

# NATIONAL Assessment Centre Services

Date In: 04/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/C7718006222/13	SAS e-filing		
Veh No: GX522B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/04/18 1820	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: SLK545L	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:- (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

NA1802083	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	04/04/2018 17:24
Date Of Accident	03/04/2018 18:20
Exact Location Of Accident	LAVENDER ST TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX522B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S BON VIVA MARKETING
Co Reg No	53069031D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81806789

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3004571800
Cover Note Number	

### Driver

Name of Driver	LOOI WOOL BOON
NRIC No	S7163698D
Date Of Birth	10/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81806789
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 897C WOODLANDS DR 50 #07-206
Postcode	732897
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO-OWNER
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC545L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LOOI WOOL BOON
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Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GX522B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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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:  
**BON VIVA MARKETING**  
(53069031 D)  
BLK 20, Woodlands Link  
#09-28, Singapore 738733

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

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



LAVERDA STREET TOWARDS BAILESTIER ROAD.

**SKETCH PLAN**

HAMILTON ROAD

TYRWITT ROAD

4 →

3 →

2 →

1 →



VEN A = GX 522 B

VEN B = SLC 545 L

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 3<sup>rd</sup> April 2018, 620pm. I WAS TRAVELLING ALONG LAVERDA ST TOWARDS BAILESTIER ROAD DIRECTION. I WAS ON THE 3<sup>rd</sup> LANE.

WHILE IN-BETWEEN TYRWITT RD AND HAMILTON RD, DUE TO THE TRAFFIC LIGHT, I WAS STATIONARY STOPPED.

WHEN I WAS ABOUT TO MOVE OFF WHEN THE TRAFFIC LIGHT TURN GREEN. SHODANLY, BEFORE I MOVED, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SLC 545 L) THAT COLLIDED TO THE REAR OF MY VEHICLE, WHILE MY VEHICLE WAS STILL IN STATIONARY POSITION.

VEHICLE A - GX 522 B

VEHICLE B - SLC 545 L

**DECLARATION**

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

Policyholder's Signature  
Date & Time: **BLK 20, Woodlands Link #09-28, Singapore 738733**  
(53069031 D)  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: **04/04/18**  
NRIC/FIN No.:



<b>Vehicle No.</b>	GX 522 B	<b>Model / Make</b>	NISSAN URVAN
<b>Date of Accident</b>	3 April 2018		
<b>Time of Accident</b>	6:00pm	<b>HRS</b>	
<b>Location of Accident</b>	LAVENDER STREET TOWARDS GALESTIER ROAD (IN-BETWEEN THIRWHITT RD AND HAMILTON RD)		
<b>Exact purpose use during accident</b>	WORKING HOUR.		
<b>Name of Owner</b>	M/S BON VIVA MARKETING		
<b>Telephone No.</b>	H/P : 8180 6789	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S3069031 D		
<b>Address</b>	20 WOODLANDS LINK #05-33 S(738733)		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	China Taiping Insurance		
<b>Type of Coverage</b>	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft
<b>Policy No.</b>	DMCVSN3004571800		
<b>Name of Driver</b>	As Above If No, LOOI WOON BOON		
<b>NRIC</b>	S7163698 D	<b>Any Passengers :</b>	0
<b>Date of birth</b>	10 March 1971		
<b>Occupation</b>	Outdoor	/	<u>Indoor</u>
<b>Driving License Pass Date</b>	7 Feb 2006		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P : 8180 6789	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Blk 897C Woodlands Drive 50 #07-206 S(732897)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	CO. OWNER.
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	LOOI WOON BOON 8180 6789.		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SLC 545 L	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / <u>No</u>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive PTE LTD.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7163698D

NAME: LOOI WOOL BOON



Place: CHINESE  
Date of birth: 10-03-1971  
Sex: M  
Country of birth: MALAYSIA




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7163698D  
Name: LOOI WOOL BOON

Birth Date: 10 Mar 1971  
Issue Date: 24 Mar 2006






NRIC No. S7163698D

Nationality: MALAYSIAN  
Date of issue: 24-03-2006

APT BLK 897C WOODLANDS DRIVE 50 #07-206  
SINGAPORE 732897

NRIC No: S7163698D Date: 26/03/2007 No: 5845482





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

Class	Vehicle Description	PASS DATE
Class 2B	Motorcycles =< 200 cc	07 Feb 2006
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	07 Feb 2006

Licence No: S7163698D

NP 428A





## 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.	DMCVSN3004571800	Engine No : ZD30034636 Chassis No: JN1MG4E2520710767
1. Index Mark and Registration Number of Vehicle	GX522B	
2. Name of Policy Holder	M/S BON VIVA MARKETING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 JANUARY 2018	
4. Date of Expiry of Insurance	15 JANUARY 2019	
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.

\* 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