

# NATIONAL Assessment Centre Services

10823440002

Date In: 06/04/2023 12:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N4817123003585/Y	E-mail (with 3rd, A/C 2nd)		
Vehicle: SMO 9685X	1-Motor Claim Form		
D.O.A: 24/03/2023 05:30	1-Motor W/O (with 3rd, A/C 2nd)		
OD: TP: Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whelp		

Preferred Wksp / NO Assgn Wksp / QW:	Tel:	Fax:
TP Particulars: Yell No: SIGN BOARD	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	95) (Note: Est Status (VO): 1: 0-30%, 2: 21-70%, 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 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 Recovery Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Other: ( )

10823440002	Invoice Preparation Checklist
1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	INC (\$100)
3) TP: Towing Fee	\$10/\$15
4) PE: Follow-Through Survey	\$15
5) PE: Follow-Through Survey (Barrow)	\$20
6) TR: Roadside Repair	\$75
7) NI: Home DA + SMRT Survey	\$140
8) NIUC Additional Services	
OD:	
*NI: Courtesy Car / Tot Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$1
*TP (Nil): TP (Non-INC) replace INC	\$20
TP (Nil) Home	10
Insights added	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	06/04/2023 12:56 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 05:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	(CTE) TO UPPER THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9685X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CONSORT PTE. LTD.
Company Reg No	2XXXXX149R
Email Address	consort@consort.com.sg
Mobile Phone No	(Phone) +65-81149949
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1796

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00120672201

### DRIVER

Name of Driver	GOVINDASAMY PALANISAMY
Passport No/FIN	GXXXX574Q
Date Of Birth	25/12/1973
Occupation	Outdoor

Date Of Driving Pass	16/06/2008
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81149949
Alt. Phone Number	-
Email Address	consort@consort.com.sg
Address	BLK 504 #09-2656 ANG MO KIO AVENUE 8
Address complement	-
Postcode	560504
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	Clear
Road Surface	Dry

#### 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)	2
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	-

#### PASSENGER 1

Name	SURESH
Gender	Male

#### 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 SKETCH PLAN AND POLICE REPORT T/20230406/7018

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SIGNBOARD
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]*

