

NATIONAL Assessment Centre Services

Ref: JN-2003

Date In: 06/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/CR118002319/13	SAS e-filing		
Veh No: GBF6495K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/10/17 1340	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel:

Fax:

TP Particulars:	Veh No: BARRIER ARM INC () / Non-INC ()	Tel: ()
Owner / Driver: ()	Period: ()	Cover Type: ()
Policy No: ()	Date: ()	Time: ()
Confirmed by: ()		
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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

Claimant's Particulars:-	NA1800805
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:-	
Cat. 1:	
Cat. 2 / 3:	

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	In Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
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 30		
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 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 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	06/02/2018 12:13
Date Of Accident	30/10/2017 13:40
Exact Location Of Accident	BEDOK NORTH AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6495K
Insured/Policyholder	
Name Of Registered Owner	PRODEL EXPRESS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96903501
Alternative Phone No	OFFICE-67471246

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMCV1710571700
Cover Note Number	

Driver

Name of Driver	MOHAMED YATIM BIN ABDUL KADER
NRIC No	S0729745I
Date Of Birth	02/07/1952
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1979
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94759552
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 23 BEDOK SOUTH AVE 1 #02-753
Postcode	460023
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

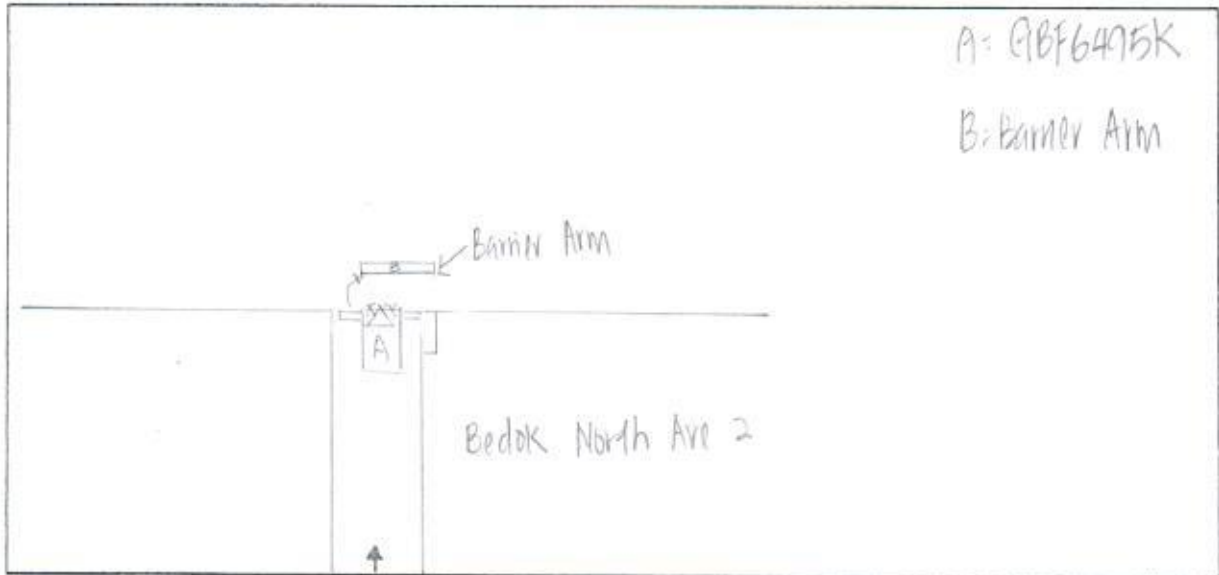


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I driving to entrance bedok North Ave 2 for parked vehicle .

Barrier Arm is open and I move forward , suddenly the Barrier Arm drop hit onto front portion of my vehicle and drop on the floor.

I alighted to checked my vehicle condition , there was no damages at my vehicle and take the drop barrier arm from the floor put at the side.

