

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: * 22/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C123006440/d4	SAS e-filing		
Veh No: YQ 6600T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 21/06/2023 15:40	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: YN 9748Y	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	)
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 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:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

NA2301874	<b>Invoice Preparation Checklist</b>		Amf (\$)	Ac
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors Comments :-	TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$30			
Cat. 2 / 3:	Invoice dated	Fee Charged		
	Invoice dated	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	22/06/2023 14:13 (SGT)
Reported by	Actual Driver
Date of Accident	21/06/2023 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI ( BEFORE PAYA LEBAR ROAD EXIT 11 )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ6600T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FISH&MEATZ LLP
Company Reg No	TXXXXX910H
Email Address	fishnmeatz@gmail.com
Mobile Phone No	(Phone) +65-89115787
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2755

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00039322301

#### DRIVER

Name of Driver	PANDIYAN ARJUN
Passport No/FIN	GXXXX998U
Date Of Birth	29/06/1990

Occupation	Outdoor
Date Of Driving Pass	24/01/2018
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90544707
Alt. Phone Number	-
Email Address	fishnmeatz@gmail.com
Address	71 TOH GUAN ROAD EAST , TCH TECHCENTRE
Address complement	# 06-04
Postcode	608598
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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	YN9748Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	PANDIYAN ARJUN
Gender	Male
Phone No	(Phone) +65-90544707
Address	71 TOH GUAN ROAD EAST , TCH TECHCENTRE
Address Complement	# 06-04
Post Code	608598
Approximate Age Years Old	-
Injuries Sustained	BODYPAIN
Injured person in which vehicle?	YQ6600T
Were seat belts worn?	-
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

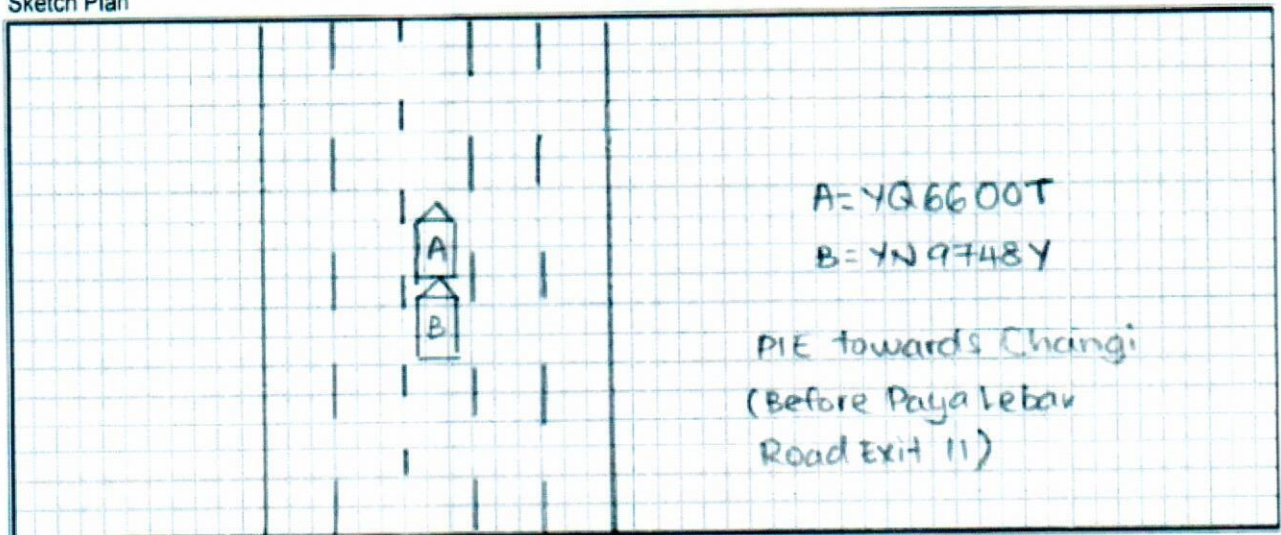
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 22/6/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

#### **Sketch Plan**


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Describe Circumstance of the Accident

Refer to Attached

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

 22/6/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



On 21.06.2023 at about 15:40 hours along PIE towards Changi (Before Paya Lebar Road Exit 11), I was travelling straight on lane 3 at the above mentioned location and when the front vehicle slowed down, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): YQ 6600T

Vehicle (B): YN 9748Y

A handwritten signature in blue ink, appearing to be 'J. S. Lee', with a stylized flourish at the end.

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/06/2023		Time: 15:40		(hh:mm) 24 hr format	
Location PIE towards Changi (Before Paya Lebar Road Exit 11)					
Vehicle Number YQ6600T					
Insured Name Fish & Meatz LLP					
NRIC / FIN T21LL0910H		Contact Number 8911 5787			
Make Toyota		Model Dyna			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting					
Insurance Company China Taiping					
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number DM CVSNA 00039322301					
Name of Driver Pandiyan Arjun		( ) Same as Insured			
NRIC / FIN G3318998U		Contact Number 9054 4707			
Date of Birth 29/06/1990					
Driving Pass Date 24/01/2018					
Occupation ( ) Indoor ( / ) Outdoor					
Gender ( / ) Male ( ) Female					
Email Address fishmeatz@gmail.com		( ) NO EMAIL			
Address of Driver 71, Toh Guan Road East, #06-04, TCH Techcentre, Singapore 608598					
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( / ) Clear ( ) Raining ( ) Others					
Road Surface ( / ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No					
Was anybody injured in the accident? ( / ) Yes ( ) No					
If yes, injured detail Driver - Body Pain					
Was there any video captured by Car Camera? ( ) Yes ( / ) No					
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B YN97487					
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only



Motor Commercial

MZ300/C

R SN

AN0597A

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.

DMCVSNA00039322301

Engine No.: 1GD8902200

Cha. No.: JHHAGV4650K002341

1. Index Mark and Registration  
Number of Vehicle

YQ6600T

2. Name of Policy Holder

FISH&amp;MEATZ LLP

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

29/04/2023

(00:00:00)

Excess Sect I .

S\$1,000.00

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

28/04/2024

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.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK 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: \_\_\_\_\_ B2B-Name  
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