

NATIONAL Assessment Centre Services (Call 1-800-451-5800) **NA2300823**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 21/03/2023 15:39 | Job description | Date & Time Completed | Done by |
| Ref No: X/RS/C/230028977 | SAS e-filing | | |
| Veh No: SKV 1764B | E-mail (with/with, NIC 2113) | | |
| D.O.A: 20/03/2023 16:55 | 1-Motor Claim Form | | |
| OD: (TP) Reporting Only | 1-Motor W/O (with/with, or 1113) | | |
| | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Whom | | |

Preferred Wksp / INC Assgn Wksp / QW: ()

TP Particulars: () Veh No: **GBC 436L** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: 1st Status (WO): 1: 0-30%, 2: 31-70%, 3: 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 repair.

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

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

- Remarks: ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

| Date | Action | Done by |
|------|--------|---------|
| | | |
| | | |
| | | |

NA2300823

| Invoice Particulars | Amount | Unit | Class |
|---|----------|------------|-------|
| 1) AR: Accident Paperwork (\$30) | \$30 | | |
| 2) DA: Damage Assessment (\$100) | \$100 | INC (\$56) | |
| 3) TP: Towing Fee | \$105.45 | | |
| 4) PE: Follow Through Survey | \$150 | | |
| 5) PE: Follow Through Survey (Warranty) | \$50 | | |
| 6) TR: Rep/Inspection | \$75 | | |
| 7) NI: 1 Day DA + SMART Survey | \$140 | | |
| 8) NIUC Additional Services | | | |
| 9) NIUC | | | |
| *NI: Courtesy Car / Tot Allowance | \$5 | | |
| *NI: Repair Coordination | \$15 | | |
| *NI: Post Repair Inspection | \$35 | | |
| *NI: DV / Collis/Excess Coordination | \$1 | | |
| *TP (11): TP (Non-INC) against INC | \$20 | | |
| *TP (12): TP (Non-INC) | \$0 | | |
| 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 | 21/03/2023 15:30 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 20/03/2023 16:55 (SGT) |
| Exact Location of Accident | 170 Bukit Timah Rd, Singapore 229847 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKV1764B |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | JOTHI KRISHNAN |
| NRIC No | SXXXX665I |
| Email Address | jothio1910@hotmail.com |
| Mobile Phone No | (Phone) +65-97678197 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Mobilio |
| 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 | 1497 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00202972201 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | JOTHI KRISHNAN |
| NRIC No | SXXXX665I |
| Date Of Birth | 19/10/1987 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 16/06/2021 |
| Driving experience | 1 YEAR AND 9 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97678197 |
| Alt. Phone Number | - |
| Email Address | jothio1910@hotmail.com |
| Address | BLK 223A SUMANG LANE #03-211 |
| Address complement | - |
| Postcode | 821223 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | DRIZZLING |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230321/7038

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 | GBC436L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | | |
|---|-------|----------------------|
| Vehicle Colour | ..... | - |
| Vehicle Category | ..... | - |
| Name of Driver | ..... | Commercial vehicle |
| Passport No/FIN | ..... | KANNAN KARTHIK |
| Contact Number | ..... | GXXXX804W |
| Address | ..... | (Phone) +65-84053949 |
| Address complement | ..... | - |
| Postcode | ..... | - |
| Insurance Company Name | ..... | - |
| Nature Of Damage | ..... | - |
| Details of property damaged in accident | ..... | - |
| No. Of Passenger (Including Driver) | ..... | - |

INJURED PERSONS DETAILS

INJURED 1

| | | |
|---|-------|------------------------------|
| Name of injured person | ..... | JOTHI KRISHNAN |
| Gender | ..... | Female |
| Phone No | ..... | (Phone) +65-97678197 |
| Address | ..... | - |
| Address Complement | ..... | - |
| Post Code | ..... | - |
| Approximate Age Years Old | ..... | - |
| Injuries Sustained | ..... | BACK, SHOULDER AND NECK PAIN |
| Injured person in which vehicle? | ..... | SKV1764B |
| Were seat belts worn? | ..... | Yes |
| Was this injured conveyed to hospital by ambulance? | ..... | No |