DECLARATION

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

Policyholder's Signature:  

Date & Time:

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

Reported Centre Personnel's Signature:  06/02/18
Name:
NRIC/FIN No.:

VEHICLE NO: GBF6495K

MAKE & MODEL: Nissan NV350

DATE OF ACCIDENT 30 / 10 / 17
 TIME OF ACCIDENT 1340 AM/PM
 LOCATION OF ACCIDENT Bedok North Ave 2
 EXACT PURPOSE USE DURING ACCIDENT

NAME OF OWNER

Prodel Express Pte Ltd
 TEL NO 9690-3501 / 6747-1246
 NRIC 19908774X
 CLAIM TYPE OD / THIRD PARTY / REPORTING ONLY
 INSURANCE CO Chinn Taiping
 TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft
 POLICY NO.

NAME OF DRIVER

As Above / If No: Mohamed Yatin Bin Abdul Kader
 NRIC 507297451 Any Passengers: NIL
 DATE OF BIRTH 02 / 07 / 1952
 OCCUPATION Outdoor / Indoor
 DATE OF DRIVING PASS 29 / 11 / 1979
 GENDER Male / Female
 CONTACT NO. 94759552 Office: Home:
 ADDRESS Blk 23 Bedok South Ave 1 #02-753 Singapore 460023
 DRIVER HAVE ANY OWN VEHICLE NO / If yes: Reg No:
 RELATIONSHIP Employed / If No:
 WEATHER CONDITION Clear / Raining / Other:
 ROAD SURFACE Dry / Wet / Other:
 ANY INJURIEES No / If yes: Who?
 CONTACT NO.
 POLICE REPORT No / If yes: Where?
 VEHICLE B NO. Barni Arm Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

OWNER/DRIVER EMAIL

PARTICULAR WORKSHOP

NEW HOCK TECK MOTOR WORKSHOP

1 Kaki Bukit Ave 6, Blk C #01-43

Autobay@Kaki Bukit Singapore 417883

TEL NO

TEL: 6747 9241

CONTACT PERSON

Reena / Sukyi

FAX NO.

FAX: 6741 7276

EMAIL

reena@nhtmotor.com

admin@nhtmotor.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0729745I**



Name

**MOHAMED YATIM BIN ABDUL
KADER**

Race

MALAY

Date of birth

02-07-1952

Sex

M

S0729745I

Country/Place of birth

SINGAPORE



5420345



NRIC No. **S0729745I**



Date of issue

17-01-2015

Address

**APT BLK 23 BEDOK SOUTH AVENUE 1
#02-753
SINGAPORE 460023**

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S07297451**

Name:

**MOHAMED YATIM BIN ABDUL
KADER**

Birth Date: **02 Jul 1952**

Issue Date: **14 Jul 2007**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS **3**

PASS DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ **29 Nov 1979**

NP 428A





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.

3 Arson Road #16-00 Springleaf Tower Singapore 079909

Tel: 6359 6111 Fax: 6222 1033

Website: www.sg.cntaiping.com

Cis Reg No: 200208364E

Our Reference: **SNM17D06850/C01/GBF6495K**

DMCV/71057/700

Date : **24 JANUARY 2018**

via Registered and Ordinary Mail

**PRODEL EXPRESS PTE LTD
57 UBI AVENUE
#05-12 UBI CENTRE
SINGAPORE 408936**

Dear **PRODEL EXPRESS PTE LTD**

**RE: ACCIDENT INVOLVING GBF6495K AND BARRIER ARM ON 30 OCTOBER 2017
ALONG BEDOK NORTH AVE 2**

We refer to our letter dated **29 NOVEMBER 2017**

We regret to inform that neither you nor your driver has filed an accident report on the above accident till to-date.

Please note that you and / or your driver is required to render full co-operation and assistance to your insurer on the above accident under the policy terms and conditions.

We would appreciate if you could report your accident at any of our authorized workshops within the next seven(7) days. Failing which, we shall direct the matter to the Traffic Police without any reference to you.

Yours truly,

Joel Goh

Motor, Claims Department

Tel : 63896116

Fax : 62247478 / 62247175

Email : claimsdept@sg.cntaiping.com

CC : **G. TECH PTE LTD**

CC : **Agent - (AN0450A) - INXPIRE N SOLUTIONS**