

**NATIONAL Assessment Centre Services** (tel: 1-877-555-5555) **SAL0823690007**

Done by: \_\_\_\_\_

Date In: **09/06/2025 11:18** Job description: **SAS e-filing** Date & Time Completed: \_\_\_\_\_

Ref No: **NBA0823690007** E-mail (within 24hrs, A/C 24hrs): \_\_\_\_\_

Vehicle No: **SAC 36794** Motor Claim Form: \_\_\_\_\_

D.O.A: **08/06/2023 19:24** Motor W/O (within 24hrs, A/C 24hrs): \_\_\_\_\_

OD: **(78) Reporting Only** Photo Uploaded: \_\_\_\_\_

Assessment/Survey Report: \_\_\_\_\_

Asst Report by Fax/Hand to Owner/Visor: \_\_\_\_\_

Preferred Wksp / INC Assgn Wksp / QW: ( )

TP Particulars: Vehicle No: **SAC 36794** INC: ( ) / Non-INC: ( )

Owner / Driver: ( )

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

Confirmed by: ( )

Insured/Driver Liability: ( ) % (Note: Inc Status (W/O): 1: 0-30%, 2: 21-70%, 3: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

Generated Report: \_\_\_\_\_

( ) Walk-In Customer | Customer's information strictly Confidential & Strictly NO report of repeller.

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

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

Ranking: ( ) (INC Working: 07/18/0614)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Weather: \_\_\_\_\_

Witness: \_\_\_\_\_

Police Report: \_\_\_\_\_

Other: \_\_\_\_\_

**NA2301700**

Invoice Preparation Charge	Amount
1) All Accident Reports (\$300)	
2) DAI Damage Assessment (\$1000)	INC (\$50)
3) TP Towing Fee	\$100
4) PC Follow Through Service	\$150
5) TP Follow Through Survey (Up to \$250)	\$50
*Note: All charges are subject to change without notice.	
6) TRT Deductible	\$20
7) Night/DAI & Shift Survey	\$100
8) NTUC Additional Services	
ODR	
*No Courtesy Car / Trip Allowance	\$50
*No Repair Coordination	\$150
*No Post Repair Inspection	\$20
*No DV / Collision Cases Coordination	\$10
*No TP (Non-INC) Vehicle Inc	\$20
*No 24/7 Service	\$10
Invoiced Total	
Pay Charged	

Checked by (Engr-In-Charge): \_\_\_\_\_

Date: \_\_\_\_\_

## 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	09/06/2023 17:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/06/2023 19:24 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2969Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SREE KUMAR S/O K SREEDHARA KURUP
NRIC No	SXXXX915G
Email Address	s_sree@yahoo.com.sg
Mobile Phone No	(Phone) +65-96245196
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00120492201

### DRIVER

Name of Driver	SREE KUMAR S/O K SREEDHARA KURUP
NRIC No	SXXXX915G
Date Of Birth	02/05/1968
Occupation	Indoor

Date Of Driving Pass .....	11/10/2003
Driving experience .....	19 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96245196
Alt. Phone Number .....	-
Email Address .....	s_sree@yahoo.com.sg
Address .....	BLOCK 772 YISHUN AVENUE 3 #09-211
Address complement .....	-
Postcode .....	760772
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 .....	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 .....	-

Name .....	UNKNOWN
Gender .....	Female

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 .....	SJC3679M
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) ..... -

 Accident report SN0823690007

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 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

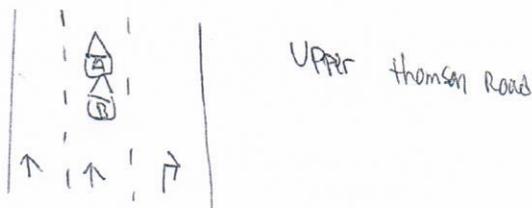
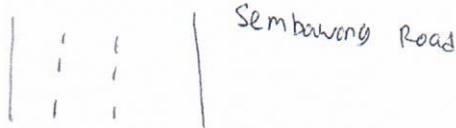
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



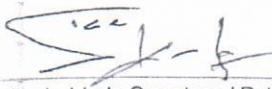
Vehicle A : SMC 2664Y  
Vehicle B : STC 3679AM

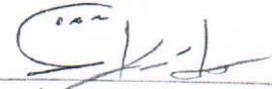
Describe Circumstances of the Accident

On the stated time and date, I vehicle A was  
stationary at the stated location while waiting for traffic, suddenly  
I felt an impact from my rear, as I get down from my  
vehicle, I then realised vehicle B has collided onto my rear portion.

Declaration

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  
09/06/2023

5

Date of Accident : 08/06/2023 Accident Time: 10:29 (24-HR-Format)

Accident Place : Upper Thomson Road toward Sembawang Road

Vehicle No. (Car Plate No.) : SMC 2894 Make/Model: Toyota Corolla

Insurance Company : Chua Tai Ping Policy No: DMPCSAW0012642201

Owner or Company Name / IC No. : SREE Kumar S/O K Sreedhara Kumar # S6 8174156

Owner or Company Contact No. : 0624 5169 Owner's Hp Company Tel

DRIVER'S Name / IC No. : SREE Kumar S/O K Sreedhara Kumar # S6 8174156

DRIVER'S Date Of Birth : 02/05/1968 DRIVER'S License Pass Date 11/10/2003

Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others

DRIVER'S Address : Block 772 Yishun Avenue 3 #09-211 S 769772

DRIVER'S Contact No. / Alt No. : 1) 0624 5169 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : s\_sree@yahoo.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): ~~1~~ ONLY EVAN GELINAR (F)

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): Nil

**Other Party Driver's Particular (if any)**

Vehicle. No: SJC 367A M	Vehicle. No:
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

NEW - Passenger's name & gender:

Motor Private Car

MX1F

R SN

AN0707B

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.	DMPCSNW00120492201	Engine No.: 8NRU165374 Cha. No.: JTNKY3BX601005951
1. Index Mark and Registration Number of Vehicle	SMC2969Y	AUTOSAFE =====
2. Name of Policy Holder	SREEKUMAR S/O K SREEDHARA KURUP	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/06/2022 (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
4. Date of Expiry of Insurance	27/06/2023	
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.: MAYBANK SINGAPORE 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: \_\_\_\_\_  
KHC HOLDINGS PTE LTD  
Authorised Officer



\_\_\_\_\_  
Authorised Signatory