*[Signature]* 05/04/2023

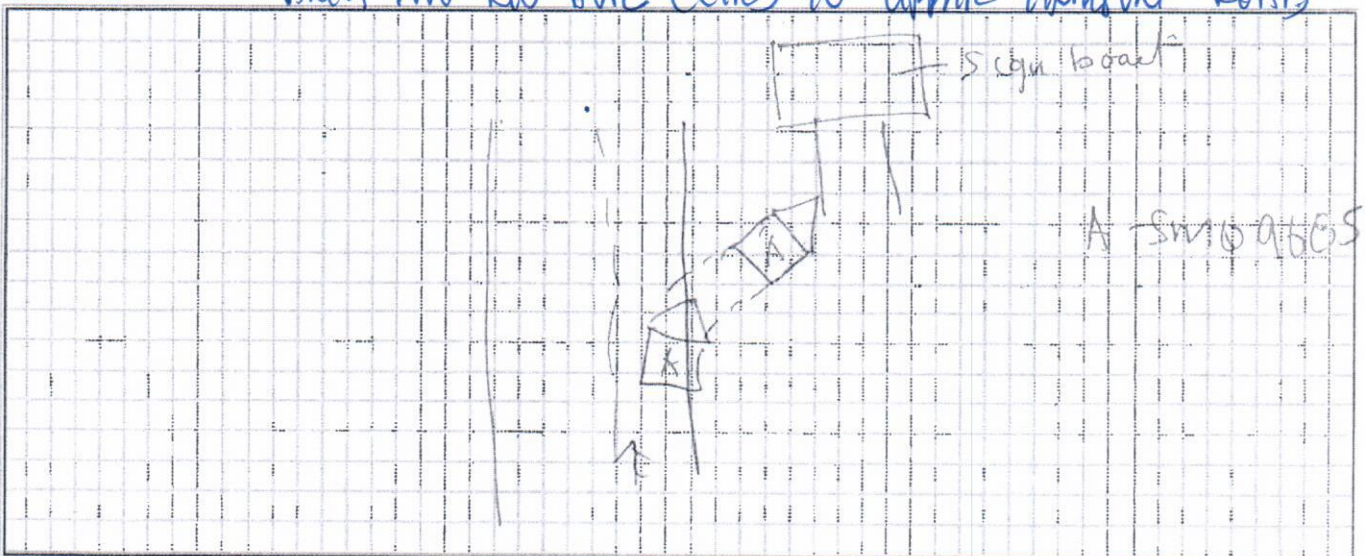
Policyholder's Signature / Date & Time

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

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

Sketch Plan

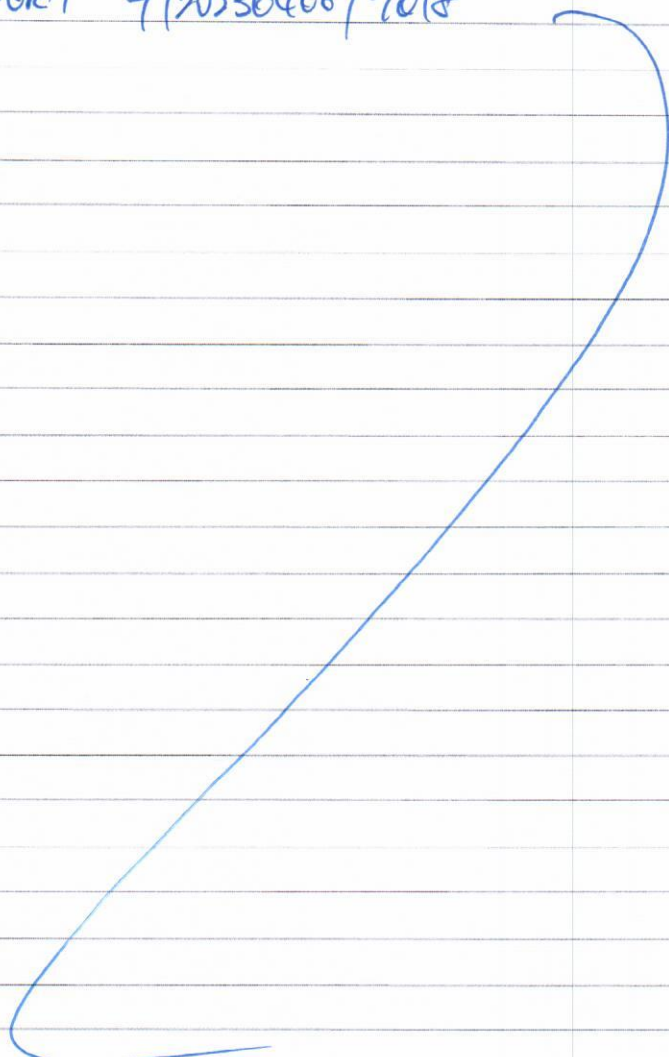
Accident MO KIO AVE (CTE) To UPPER THOMSON ROAD



Describe Circumstance of the Accident

As I was travelling suddenly I felt as-leep caused my car hit the side kerb and hit the sign board.

POLICE REPORT 7/20230406/7018



Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*  
05/06/2023

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





# SINGAPORE POLICE FORCE



T/20230406/7018

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

1 of 3

Report No. T/20230406/7018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2023 11:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOVINDASAMY PALANISAMY		Address: 504 ANG MO KIO AVENUE 8 #09-2656 SINGAPORE 560504			
ID Type / ID No.: FIN NO / G7220574Q		Contact No.: Home/Office: Mobile: 81149949			
Nationality: INDIAN		Email: samy7325@gmail.com			
Sex: Male	Age: 49	Date of Birth: 25/12/1973	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry: 17/06/2023	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 24/03/2023 05:20	Type of Location:
Location:  ANG MO KIO AVENUE 1				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMQ9685X	Car	MERCEDES BENZ		Blue	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ9685X	CHINA TAIPING INSURANCE (S) PTE LTD	DMPCSNW001206 72201	01/06/2022	31/05/2023



**SINGAPORE  
POLICE FORCE**



T/20230406/7018

2 of 3

Report No. T/20230406/7018

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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GOVINDASAMY PALANISAMY	ID No.	G7220574Q
Related Vehicle	SMQ9685X (Car)	Contact No.	81149949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: 17/06/2023
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

on the day of offence ,i had a upset and depressed due to some misunderstanding with my wife ,and also work tension ,i never slept past 2 days. and on the day of offence i came from my work site ,that time i was very tired and slept when i drive and unfortunately this offence happened.i wont repeat it again sir, i holds a class 3 & 4 licence and has been driving in singapore till 15 years ,i never have any issues like this.but now unfortunately happened.so please forgive me sir.





