

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SHW8237K0005

Date In: 20/01/2023 17:34	Job description	Date & Time Completed	Done by
Ref No: XBA/C1223007354/4	SAS e-filing		
Veh No: PD 618H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/01/2023 08:05	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: SKL 6060 T	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

X/A2302165	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add
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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	20/07/2023 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 08:05 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD618H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HANRAG LOGITRADE PTE. LTD.
Company Reg No	2XXXXX920D
Email Address	shrineevee@gmail.com
Mobile Phone No	(Phone) +65-84404139
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012902200

DRIVER

Name of Driver	VEERAPPAN SUBBIAH
Passport No/FIN	SXXXX246H
Date Of Birth	17/05/1981
Occupation	Outdoor

Date Of Driving Pass	20/10/2006
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84404139
Alt. Phone Number	-
Email Address	shrineevee@gmail.com
Address	BLK 49 DORSET ROAD #04-104
Address complement	-
Postcode	210049
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 - Change/cross lane
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	SKL6060T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOO QIN FANG JESLYNN
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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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

20/07/2023

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

1230 20/07/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

UPPER SERANGOON ROAD

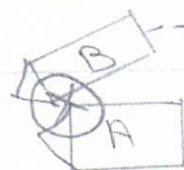
①



②



③



BUS LANE

A : PD 6184

B : SK 60607

Describe Circumstances of the Accident

On 20/07/2023 at about 0805 HRS, I was travelling along Upper Serangoon Road on Lane 3.

Out of a sudden, Vehicle B cut into my lane and banged into my front right side portion.

I wish to state that I horned profusely but in vain.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

Time 20/07/2023

1230

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

20/07/2023

1230

Witnessed by Reporting Centre Personnel

20/07/2023

VEHICLE NO: PD 618 H

MAKE & MODEL : TOYOTA HILUX COMMUTER

DATE OF ACCIDENT	20 / 07 / 2023	GL 2.8 AUTO
TIME OF ACCIDENT	0805	AM / PM
LOCATION OF ACCIDENT	UPPER SERANGOON ROAD	
Exact Purpose use during accident	WORK PURPOSE	
NAME OF OWNER	HANRA6 LOGITRADE PTE LTD	
TELP NO	8440 4139	
NRIC	2015239203	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.	CHINA TAIPIING	
TYRE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	2MB15NW00012402200	
NAME OF DRIVER	As above / If No: VEERAPPAN SUBBANAH	
NRIC	5818224614	Any passengers: —
DATE OF BIRTH	17 / 05 / 1981	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	20 / 10 / 2005	
GENDER	<u>Male</u> / Female	
CONTACT NO.	8440 4139	Office: Home:
ADDRESS	BLK 49 JORSET ROAD #04-104 SINGAPORE 210249	
DRIVER HAVE ANY OWN VEHICLE	<u>NO</u> / If yes : Reg No :	
RELATIONSHIP	<u>Employee</u> / Hirer / Spouse / Parent / Friend / If No :	
WEATHER CONDITION	<u>Clear</u> / Raining / Dizzling / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other :	
ANY INJURIES	<u>NO</u> / If yes : Who?	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / If yes : Where?	
VEHICLE B NO.	SKL 6060 T	Any passengers:
NAME	LOO QIN FANG JESLYNN	
CONTACT NO.		
VEHICLE C NO.		Any passengers:
VEHICLE D NO.		Any passengers:
VEHICLE E NO.		Any passengers:
VEHICLE F NO.		Any passengers:
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s)/		
Refering accident claims assistance?	YES / <u>NO</u>	
PARTICULAR WORKSHOP	Focus Auto Pte Ltd	
TELP NO.	1 Kaki Bukit Avenue 6	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	#02-48/50 Singapore 417883	
	Tel : 6886 9097	
	Fax: 6844 4625	

SHRINDEEVEE @ Gmail.com



Motor Bus

MZ601

N SN

AN0706B

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.

DMB1SNW00012902200

Engine No.: 1GD8863456

Cha. No.:GDH223200424D

1. Index Mark and Registration
Number of Vehicle

PD618H

AUTOSAFE
=====

2. Name of Policy Holder

HANRAG LOGITRADE PTE. LTD.

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

27/07/2022
(14:46:32)

Excess Sect I . S\$1,500.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

26/07/2023

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : MOTOR CREDIT 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: HON BROTHERS PTE. LTD.
Authorised Officer

Authorised Signatory