

# NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 19/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAIC1123007493/J	SAS e-filing		
Veh No: 8MR6008K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/07/2023 16:20	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: 9BG 539C	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% 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 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

NA2302210	Invoice Preparation Checklist	Am't (\$)	Am't
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		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idao Mobile \$0		
	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	19/07/2023 16:26 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2023 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIGLAP PARK CONNECTOR
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6008R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GURINDER SINGH JOHAL
NRIC No	SXXXX062B
Email Address	RESHPALKAUR@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96701310
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00064012302

#### DRIVER

Name of Driver	RESHPAL KAUR D/O NARVAIL SINGH
NRIC No	SXXXX388Z
Date Of Birth	01/08/1987
Occupation	Indoor



Date Of Driving Pass .....	13/11/2007
Driving experience .....	15 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82011787
Alt. Phone Number .....	-
Email Address .....	RESHPALKAUR@HOTMAIL.COM
Address .....	BLK 589 EAST COAST ROAD
Address complement .....	#05-09
Postcode .....	429081
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	daughter in law
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) .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT T/20230718/7077

#### 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 .....	GBG539C
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv350
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
NRIC No .....	SXXXX290J
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

### 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

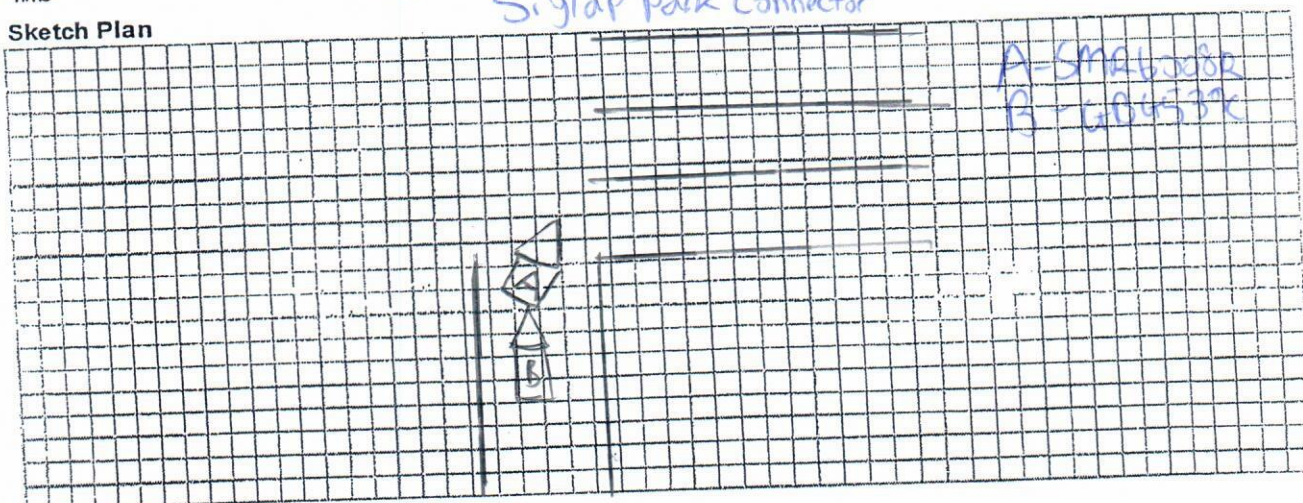
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan





Describe Circumstance of the Accident

Refer to Police report  
T/20230718/1307

**Declaration**

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

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



# SINGAPORE POLICE FORCE



T/20230718/7077

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230718/7077

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2023 17:54		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RESHPAL KAUR D/O NARVAIL SINGH			Address: 589 EAST COAST ROAD #05-09 SINGAPORE 429081		
ID Type / ID No.: NRIC NO / S8723388Z			Contact No.: Home/Office: Mobile: 82011787		
Nationality: SINGAPORE CITIZEN			Email: RESHPALKAUR@HOTMAIL.COM		
Sex: Female	Age: 35	Date of Birth: 01/08/1987	Type of Informant: Driver		
Race: Sikh			Language: English		
Occupation: Accountant (excluding tax accountant)			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2023 16:20	Type of Location: Bend
Location:  CHANGI ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG539C	Van	NISSAN		Grey		0
SMR6008R	Car	MERCEDES BENZ	C180	Blue		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20230718/7077

