

NATIONAL Assessment Centre Services [Print / Refresh]

Date In: 20/04/2018 13:14	Job description	Date & Time Completed	Done by
Ref No: NBA/CTI18007381/24	3AS e-Billing		
Veh No: GBE2781R	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: [4/04/2018 17:30]	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (within 100 hrs, 24 hrs)		
TP Insurec:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/WKSP		

Preferred Wksp (INC Assign Wksp / OWI) Toll Fax

TP Participant Yell No: SLW 3698 D, INC () / Non-INC ()

Owner / Drivers: Toll

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bil. Stand (WO): N: 0-20%, P: 21-79%, P: 80-100%)

Year of Registration: () Warranty: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & strictly NO rate of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () | Invoice: YBS () / NO () | Towing Co: ()

Remarks	DATE TIME Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time: _____

Item	Invoice Preparation Charge	Other Bill
1) AR: Accidental Reporting (\$300)		
2) DA: Damage Assessment (\$100)	INC (40)	
3) TP: Towing Fee		200/10
4) PT: Follow Through Survey		1100
5) PT: Follow Through Survey (Recovery)		250
Excludes: excess INC Only (max 10 per 210)		
6) TR: Re-inspection		55
7) HI: 140 DA + SMRT Survey		2100
8) NTUC Additional \$17 (901)		
Q11		
9) No Courtesy Car / Trip Allowance		55
10) No Repair Coordination		510
11) No Post Repair Inspection		225
12) No DV / Collateral Usage Coordination		21
13) TP (N1) / TP (Non-INC) / Claims INC		315
14) Mileage Allowance		10
Invoiced		
Invoice Date		

NBA1802516

Pat Chish

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	20/04/2018 13:14
Date Of Accident	14/04/2018 17:30
Exact Location Of Accident	ARCADIA ROAD -CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2781R
Insured/Policyholder	
Name Of Registered Owner	TOH CHOON FATT
NRIC No	S0912694E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97699763
Alternative Phone No	OTHERS-97699763
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
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	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	DMCVSN3009371800
Cover Note Number	
Driver	
Name of Driver	TOH CHOON FATT
NRIC No	S0912694E
Date Of Birth	22/01/1947
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1972
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699763
Fax Number	
Contact Number	OTHERS-97699763
Email Address	NOEMAIL

Address	BLK 301C ANCHORVALE DRIVE #09-39
Postcode	543301
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	AFTER RAIN
Road Surface	WET

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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	SLW3698D
Vehicle Make/Model/Colour	MB-C250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHOON PENG
NRIC/Passport Number	S7028113I
Contact Number	96222121
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

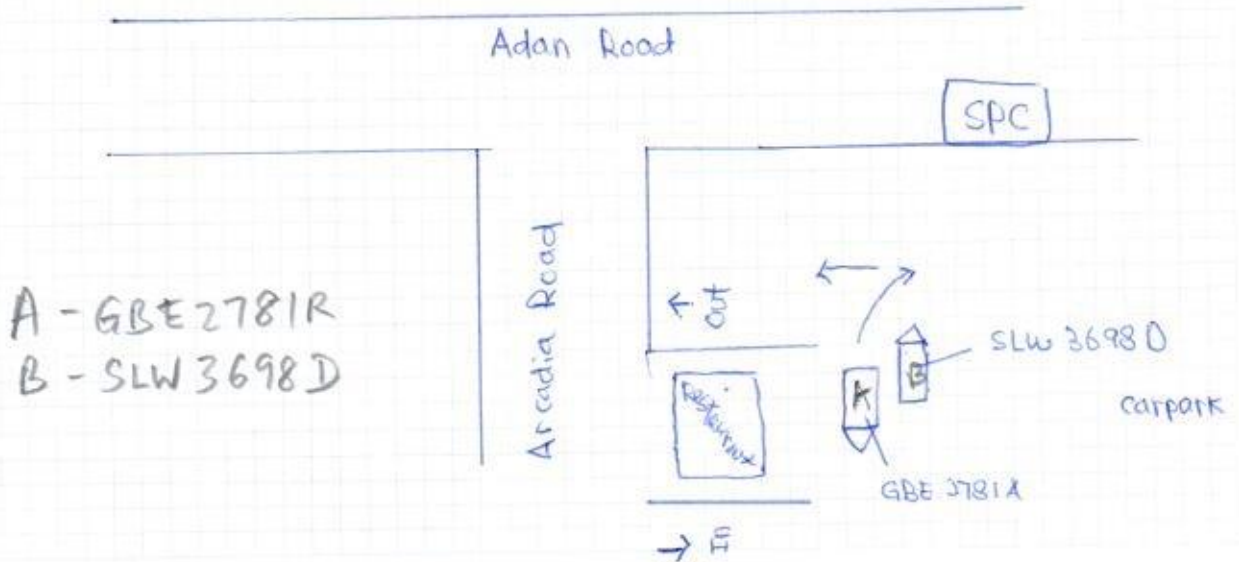
成興蛋行
SENG HENG EGG DISTRIBUTOR

Kw Kw
Policyholder's Signature
Date & Time: 20-4-18

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

20/4/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Arcadio Road of carpark. while I make reversing out and I noticed vehicle SLW 3698D on my LH side was stationary parked as I making reverse & my car LH rear metal bar accidentally hit onto the vehicle no SLW 3698D on LH front portion.

