

NATIONAL Assessment Centre Services (wef 1 Jan'06)

SN08337P0002

Date In: 25/07/2023 16:34	Job description	Date & Time Completed	Done by
Ref No: N/A8/C7280075234	SAS e-filing		
Veh No: SMA 5589B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/07/2023 02:22	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: SG7 R08PG	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:	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

N/A2302218	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Int 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:-		
	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: Idac Mobile \$0		
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 First Submission	25/07/2023 16:34 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 02:22 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	JUNCTION WITH YUAN CHING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5589B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C. S. ONG AUTO PTE. LTD.
Company Reg No	2XXXXXX916W
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-83182839
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vitz
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	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00000382300

DRIVER

Name of Driver	SASIKUMAR S/O PANAYSILVAM
NRIC No	SXXXX621I
Date Of Birth	03/08/1977
Occupation	Outdoor

Date Of Driving Pass	22/03/2012
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83182839
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	BLK 43 CHAI CHEE ROAD #04-92
Address complement	-
Postcode	461043
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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)	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	-

PASSENGER 1

Name	FAIZUL
Gender	Male

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 POLICE REPORT T/20230725/7045

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	SGT8088G
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SASIKUMAR S/O PANAYSILVAM
Gender	Male
Phone No	(Phone) +65-83182839
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMA5589B
Were seat belts worn?	Yes
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 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

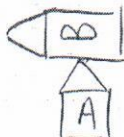
Witnessed by Reporting Centre Personnel

Sketch Plan

JUNCTION OF BOON LAY WAY / YUAN CHIEH ROAD

Veh A: SMA 5589B

Veh B: SG78088G



Describe Circumstances of the Accident

Refer to police report T/20230725/7045

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

[Signature] 25/07/2023



SINGAPORE POLICE FORCE



T/20230725/7045

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

1 of 3

Report No. T/20230725/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2023 14:06	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SASIKUMAR S/O PANAYSILVAM		Address: 43 CHAI CHEE STREET #04-92 SINGAPORE 461043	
ID Type / ID No.: NRIC NO / S7721621I		Contact No.: Home/Office: Mobile: 83182839	
Nationality: SINGAPORE CITIZEN		Email: SASI.KUMAR@LIVE.COM.SG	
Sex: Male	Age: 45	Date of Birth: 03/08/1977	Type of Informant: Driver
Race: Indian			Language: English
Occupation: PHV Driver			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2023 02:20	Type of Location:
Location: BOON LAY WAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA5589B	Car					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230725/7045

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

2 of 3

Report No. T/20230725/7045

CONTINUATION OF REPORT

Driver				
Name	SASIKUMAR S/O PANAYSILVAM		ID No.	S7721621I
Related Vehicle	SMA5589B (Car)		Contact No.	83182839
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

On the stated date and time, I was driving SMA5589B with 1 male passenger Faizul on board.

I was travelling along Boon Lay Way towards Yuan Ching Road junction.

Before the junction, I had slowed down to check that traffic light was in my favour and also noticed that there were no vehicles along the opposite direction of Boon Lay Way.

As such, I continued to travel straight.

As I was passing said junction, SGT8088B suddenly appeared from my right at fast speed.

I immediately jammed on my brakes but it was too late to avoid the collision.

The impact was massive and both my front airbags were deployed.

I checked on my passenger and he was generally fine.

I only felt some pain in my left hand.

Paramedics and traffic police arrived shortly.

Paramedics attended to me and my passenger for minor injuries at that time.

Both vehicles were badly damaged and could not be driven.

The same morning, I woke up and the pain in my left hand had gotten worse.

I was also feeling pain over my neck, shoulders, lower back, left fingers and left elbow as well.

As such, I sought treatment at Lifeplus Medical Grp Bedok and was given 5 days MC.

My passenger suffered some injuries due to the accident but I am unsure if he had seen a doctor.



**SINGAPORE
POLICE FORCE**



T/20230725/7045

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

3 of 3

Report No. T/20230725/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
25/07/2023 14:06

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Classification Of Case:

NP168

Date of Accident : 25/07/2023 Accident Time: 0222 HR (24-HR-FORMAT)
 Accident Place : Junction of Boon Lay Way & Yuan Ching Road
 Vehicle Reg. No (Car plate No.) : SMA5589B Vehicle Make/Model: Toyota Vitz
 Insurance Company : China Taiping Policy No. DMHCSNA00000382300
 Name of Registered Owner : Company / Individual C.S. Ong Auto Pte Ltd
 ID of Registered Owner : Co Reg No: 201408916W Owner's NRIC No: _____
 : Co Contact No: 6484 1933 Owner's Contact No: _____
 DRIVER'S Name : Sasi Kumar S/o Panayasilvam DRIVER'S NRIC No: S7721621I
 DRIVER'S Date of Birth : 03/08/1977 DRIVER'S License Pass Date 22/03/2012
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : Blk 43 Chai Chee Street #04-92 S(461043)
 DRIVER'S Contact No / Alt No. : 1) 8318 2839 2) _____
 DRIVER'S Occupation : INDOOR (eg. working inside or outside of an ofc)
 Email Address : JUNMINI47@ICLOUD.COM
 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): 02 Passenger Name: Faizul Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: 'As Driver'
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SGT8088G</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Honda Vezel</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



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 Hire Car

MZ406L/B

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)

N SN

AN0752A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00000382300

Engine No.: 1NZ8466836

Cha. No.:NHP1302031366

1. Index Mark and Registration
Number of Vehicle

SMA5589B

AUTOSAFE
=====

2. Name of Policy Holder

C. S. ONG AUTO PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

01/01/2023

Excess Sect. I . S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$1,500.00

Excess Sect.II (Outside Singapore). S\$3,000.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

31/12/2023

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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 for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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. : HONG LEONG FINANCE 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: Chai HuiLin Lynn
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