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

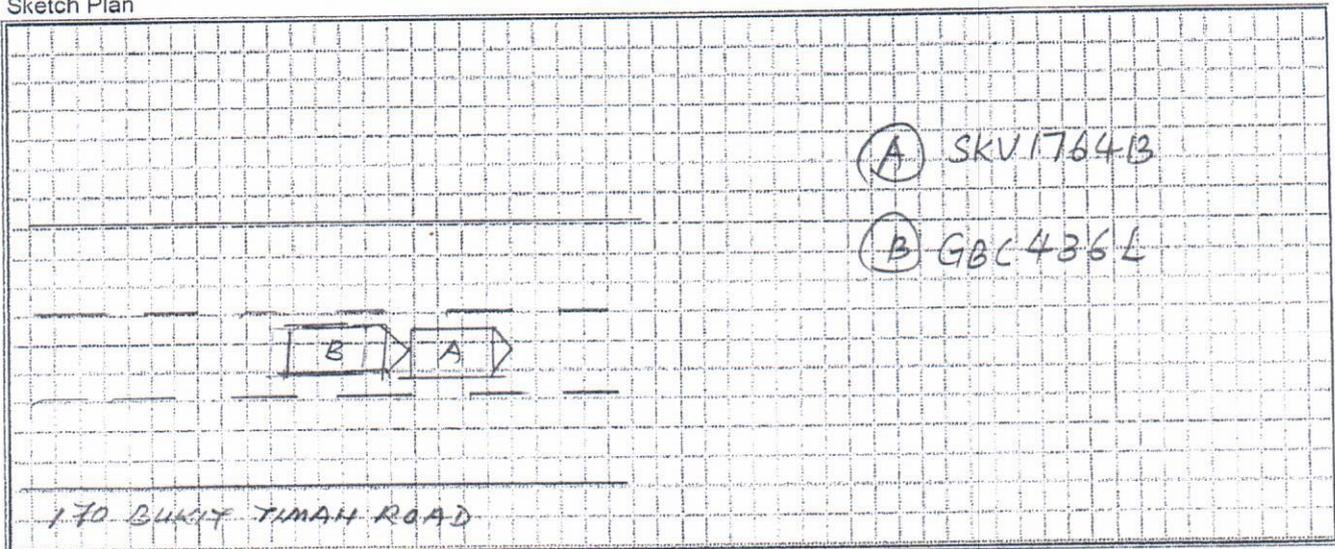
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

21/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

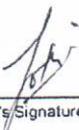


Describe Circumstance of the Accident

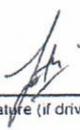
REFER TO THE POLICE REPORT REF : T/20230321/7038

Declaration

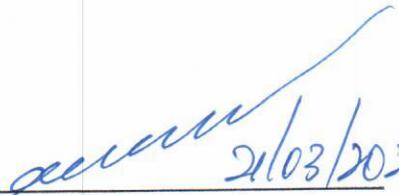
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


21/03/2023

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



**SINGAPORE
POLICE FORCE**



T/20230321/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230321/7038

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 21/03/2023 13:33 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: JOTHI KRISHNAN | | Address: 223A SUMANG LANE #03-211 SINGAPORE 821223 | |
| ID Type / ID No.: NRIC NO / S8732665I | | Contact No.: Home/Office: | Mobile: 97678197 |
| Nationality: SINGAPORE CITIZEN | | Email: JOTHIO1910@HOTMAIL.COM | |
| Sex: Female | Age: 35 | Date of Birth: 19/10/1987 | Type of Informant: Driver |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: Transporter | | Driving Licence Information: Class: 3A | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 20/03/2023 16:55 | Type of Location: Straight Road |
| Location: BUKIT TIMAH ROAD | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|-------|-----------------------|--------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBC436L | Lorry | | | | | 0 |
| SKV1764B | Car | HONDA | MOBILIO SV 1.5 CVT | Silver | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**



T/20230321/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230321/7038

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKV1764B | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW002029 72201 | 01/09/2022 | 31/08/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|-----------|-----------------------------------|----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | JOTHI KRISHNAN | | ID No. | S8732665I |
| Related Vehicle | SKV1764B (Car) | | Contact No. | 97678197 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3A Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Slight | |

Brief Details.

