

NATIONAL Assessment Centre Services

(ver 1 Jan 00)

MA417160578

Date In: 06/11/2017 10:00	Job description	Date & Time Completed	Done by
Ref No: NBA/C71710231447	SAS e-illing		
Veh No: GBE 4531C	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 05/12/2017 13:30	E-Motor Claim Form		
OD (TP) Reporting Only	E-Motor W/O (within 2hrs, TP 2hrs)		
	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: Yeh No: SLK 10815	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 Rem:
() 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: UNP 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

MA/707605	Invoice Preparation Checklist	AMIS ()	AMIS ()
Human's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$10		
	For claiming against INC Only (wef 10 Jan 2000)		
	6) TR: Re-inspection \$15		
	7) NI: (also DA + SMRT Survey) \$160		
	8) NTUC Additional Services		
	Q12		
C. Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$15		
	*N8: DY / Collect Unacc Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idone Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice Paid	Fee Received	

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 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 ability.
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 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 Report	06/12/2017 10:00
Date Of Accident	05/12/2017 13:30
Exact Location Of Accident	LORONG 7 TOA PAYOH(AFTER TOA PAYOH E)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4531C
Insured/Policyholder	
Name Of Registered Owner	MAXLINES DISTRIBUTORS
Co Reg No	53029081B
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96391418
Alternative Phone No	OFFICE-96391418

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1759531700
Cover Note Number	

Driver

Name of Driver	LIM TAU CHEONG
NRIC No	S7215158E
Date Of Birth	05/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1992
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96391418
Fax Number	
Contact Number	OTHERS-96391418
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 92 COMMONWEALTH DRIVE #01-716
Postcode	140092
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1081J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HONG SZE PIN
NRIC/Passport Number	S8005175A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

VEHICLE NO: GBF4531CDOA: 05/12/2017

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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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.



[Signature]

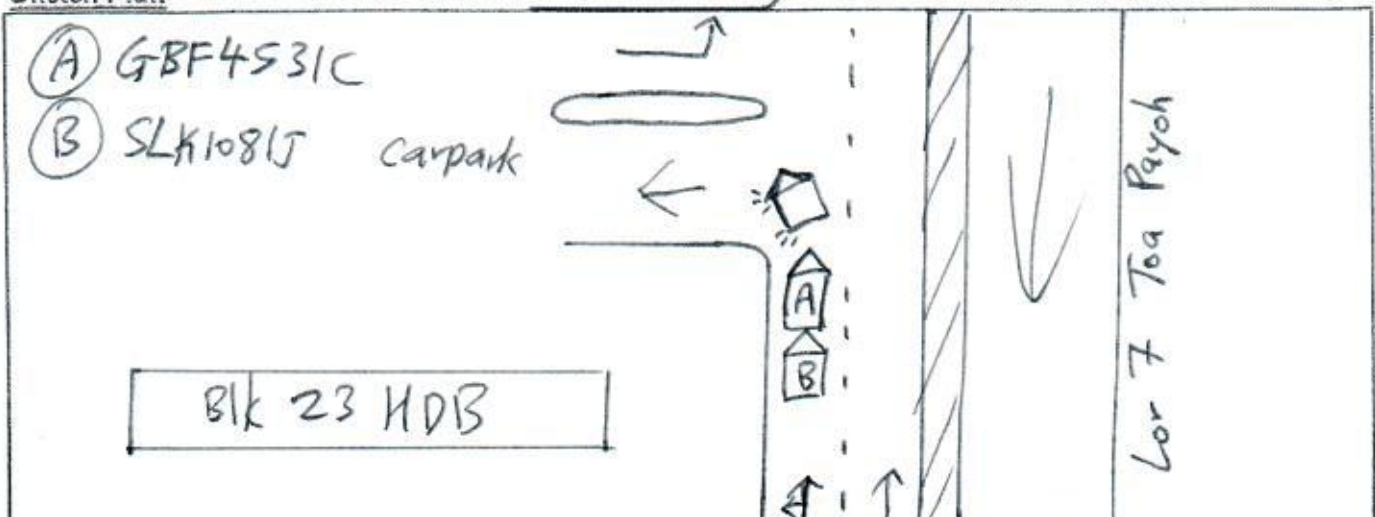
[Signature] 06/12/2017

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Lor 7 Toa Payoh.
and come to a complete stop

I slowed down, because the vehicle in front slowed down to
make a left turn.

However, vehicle (B) came from behind and hit my vehicle (A).

Declaration


We declare the foregoing particulars are true in every respect.

A handwritten signature in blue ink.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

A handwritten signature in blue ink followed by the date "06/12/2017".

Personal Particulars

Date of Accident: 05 / 12 / 2017 (dd/mm/yy)

Time of Accident: 13 : 28 (24 Hrs)

Vehicle No.: GBF4531C Vehicle Make / Model: Toyota Hiace (30cc)

Exact location of Accident: Lor 7 Toa Payoh (after Toa Payoh E)

Owner's Name / IC No.: Maxlines Distributors / 53029081B

Driver's Name / IC No.: Lim Tau Cheong / ST215158E

Driver's Contact No.: 96391418 Insurance Company & Policy No.: China Taiping

Driver's E-mail address: hancanrepairs@gmail.com

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: Employer /

What do you wish to claim? (Please circle one only) Employee

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes No If Yes, which police station? _____

The Other Party (Vehicle B) Details: S8005175A

Driver's Name / IC No.: Hong Sze Pin Vehicle No.: SLK1081J

Insurance Company: _____ Driver's Contact No.: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: _____

Independent Witness (If Any): _____ Contact No.: _____

Preferred workshop Name (If Any): _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7215158E**

Name: **LIM TAU CHEONG**

Birth Date: **05 May 1972**

Issue Date: **23 Oct 2017**




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7215158E**

Name: **LIM TAU CHEONG**

林道祥


Race: **CHINESE**

Date of Birth: **05-05-1972**

Sex: **M**

Country of Birth: **SINGAPORE**






Maxlines Distributors
 Address: 92 Commonwealth Drive
 #01-716
 Commonwealth 16
 Singapore 140092

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	09 Jul 1992

NP 428A



0576693



NRIC No: **S7215158E**



Blood Group: **O+**

Date of Issue: **20-10-1992**

Address: **APT BLK 92 COMMONWEALTH DRIVE
 #01-716
 SINGAPORE 0314**

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.	DMCVSN1759531700	Engine No : 1KD2592929 Chassis No: KDH2010190610
1. Index Mark and Registration Number of Vehicle	GBF4531C	
2. Name of Policy Holder	MAXLINES DISTRIBUTORS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 OCTOBER 2017	EXCESS SECT I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	26 OCTOBER 2018	
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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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.



ntersigned By:

Authorised Officer

Authorised Signatory