

NATIONAL Assessment Centre Services (with 13041) **SUBJECT: 60002**

Date In: 20/05/2023 12:00
 Ref No: NA2301590 54/6/4
 Vch No: GR5 6030P
 D.O.A: 28/05/2023 15:00

Job description: SAS e-filing
 E-mail (within 3hrs, A/C 2hrs)
 i-Motor Claim Form
 i-Motor W/O (within: OD 2hrs, 27 mins)
 i-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Whom

Done by: _____
 Date & Time Completed: _____

Preferred Wksp / INC Assign Wksp / QW: ()
 TP Particulars: Vch No: SUB 1259M INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: ()
 Insured/Driver Liability: () % (Note: Inc Status (VO): N: 0-30%, F: 21-70%, P: 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 Cost ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____
 Date of Injury: _____
 Location: _____

NA2301590

Invoice / Description	Amount	Unit
1) AR: Accident Pass Sheet (\$300)	300	INC (\$50)
2) DA: Damage Assessment (\$1000)	1000	\$100/\$50
3) TP: Towing Fee		\$120
4) PE: Follow-Through Survey		\$50
5) PE: Follow-Through Survey (Basic \$27)		\$27
6) TR: Rep. Expense		\$140
7) NE: Haul DA, & SHIP: Survey		
8) NTC Additional Fee/Rate		
9) QC		\$5
*NB: Courtesy Car / Tel Allowance		\$10
*NB: Repair Coordination		\$20
*NB: Post Repair Inspection		\$1
*NB: BY / Collect Excess Coordination		\$50
*NB: (1) TP (In-INC) / Value INC		10
75: Ins't Fee: Invoice		
Invoice Total		
File 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	30/05/2023 12:05 (SGT)
Reported by	Actual Driver
Date of Accident	28/05/2023 15:00 (SGT)
Exact Location of Accident	708 Upper Serangoon Rd, Singapore 534601
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6050P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YI DA ENGINEERING PTE. LTD.
Company Reg No	2XXXXX682E
Email Address	ninja@carcity.com.sg
Mobile Phone No	(Phone) +65-82636602
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00061072200

DRIVER

Name of Driver	ANANDARAJ SENTHILKUMAR
Passport No/FIN	GXXXX684L
Date Of Birth	30/01/1985
Occupation	Outdoor

Date Of Driving Pass	23/06/2018
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82636602
Alt. Phone Number	-
Email Address	ninja@carcity.com.sg
Address	280 WOODLANDS INDUSTRIAL PARK E5 #06-20
Address complement	-
Postcode	757322
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	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)	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	UNKNOWN
Gender	Male

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	SNB1259M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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

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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.

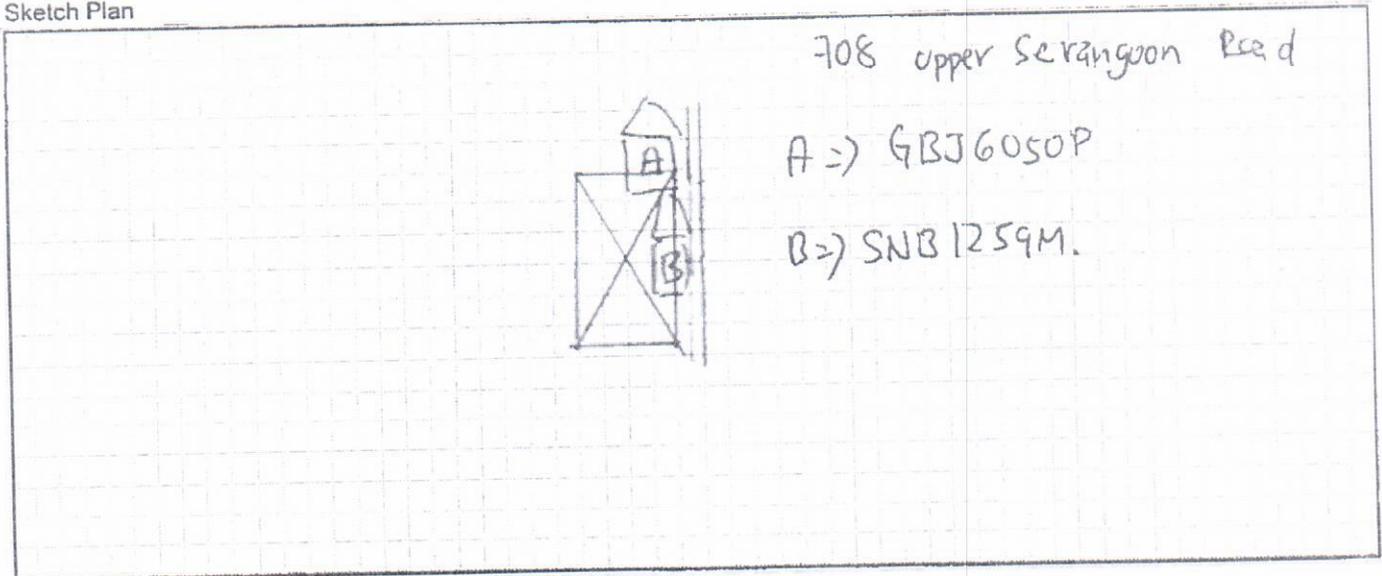


Policyholder's Signature / Date & Time

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

[Signature] 29/05/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 28/05/2023, at 1500 hrs, I was travelling along 708 Upper Serangoon Road. The traffic is congested. Suddenly, I felt an hard impact from my rear. As I got down the vehicle, I noticed that vehicle B rear ended me.

Declaration

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



Policyholder's Signature / Date & Time

D. Senthil Kumar 30/05/23
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 30/05/2023
Witnessed by Reporting Centre Personne
(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: 28/05 2023 (dd/mn/yy) Time of Accident: 15:00 (24-HR-FORMAT)
Vehicle No.: G8J6050P Vehicle Make & Model / Engine (cc): TOYOTA DYNA 150 Private Hire: (Y/N)
Exact location of Accident: 708 UPPER SERANGOON ROAD
Policyholder's Name / IC No.: YI DA ENGINEERING PTE LTD ROC/UEN (Company) 201420682E
Driver's Name / IC No.: ANANDARAJ SENTHILKUMAR. (As Above)
Driver's Contact No.: 82636602 Company Contact No / Owner Contact No: _____
Driver's Address: 280 WOODLANDS INDUSTRIAL PARK ES #06-20 S(757322).
Owner Email address: ninja@covcity.com.sg Insurance Company: CHINA TAIPIING
Driver Email address: ninja@covcity.com.sg

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): 2

*Passenger Name: MALE (PASSENGER 1)

Gender: Male / Female x()
Gender: Male / Female x()

*Passenger Name: _____

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's 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: _____ Vehicle No: SUB1259M.

Driver's Contact No: _____ 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 Commercial

MZ300/C

E SN

AN0641A

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.	DMCVSNW00061072200	Engine No. 1KD2859225 Cha No JTFAT35YX0K213576
1 Index Mark and Registration Number of Vehicle	GBJ6050P	AUTOSAFE =====
2 Name of Policy Holder	YI DA ENGINEERING PTE LTD	
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17/06/2022 (00 00 00)	Excess Sect I . S\$500.00 EX ON WINDSCREEN . S\$100.00
4 Date of Expiry of Insurance	17/06/2023	
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 *	(1) Use in connection with the Policyholder's business (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (3) Use for social, domestic or pleasure purposes The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle	

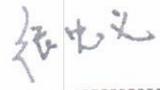
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Zhong YueQiang
Authorised Officer


Authorised Signatory