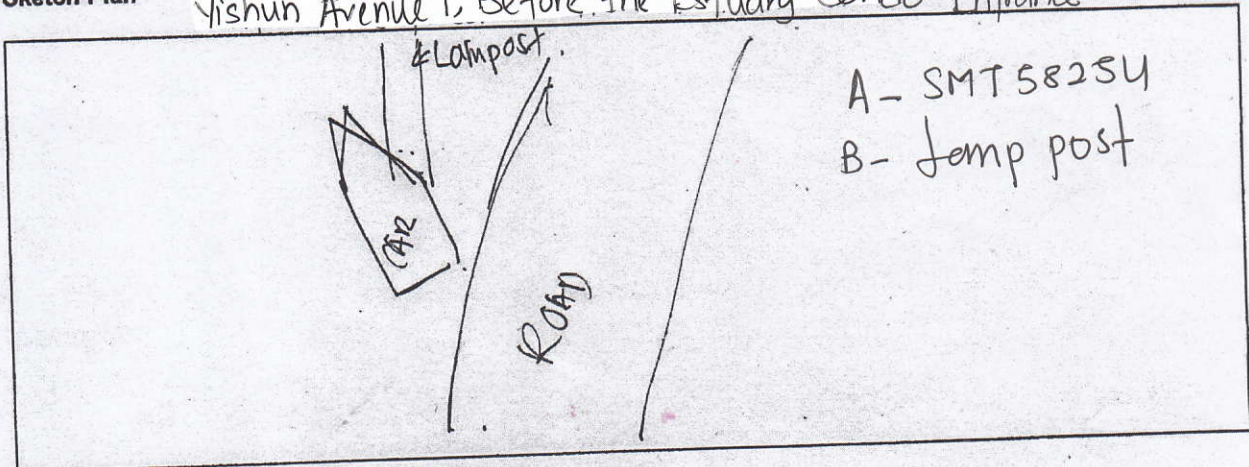

02/03/22
Policyholder's Signature / Date &
Time 1:10PM


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


2/3/23
Witnessed by Reporting Centre
Personnel

Sketch Plan

Vishnu Avenue 1, Before the Estuary Condo Entrance



Describe Circumstances of the Accident

VEHICLE NO: SMT5825U

DATE OF ACCIDENT: 28 FEB'23

While turning right from Lantor Ave towards Yishun Ave 1, with the green light in my favour and with no oncoming traffic, my motor vehicle bearing registration no. SMT5825U, skidded due to the flood on the road and crashed into a lamp post.

It was a raining throughout the entire day on the 28 Feb 23. When I exiting the car after the accident, I noticed that the rain water was gushing from the kerb drain causing a flood at the area where my car skidded.

I was travelling at a slow speed and due to the said flood my car skidded. I could not have avoided the accident as everything happened within a split second.

- L/2023 0301 / 7046 -

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.


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

 02/03/22

Policyholder's Signature / Date &
Time 1:10 PM



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

 2/3/23
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



L/20230301/7046

1 of 2

POLICE REPORT (NP299)

Report No. L/20230301/7046

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 01/03/2023 16:15		Vide Report No.		Station Diary No.	
Name Of Informant NAGENDRAN ARUMUGAM		Address 27 YISHUN STREET 51 #02-14 SINGAPORE 768088			
ID Type / ID No. NRIC NO / S8282916D		Contact No. Home/Office:		Mobile: 91711447	
Nationality MALAYSIAN		Email Address negen@napolizz.sg			
Occupation Managing director/Chief executive officer		Sex Male	Age 40	Date of Birth 20/10/1982	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 28/02/2023 20:45 - 28/02/2023 22:00		Location Of Incident 27 YISHUN STREET 51 #02-14 SINGAPORE 768088			

Brief details.

While turning right from Lentor Ave towards Yishun Ave 1, with the green light in my favour and with no oncoming traffic, my motor vehicle bearing registration no. SMT5825U, skidded due to the flood on the road and crashed into a lamp post.

It was a raining throughout the entire day on the 28 Feb 23. When I exited the car after the accident, I noticed that the rain water was gushing from the kerb drain causing a flood at the area where my car skidded.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2023 16:15
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20230301/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230301/7046

I was travelling at a slow speed and due to the said flood my car skidded. I could not have avoided the accident as everything happened within a split second.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2023 16:15
Officer In-Charge Of Case:	Classification Of Case:

Date: 01/03/2023

To: WHOM MAY CONCERN

LETTER OF AUTHORITY

We hereby authorized NAGENDRAN ARUMUGAM (Name) of
S8282916D (NRIC) to drive the vehicle SMT5825U (Vehicle Number)
and submit an accident report related to the accident on 28 Feb 23 at about 20:45pm.

Yours Sincerely,



NAPOLIZZ PIZZA PTE LTD
UEN: 201809707W

Date of Accident : 28 FEB'23 Accident Time: 20:45 PM (24-HR-Format)
 Accident Place : YISHUN AVE 1, BEFORE The Estuary CONDO ENTRANCE
 Vehicle Reg. No. (Car Plate No.) : SMT5825U
 Vehicle Make/Model : FORD MUSTANG 5.0GT AUTO
 Insurance Company : China Taiping Insurance (Singapore) Pte Ltd Policy No. DMPCSNW00158392200
 Owner or Company Name / IC No. : NAPOLIZZ PIZZA PTE LTD 201809707W
 Owner or Company Contact No. : 9092 5053 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : NAGENDRAN ARUMUGAM S8282916D
 DRIVER'S Date Of Birth : 20/10/1982 DRIVER'S License Pass Date 16/03/2010
 Relationship of Owner & Driver : Spouse ~~XXXXXX~~ Parents ~~XXXXXX~~ Children ~~XXXXXX~~ Sibling ~~XXXXXX~~ Employee ~~XXXXXX~~ Others: _____
 DRIVER'S Address : 27 YISHUN STRT 51 #02-14 S'PORE 768088
 DRIVER'S Contact No./ Alt No. : 1) 9171 1447 2) _____
 DRIVER'S Occupation : INDOOR ~~XXXXXX~~ OUTDOOR (e.g. working inside or outside office)
 Email Address : sales@napolizz.sg
 Weather & Road Surface : ~~XXXXXX~~ CLEAR & DRY ~~XXXXXX~~ RAINING & WET ~~XXXXXX~~ AFTER RAIN & WET
 Reporting Type : ~~XXXXXX~~ Reporting Only ~~XXXXXX~~ Claim Other Party ~~XXXXXX~~ Claim Own Insurance
 Number of Passengers (Including Driver): 1 DRIVER / 0 PASSENGERS
 Was there any video Captured by car camera: ~~YES~~ NO
 Exact purpose for which vehicle was being used at the time of accident: ~~XXXXXX~~ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: _____	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



Motor Private Car

MX4/B

N SN

BR0128A

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.	DMPCSNW00158392200	Engine No.: J5141003	Cha. No.: 1FA6P8NF2J5141003
1. Index Mark and Registration Number of Vehicle	SMT5825U		
2. Name of Policy Holder	NAPOLIZZ PIZZA PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/07/2022 (00:00:00)	Excess Sect I .	S\$5,000.00
		Excess Sect. I (Outside Singapore)	S\$10,000.00
		EX ON WINDSCREEN .	S\$1,000.00
4. Date of Expiry of Insurance	01/07/2023		
5. Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below.			
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.			
NAGENDRAN ARUMUGAM			
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.			
HIRE PURCHASE CO. : ACE FINANCIAL SERVICES 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: G&M PTE LTD
Authorised Officer


Authorised Signatory