ON THE ABOVE STATED TIME AND DATE I WAS DRIVING MY VEHICLE SKV1764B TRAVELLING ALONG BUKIT TIMAH ROAD TOWARDS KK HOSPITAL DIRECTION. WHEN THE CAR INFRONT OF ME SLOWED DOWN AND WAS COMING TO A STOP DUE TO HEAVY TRAFFIC AND NEARING TRAFFIC LIGHT. I SLOWLY CAME TO A STOP AND SUDDENLY FELT AN IMPACT FROM THE REAR OF MY VEHICLE. GOT DOWN FROM THE VEHICLE AFTER COMPOSING MYSELF AND FEELING PAIN FROM THE IMPACT. VEHICLE GBC436L HAD COLLIDED ONTO MY VEHICLE. RIGHT AFTER, WENT TO CONSULT A DOCTOR. I WAS AWARDED 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20230321/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230321/7038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/03/2023 13:33

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/03/2023 (dd/mm/yy) Time of Accident: 16:55 (24-HR-FORMAT)
 Vehicle No.: SKV1764B Vehicle Make & Model: HONDA MOBILIO SV
 *Transmission: Manual Auto *C.c.: 1500 CC
 Exact location of Accident: 170 BUKIT TIMAH ROAD
 Policyholder's Name: JOTHI KRISHNAH NRIC/FIN/REG No.: S8732665I
 *Policyholder's email address: jothio1910@hotmail.com
 Driver's Name: JOTHI KRISHNAH NRIC/FIN/REG No.: S8732665I
 *Driver's email address: jothio1910@hotmail.com
 Driver's Contact No.: 9767 8197 Company Contact No (If any): -
 Date of birth: 19.10.1987 Driving Pass Date: 16.06.2021
 Driver's Address: APT BLK 223A SUMANG LANE #03-211 (S) 821223
 Insurance Company: CHINA TAIPING
 Policy No.: DMPCSNW00202972201 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
 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)
Type of Accident
 Chain Collision Head To Rear Side Swipe Other _____
 Occupation (nature job) Indoor / Outdoor *No. of Passengers / Including Driver: 1
 *Passanger Name: _____ Gender: Male / Female
 *Passanger Name: _____ Gender: Male / Female
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 Car camera? Yes / No
Any Injuries: Yes / No (If YES) Injured Person' Name: JOTHI KRISHNAH
 Injuries Sustain: BACK PAIN, SHOULDER PAIN, NECK PAIN Injured Person in Which Vehicle: SKV1764B
 Police Report filed: Yes / No (If YES) Which Police Station: 10 UBI AVENUE 3 (S) 408865

The Other Party (S) Details:

1. Driver's Name / IC No: KANNAN KARTHIK 66838041W Vehicle No: GBC436L
 Driver's Contact No: 84053949 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

MX1F

R SN

AN0644A

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. DMPCSNW00202972201

Engine No. L15Z12100852

Cha. No. MRHDD4870FP000240

 1. Index Mark and Registration
 Number of Vehicle

SKV1764B

 AUTOSAFE

2. Name of Policy Holder

JOTHI KRISHNAN

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

 01/09/2022
 (00:00:00)

Named Drivers Ex Sect I

S\$500.00

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

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. : CAR HOUSE CAPITAL 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.

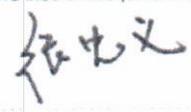
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By CAR HOUSE ENTERPRISE (S) PTE LTD

Authorised Officer


 Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 665I

Vehicle Details

Vehicle No.: SKV1764B
Vehicle to be Exported: Yes
Intended Deregistration Date: 21 Mar 2023
Vehicle Make: HONDA
Vehicle Model: MOBILIO SV 1.5 CVT
Primary Colour: Silver
Manufacturing Year: 2015
Engine No.: L15Z12100852
Chassis No.: MRHDD4870FP000240
Maximum Power Output: 88.0 kW (118 bhp)
Open Market Value: \$18,935.00
Original Registration Date: 01 Sep 2015
First Registration Date: 01 Sep 2015
Transfer Count: 2
Actual ARF Paid: \$18,935.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 31 Aug 2025
PARF Rebate Amount: \$11,361.00

Intended COE Rebate Details

COE Expiry Date: 31 Aug 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$56,209.00
COE Rebate Amount: \$13,734.00
Total Rebate Amount: \$25,095.00

The information contained herein is correct as at 21 Mar 2023

OK