

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

Date In: 30/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1123006579/d4	SAS e-filing		
Veh No: GBK 4401Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/06/2023 09:00	i-Motor Claim Form		
OD / (TP) / Reporting Only	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: SKH 1800D	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

NA2301945	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add E
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20			
	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	30/06/2023 14:40 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BUKIT TIMAH ROAD TOWARDS OLD JURONG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4409Y
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YI YUAN CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX130E
Email Address	chaizhaoqin992@gmail.com
Mobile Phone No	(Phone) +65-82037757
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00027662301

#### DRIVER

Name of Driver	SOUNDHARAJAN SARAVANAN
Passport No/FIN	GXXXX945K
Date Of Birth	31/07/1994
Occupation	Outdoor

Date Of Driving Pass	27/06/2017
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-80582521
Alt. Phone Number	-
Email Address	saravananmathi94@gmail.com
Address	1 JALAN KHAMIS
Address complement	-
Postcode	577847
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	Side Swipe
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)	4
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

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

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 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	SKH1800D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM LAY KHIM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Female



## 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.

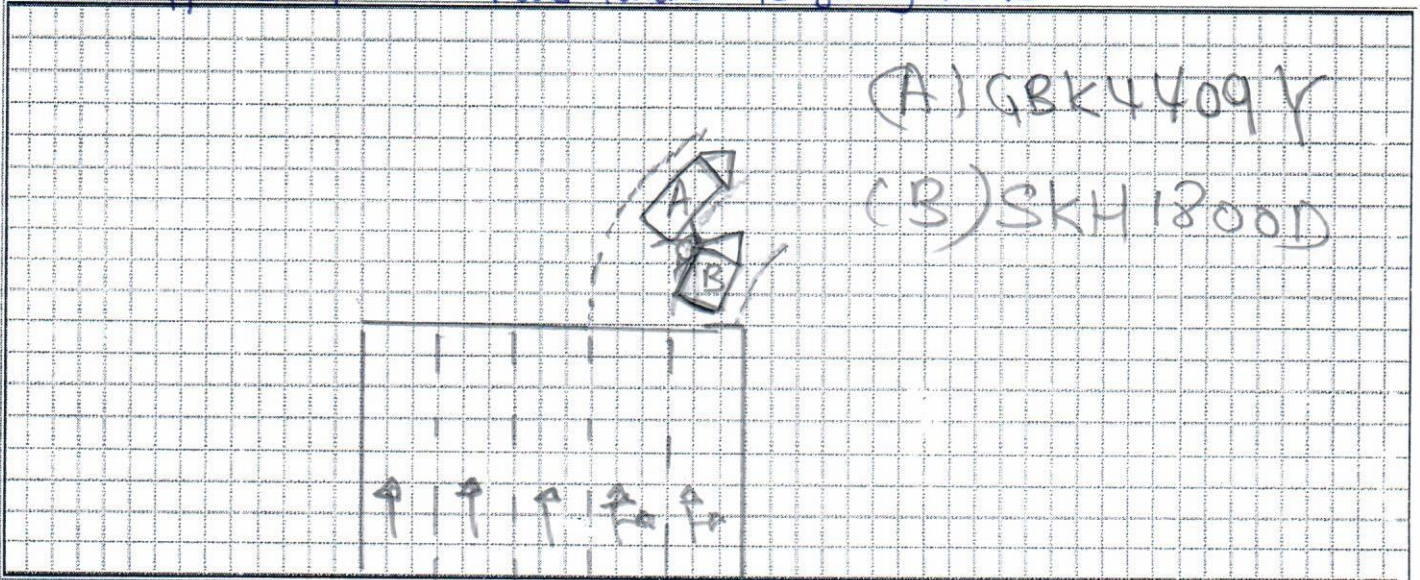


Policyholder's Signature / Date & Time

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

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

Sketch Plan Upper Bukit Timah Road Toward Old Jurong Road





Describe Circumstance of the Accident

On 29.06.23 Around 9.00 AM  
I was driving along upper Bukit Timah  
Road Toward old Jurong Road.  
When I was turning Right in my lane  
Suddenly Vehicles (B) SKH 1800D Hit  
On my Right Rear portion.

Declaration

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



Policyholder's Signature / Date & Time

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

  
30/6/2023

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



VEHICLE NO: <u>GBK4409Y</u>		MAKE & MODEL: <u>Nissan CARSTAR</u>		AUTO / <u>MANUAL</u>	
DATE OF ACCIDENT		<u>29/06/23</u>		*C.C: <u>3.0</u>	
TIME OF ACCIDENT		<u>9.00</u> AM / PM			
LOCATION OF ACCIDENT		<u>Upper Bukit Timah Road Toward Old Jurong Road</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		<u>YI YUAN CONSTRUCTION Pte Ltd</u>			
EMAIL: <u>chaizhaoqin992@gmail.com</u>		Office:		MOBILE: <u>82037757</u>	
NRIC		<u>201508130E</u>			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY		YES / <u>NO</u>			
INSURANCE CO.		<u>CHINA TAIPIING</u>			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		<u>DMCVSNW00027662301</u>			
NAME OF DRIVER		AS ABOVE / IF NO: <u>SOUNDHARAJAN SARAVANAN</u>			
NRIC		<u>G2697945K</u>			
DATE OF BIRTH		<u>31/07/1994</u>			
ANY PASSENGER		<u>YES</u> / NO:			
NAME OF PASSENGER		<u>3 Guys</u>			
GENDER OF PASSENGER		<u>MALE</u> / FEMALE			
OCCUPATION		<u>Outdoor</u> / Indoor			
DATE OF DRIVING PASS		<u>27/Jul/2017</u>			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: <u>80582521</u>		Office:	
EMAIL:		<u>SARAVANANMATHI94@gmail.com</u>			
ADDRESS		<u>1 Jalan KHAMIS</u>			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes: Reg No:		INSURER:	
RELATIONSHIP		<u>Employee</u> / If No:			
WEATHER CONDITION		<u>Clear</u> / Raining / Other:			
ROAD SURFACE		<u>Dry</u> / Wet / Other:			
ANY INJURIES		<u>No</u> / If yes: Who?			
CONVEYED BY AMBULANCE		<u>No</u> / If yes: Who?			
POLICE REPORT		<u>No</u> / If yes: Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		<u>NO/IF YES: WHO?</u>			
VEHICLE B NO.		<u>SKH1800D</u> Any Passenger: <u>1 Girl</u>			
NAME		<u>Lim Lay KIM</u>			
CONTACT NO.		<u>N/A</u>			
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS		<u>30/6/23</u>			
WITNESS CONTACT NO.		<u>PT</u>			
WAS THERE ANY VIDEO CAPTURE?		<u>YES</u> / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		<u>YES</u> / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		<u>YES</u> / <u>NO</u>			
Person Reporting		<u>Driver</u> / Owner / Both			
Original Language Used		<u>English</u> / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		<u>NO</u>			





Motor Commercial

MZ300/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)

R SN

AN0597A

Cov. Type: C

CERTIFICATE No.

DMCVSNW00027662301

Engine No.: ZD30001191N

Cha. No.: JN1SC2F24Z0857443

1. Index Mark and Registration  
Number of Vehicle

GBK4409Y

AUTOSAFE  
=====

2. Name of Policy Holder

YI YUAN CONSTRUCTION PTE. LTD.

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

24/03/2023

(00:00:00)

Excess Sect I. S\$500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

23/03/2024

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.: ABS FINANCIAL 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: ABS INSURANCE AGENCY 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