**SINGAPORE  
POLICE FORCE**



T/20230406/7018

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

3 of 3

Report No. T/20230406/7018

**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 /  
YEO KIA HUAT  
Contact No.: 65476162

This report is lodged at Traffic Police Kiosk 2  
NP168

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

Date/Time:  
06/04/2023 11:53

Classification Of Case:



# BOND AND BAIL BOND

NO. PB/A/23/01549

(Section 99 of the Criminal Procedure Code 2010)  
(TO BE EXECUTED WHEN PERSONS ARE TO BE PRODUCED IN COURT/ INVESTIGATIONS ARE NOT COMPLETED)

Report Number: E/20230324/2007

S/Diary: 702963

Station Number: 2663

Time: 14:47

Name of Investigation Officer: 37135 YEO KIA HUAT

Department / Agency: DDIT

Contact No: 65476162

Must be completed in all cases

I (name and NRIC No.) GOVINDASAMY PALANISAMY G7220574Q  
( of address) 504 ANGMO KIO AVENUE 8 CHENG SAN CREST #09-2656 SINGAPORE 560504 Tel No: 81149949  
( having been charged with (state offence/s charged) DRUNKEN DRIVING S67(1)(B) RTA 1961 and on my release on bail, do hereby bind myself.

\* To attend Court No. \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ and thereafter to attend as may be directed by the Court until all proceedings relating to the above-mentioned charge/s shall have been finally disposed of; (agency)

\* To attend at Traffic Police on (date) 06/04/2023 at (time) 11:45 and shall continue so to attend until otherwise directed by the Police Station, CID or \_\_\_\_\_ (agency)

\* To attend at \_\_\_\_\_ at (time) \_\_\_\_\_ Police Station, CID on (date) \_\_\_\_\_ and thereafter to attend as may be directed by the Court until all for the purposes of fingerprinting, photographing and taking of body samples of myself and any other related matters or to be conveyed to the Criminal Records Office, CID for the purposes of fingerprinting and photographing and taking of body samples of myself and any other related matters and then attend at Court No. \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ and thereafter to attend as may be directed by the Court until all proceedings related to the above-mentioned charge/s shall have been finally disposed of;

\* To surrender any travel document in my possession; \*(delete if not applicable)

and myself available for investigations or to attend court at the date, time and place appointed for me to do so;

To be completed when there are sureties involved



1000

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24 / 03 / 23 (dd/mm/yy) Time of Accident: 05 : 30 (24-HR-FORMAT)  
Vehicle No.: SMQ 9685X Vehicle Make & Model: Mercedes  
\*Transmission : ☐ Manual ☒ Auto \*C.c : E 200  
Exact location of Accident: Ang mo kio Ave 1 (CCTE) to Upper Thomson Rd  
Policyholder's Name: CONSORT PTE LTD NRIC/FIN/REG No.: B  
\*Policyholder's email address : consort@consort.com.sg  
Driver's Name: Govindasamy Palanisamy NRIC/FIN/REG No.: G 7220574Q  
\*Driver's email address : \_\_\_\_\_  
Driver's Contact No.: 8114 9949 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 25 / 12 / 73 Driving Pass Date: 16 / 6 / 08  
Driver's Address: BLK 504 #09-2656 Ang mo kio Ave B.  
Insurance Company: China Taiping  
Policy No.: DMPCSHW 00120672201 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): 02  
\*Passenger Name: Suresh (passenger) Gender: ☒ Male / Female  
\*Passenger 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 camera? ☐ Yes / ☒ No  
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_  
Injured Person in Which Vehicle : \_\_\_\_\_ Any injured conveyed to hospital by ambulance? : ☐ Yes ☐ No  
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*No. of Passenger/(including Driver) : \_\_\_\_\_  
(If policyholder is not sure or did not check, please state so in the description portion of the report)  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*No. of Passenger/(including Driver) : \_\_\_\_\_  
(If policyholder is not sure or did not check, please state so in the description portion of the report)  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX4E

R SN

AN0716A

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.

DMPCSNW00120672201

Engine No.: 27186030192781

Cha. No.:WDD2120482A392506

1. Index Mark and Registration  
Number of Vehicle

SMQ9685X

AUTOSAFE

=====

2. Name of Policy Holder

CONSORT PTE. LTD.

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

01/06/2022  
(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

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:\*

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\$1,000 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.: STRAITS EURO MOTORS 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: STRAITS EURO MOTORS PTE LTD  
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