

NATIONAL Assessment Centre Services

(part 1 of 2)

SN0823480007

Date In: 11/04/2023 16:58

Ref No: N/A/C728003726/4

Vehicle: SM7 761SP

D.O.A: 11/04/2023 08:45

QC (TP) Reporting Only

TP Insurer:

Job Description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 24hrs, A/C 24hrs)

I-Motor Claim Form

I-Motor W/O (Within 24hrs, TP 24hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whom

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Vehicle:

FB9 36567

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note: Ltd Status (W/O): 10-0-30M, P: 21-72%, P: 30-140M)

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 Loading: \$18,000)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date:

Time:

Location:

Weather:

Witness:

Signature:

Print Name:

Print Address:

Print City:

Print State:

Print Zip:

Print Phone:

Print Email:

Print Date:

Print Time:

Print Location:

Print Weather:

Print Witness:

Print Signature:

Print Print Name:

Print Print Address:

Print Print City:

Print Print State:

Print Print Zip:

Print Print Phone:

Print Print Email:

Print Print Date:

Print Print Time:

N/A2800052

Invoice Preparation Checklist

1) All: Accident Reporting (\$300)

2) DA: Damage Assessment (\$1000) INC (\$50)

3) TP: Towing Fee \$100/\$45

4) PE: Follow-Through Survey \$150

5) PE: Follow-Through Survey (Emergency) \$30

6) TR: Re-inspection \$75

7) NI: New DA, & Shift Survey \$145

8) NTUC Additional Services

9) QW

*NI: Courtesy Car / Tel Allowance \$5

*NI: Repair Coordination \$10

*NI: Post Repair Inspection \$20

*NI: DV / Collect Excess Coordination \$5

*2 (111) : TP (Non-INC) replace INS \$100

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*2 (111) : TP (Non-INC) replace INS \$100

Invoice Preparation Checklist	Amount	Done
1) All: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$1000) INC (\$50)		
3) TP: Towing Fee \$100/\$45		
4) PE: Follow-Through Survey \$150		
5) PE: Follow-Through Survey (Emergency) \$30		
6) TR: Re-inspection \$75		
7) NI: New DA, & Shift Survey \$145		
8) NTUC Additional Services		
9) QW		
*NI: Courtesy Car / Tel Allowance \$5		
*NI: Repair Coordination \$10		
*NI: Post Repair Inspection \$20		
*NI: DV / Collect Excess Coordination \$5		
*2 (111) : TP (Non-INC) replace INS \$100		
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*2 (111) : TP (Non-INC) replace INS \$100		

Invoice Total

Fees Charged

Invoice Total

Fees 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	11/04/2023 16:55 (SGT)
Reported by	Owner
Date of Accident	11/04/2023 08:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	BEFORE EXIT 10A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7615P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RANUGA DEVI D/O MUTHUSAMY
NRIC No	SXXXX126I
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-90059411
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00117882201

DRIVER

Name of Driver	RANUGA DEVI D/O MUTHUSAMY
NRIC No	SXXXX126I
Date Of Birth	14/03/1963
Occupation	Indoor

Date Of Driving Pass	13/12/2005
Driving experience	17 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90059411
Alt. Phone Number	-
Email Address	ranugadevi@dbb.com
Address	BLK 53 COMMONWEALTH DRIVE #15-552
Address complement	-
Postcode	142053
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	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 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	FBT3656J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	JISHNU S/O A SELAPPAN
NRIC No	SXXXX392B

Contact Number		(Phone) +65-91076854
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:
DATE OF ACCIDENT:

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.

Ren

Policyholder's Signature / Date & Time

Ren

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

11/04/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

<p>① SMZ 7615P</p> <p>② FBT 365BT</p> <p>ECP Before Exit 10A</p>	<p>↑ ↑ ↑</p> <p>↑ ↑ ↑</p> <p>↑ ↑ ↑</p> <p>③ ② ①</p>	<p>↓</p>	
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Describe Circumstances of the Accident VEHICLE NO: SMZ7615P

DATE OF ACCIDENT: 11/04/2023

I was travelling along ECP before Exit 10A.

The traffic was heavy.

Just as the vehicle in front of me slowed down, I also followed suit.

As I was slowing down, vehicle (B) came from behind and hit on to my car (A)'s rear portion.

The traffic police came to the scene because the motorcyclist was injured.

Singapore

As stated on the Police Force Case Card:

Report Number: G/20230411/0061

Traffic Accident along ECP (Airport 10km)

Involving vehicles: SMZ7615P, FBT3656J

Police IC: IO Rahim Tel: 65476904

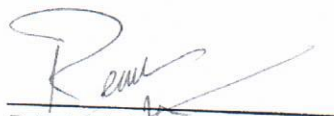
REPORTING ONLY ()


OWN DAMAGE ()

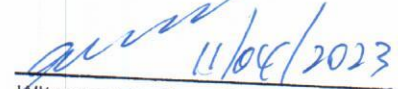
THIRD PARTY ()

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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING FORM

Date of Accident: 11/04/2023

Time of Accident: 08:45 (24Hrs)

Vehicle No: SMZ7615P

Vehicle Make/Model: Mitsubishi Attrage 1.3 CVT

Exact Location of Accident: ECP before Exit 10A

Owner's Name/NRIC: Ranuga Devi D/O L muthusamy / S15921261

Driver's Name/NRIC: Ranuga Devi D/O L muthusamy / S15921261

Driver's Contact: 900594110

Insurance Co & Policy No: China Taiping

Driver's Email Address: hcrmyself@gmail.com / ranugadevi@dbb.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: -

Reporting Party: ☒ 1) Owner ☐ 2) Driver ☐ 3) Owner & Driver

What do you wish to claim (Please circle one only)

1) Own Insurance ☒ 2) Other Vehicle (The one you want to claim against) ☐ 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

☒ Private Use / ☐ Work Purpose

Weather Condition & Road Conditions?

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

Occupation

☒ Indoor / ☐ Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / ☒ No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Jishnu S/O A Selappan
S9829392B

Vehicle No: FBT3656J

Insurance Company: _____

Driver's Contact: 91076854

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Passengers

Vehicle A: 1 driver, 0 passenger

Vehicle B: Unknown

Language Used

Mandarin / ☒ English / Malay / Tamil / OTHERS: _____

Motor Private Car

MX1F

R SN

AN0667A

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.

DMPCSNA00117882201

Engine No.: 3A92UGK5644

Cha. No.:MMBSTA13AJH000514

1. Index Mark and Registration
Number of Vehicle

SMZ7615P

AUTOSAFE
=====

2. Name of Policy Holder

RANUGA DEVI D/O L MUTHUSAMY

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

16/06/2022
(00:00:00)

4. Date of Expiry of Insurance

14/05/2023

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. : STANDARD CHARTERED BANK(S) LIMITED

* 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: Tan Xin Yi Josephine
Authorised Officer



Authorised Signatory