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230718/7077

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR6008R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000640 12302	23/04/2023	22/04/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY KIM LEONG		ID No.	S6933290J
Related Vehicle	GBG539C (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	RESHPAL KAUR D/O NARVAIL SINGH		ID No.	S8723388Z
Related Vehicle	SMR6008R (Car)		Contact No.	82011787
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

**Brief Details.**

The accident happened at the end of Jalan Majid about to join Changi Road. I was at the end of Jalan Masjid about to join changi Road when a Van GBG539C ( Company Jin Hoe Heng Trading Pte Ltd) hit my car SMR6008R from behind.





**SINGAPORE  
POLICE FORCE**



T/20230718/7077

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230718/7077

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
18/07/2023 17:54

Classification Of Case:

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : <u>18/7/2023</u>	TIME OF ACCIDENT : <u>4:20pm</u>
VEHICLE NO : <u>SME 60082</u>	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : <u>i</u>	LOCATION :
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE: <u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : <u>CTI</u>	POLICY NO : <u>DMPCSNW00064012302</u>
TYPE OF COVERAGE :	VEHICLE TYPE : ( <u>SALOON</u> ) / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	
NAME OF OWNER : <u>Gurrinder Singh Johal</u>	NRIC : <u>S2593062B</u>
ADDRESS :	CONTACT NO : <u>9670 1310</u>
EMAIL ADDRESS : <u>ReshpalKaur@Hotmail.com</u>	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : <u>Reshpal Kaur D/o Navkail Singh</u>	NRIC: <u>S8723388Z</u> CONTACT NO: <u>82011787</u>
DRIVER OWNER RELATIONSHIP: <u>daughter in law</u>	PASSENGER : <input type="radio"/> MALE ( ) FEMALE ( )
DATE OF BIRTH : <u>01 / 08 / 1987</u>	DRIVING PASSING DATE : <u>13 / 11 / 2007</u>
OCCUPATION: <u>INDOOR</u> / OUTDOOR	ADDRESS : <u>Blk 589 East Coast Road #05-09 S(429081)</u>
ANY INJURIES: <u>NO</u> , IF YES :	POLICE REPORT : NO/ IF YES WHERE ? <u>Traffic Police 10 Ubi Ave 3 408865</u>
WEATHER CONDITION: CLEAR / RAINING / <u>OTHERS</u> : <u>light drizzle</u>	ROAD SURFACE: DRY / <u>WET</u> / OTHERS
VEHICLE B REG NO : <u>GBL 539C</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Jay Kim leong</u>	DRIVER NAME : _____
NRIC : <u>S6933290J</u>	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : <u>YES</u> / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER:	HANDLING INSURER:





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

**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)

MX1E

R SN

AN0420A

Cov. Type:C

CERTIFICATE No.	DMPCSNW00064012302	Engine No.: 27491030362132
		Cha. No.:WDD2050402R054649
1. Index Mark and Registration Number of Vehicle	SMR6008R	AUTOSAFE =====
2. Name of Policy Holder	GURRINDER SINGH JOHAL	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/04/2023 (00:00:00)	Named Drivers Ex Sect. I \$5500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 \$3,000.00 Ex Sect. I - Age >= 26 \$5500.00 * Age as at date of accident EX ON WINDSCREEN . \$5100.00
4. Date of Expiry of Insurance	22/04/2024	
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\$1,000 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. : 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



*[Signature]*

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*[Signature]*

Issued By: INXPRESS 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