DECLARATION

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


 Policyholder's Signature: 
 Date & Time:  20-4-18
 Driver's Signature: 
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature: 
 Name: 20/4/2018
 NRIC/FIN No.:



Given on 20/4/2018 @ 11:05 AM Details.

ACCIDENT STATEMENT

ACCIDENT DATE: 14/04/2018 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: Arcadia Road - Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8E 5781R
- b) INSURANCE COMPANY: China Taiping
- c) POLICY NUMBER: DmCVSN3009371800
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Toyota Dyna
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Toh Choon Fatt (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S0912694 E CONTACT: 97699763
- c) ADDRESS: BK 301C Anchorvale Drive

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* No of passenger (including driver) (1)

* d) DATE OF BIRTH: (22/01/1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05-6-1977

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

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 3698D MODEL: MB-C250
- b) DRIVER'S NAME: Lim Choon Peng
- c) NRIC/FIN/PASSPORT: S7058113 L CONTACT: 96255131

* No of passenger (including driver) (0)

9. THIRD PARTY VEHICLE

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

* No of passenger (including driver) ()

Waiting for certificate?

Email =

Fax =

VIDEO =

Please email a copy to tgakspcs@singnet.com.sg (workshop)

tg2kspcs@singnet.com.sg

* on 23/4/2018 (Mon) will email the certificate? Joey

68414220
Joey

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0912694E



Name
 TOH CHOON FATT

杜春发

Race
 CHINESE

Date of birth
 22-01-1947

Country/Place of birth
 SINGAPORE

Sex
 M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
 S0912694E

Name
 TOH CHOON FATT

Birth Date
 22 Jan 1947

Issue Date
 02 Jul 2013

002196309A




5193542



NRIC No. S0912694E



Date of issue
 27-06-2013


Address
 APT BLK 301C ANCHORVALE DRIVE
 #09-39
 SINGAPORE 543301

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

EFFECTIVE DATE
 05 Jun 1972

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

Licence No: S0912694E



NP 428A

ORIGINAL

THE SCHEDULE

Agency	AN0397A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number DMCVSN3009371800
Account	AN0397A	Issued on 31/01/2018 in SINGAPORE		
Client	3221987	Acceptance Date	31/01/2018		

Period of Insurance from 24/02/2018 to 23/02/2019 , both dates inclusive

Insured's Name....	SENG HENG EGG DISTRIBUTOR
Address:	BLK 301C ANCHORVALE DRIVE #09-39 ANCHORVALE COURT SINGAPORE 543301

Business/Occupn... RETAIL SALE OF EGGS

Premium	Base Annual Premium.....	\$S1,260.00		
	No Claim Discount	\$S252.00-		
	Total Annual Premium	\$S1,008.00	Premium Due	\$S1,008.00
			Premium GST	\$S70.56
			Total Due	\$S1,078.56

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	ORIGINAL REGISTRATION DATE:	26-10-2005		
1. Registration	GBE2781R	Make/Model ..	TOYOTA DYNA 150D WITH HOOD	
Type of Cover	Third Party	No. of seats	2	Body Type LORRY
Engine No. ..	5L5621137	Capacity cc's	0	Yr of Manuf/Regn 2005/2005
Chassis No...	JTFUF34Y203011234	Tonnage	1.73	Certificate Ref. MZ300/C

The following clauses and endorsements apply to this policy

Subject to Endt. 3(p).

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I or II or both if the vehicle has been modified without prior notice/declaration to the Company.

Subject otherwise to the terms, exceptions and conditions of the Policy.

MEMORANDUM : CONDITION NO. 4 - NOTIFICATION OF ACCIDENTS

It is hereby noted and agreed that Condition No. 4 of the Policy is amended to read as follows:-

Notification Clause

-
- a) In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, the Insured shall, together with the Motor Vehicle, call at the Company's Approved Authorised Workshop and/or Reporting Centre and report the accident within 24 hours of the accident or by the next working day thereof.
 - b) In case of theft or other criminal act which may give rise to a claim under this policy the Insured shall give immediate notice of the occurrence to the Company and the police and co-operate with the Company in securing the conviction of the offender.
 - c) Every letter, claim, writ, summons and process shall be notified or forwarded unanswered to the

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