

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA/18018316**

Date In: 6/2/18 - 12:21	Job description	Date & Time Completed	Done by
Ref No: NA/C7218002321/24	SAS e-filing		
Veh No: G8E6775D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 2/2/18 - 22:30	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 <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G8E6775D	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

NA1800803

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100); INC (\$30)			
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 / Tpl 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		
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 12:21
Date Of Accident	02/02/2018 22:30
Exact Location Of Accident	BESIDE 7 FLORENCE CI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6375D
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Insured/Policyholder

Name Of Registered Owner	M/S STEER FRANCHISE PTE LTD
Co Reg No	201511962E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/R
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
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	DMCVSN3039821700
Cover Note Number	

Driver

Name of Driver	SIM KIAN HUI, DANIEL (SHEN JIANHUI)
NRIC No	S8742618A
Date Of Birth	24/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98622107
Fax Number	
Contact Number	OFFICE-98622107
EMail Address	NOEMAIL

Address	BLK 111 MCNAIR ROAD #03-239
Postcode	320111
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

REFER TO 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG12E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

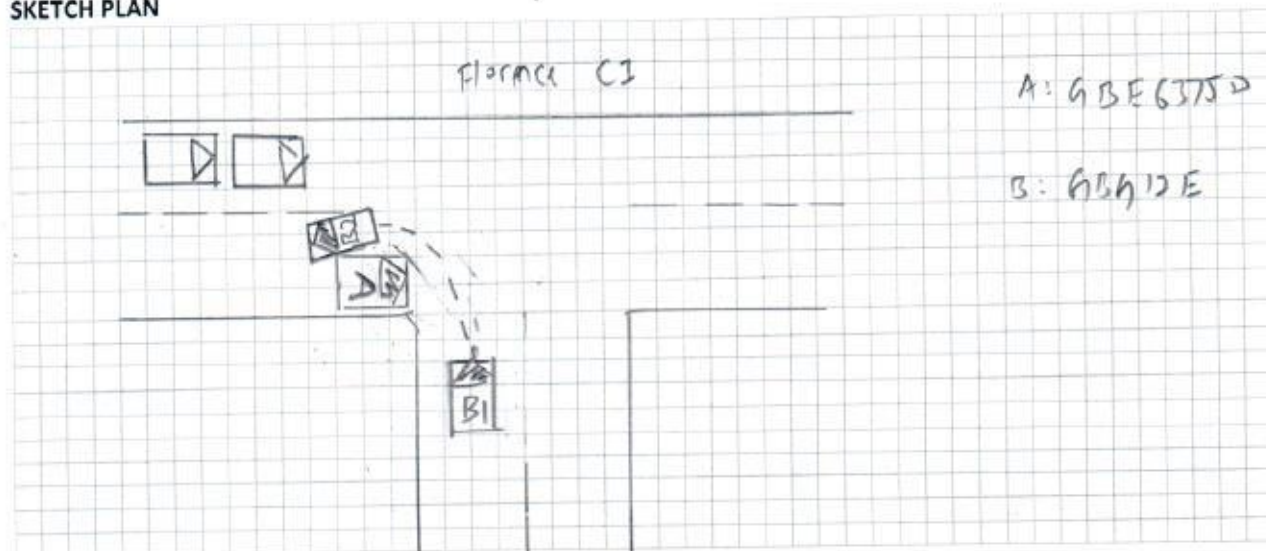


Policyholder's Signature
Date & Time:

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

Refer to Statement.

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:

Handwritten signature of the driver.

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

Handwritten signature of the reporting center personnel.

ON STATED DATE AND TIME, I WAS STATIONARY PARK BESIDE 7 FLORENCE CI. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I NOTICED THAT VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 2 / 18) (DD/MM/YYYY), TIME: (22:30) (HH:MM)

LOCATION: Reside 7A Florence CT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8E637SD MPV
 b) INSURANCE COMPANY: C72
 c) POLICY NUMBER: DIRVJN3039821722
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: M/S Steer Franchise Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Sim Kian Hui, Daniel Chen Joseph (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8742618A CONTACT: 98622107
 c) ADDRESS: Blk 111 McAlister Road #03-239 (322111)

*d) DATE OF BIRTH: (24 / 12 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 / 2004 (class 3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8G12E MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(including driver)
(1)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(including driver)
(1)

Email = Antohub325@gmail.com

fax =



**SINGAPORE
POLICE FORCE**



F/20180205/2288

1 of 2

POLICE REPORT (NP322)

Report No. F/20180205/2288

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 05/02/2018 23:42	Vide Report No.		Station Diary No. 168	
Name Of Informant SIM KIAN HUI, DANIEL	Address APT BLK 111 MCNAIR ROAD #03-239 SINGAPORE 320111			
ID Type / ID No. NRIC NO / S8742618A	Contact No. Home/Office		Mobile 98622107	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation CONTRACTOR	Sex Male	Age 30	Date of Birth 24/12/1987	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/02/2018 14:00	Location Of Incident 23 KAKI BUKIT AVENUE 4 VICOM KAKI BUKIT INSPECTION CTR* SINGAPORE 415933			

Brief details.

On the above mentioned date, time and location, I discovered the lost of the below mentioned item.

Property Information

Signature Of Officer Recording The Report: F / Staff Sgt TAN YEOW CHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2018 23:42
Officer In-Charge Of Case: F / Hougang N.P.C / SI WEE KIM HUAT, LEONARD Contact No.: 64890999	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



F/20180205/2288

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20180205/2288

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S874261 8A	1		One Driving Licence Belonging to SIM KIAN HUI, DANIEL

Signature Of Officer Recording The Report:

F / Staff Sgt TAN YEOW CHONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI WEE KIM HUAT, LEONARD
Contact No.: 64890999

Authentication Stamp



Signature:

Singapore Police Force

Signature Of Informant:


Date/Time:
05/02/2018 23:42

Classification Of Case:

FUPO hotline number: 68429645

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8742618A



 SIM KIAN HUI, DANIEL
(SHEN JIANHUI)
沈建輝
Place
CHINESE
Date of Birth 24-12-1987 Sex M
Country of Birth
SINGAPORE

3267630



NRIC No. S8742618A



Blood Group Date of issue
03-01-2003

Address
APT BLK 111 MCNAIR ROAD
#03-239
SINGAPORE 320111

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. DMCVSN3039821700 Engine No : K9KC400D055213
Chassis No: VSKYBAM2020120836

1. Index Mark and Registration
Number of Vehicle GBE6375D

2. Name of Policy Holder M/S STEER FRANCHISE PTE. LTD.

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment 09 MAY 2017 EX SECT. IS\$450.00
(16:52 HOURS) EX ON WINDSCREENS\$100.00
08 MAY 2018

4. Date of Expiry of Insurance

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. : HL BANK AS HP OWNER

* 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.



Countersigned By:

Authorised Officer

Authorised Signatory