

NATIONAL Assessment Centre Services

Date In: 09/05/2018 17:14	Job description	Date & Time Completed:	Done by:
Ref No: NA/CTI18008547/24	SAS e-filing		
Veh No: GBD 69445	E-mail (within 8hrs, NP 2hrs)		
DOA: 08/05/2018 20:05	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: () Tol: () Fax: ()

IP Particulars: Veh No: SJX82514 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1	For claiming against INC Only (wef 10 Jan 2009)		
Cat 2/3	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 \$0		
	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	09/05/2018 17:14
Date Of Accident	08/05/2018 20:05
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6944S
Insured/Policyholder	
Name Of Registered Owner	M/S CALI FURNITURE & GENERAL CONTRACTORS
Co Reg No	32006000D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90678707
Alternative Phone No	OFFICE-90678707

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN1514981803
Cover Note Number	

Driver

Name of Driver	TAN CHOON HAO (CHEN JUNHAO)
NRIC No	S8805824J
Date Of Birth	21/02/1988
Occupation	INDOOR
Date Of Driving Pass	13/05/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90678707
Fax Number	
Contact Number	OTHERS-90678707
EMail Address	NOEMAIL

Address BLK 253 YISHUN RING ROAD
#02-1051

Postcode 760253

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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? 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. NO

Number of Passengers (Including Driver) 3

Passenger 1 NAME: : GOH HUAY FEN EILIANE
GENDER: : FEMALE

Passenger 2 NAME: : LOVELLE GOH
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

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 SJX8251U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG BAN SOON

NRIC/Passport Number S8021065E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 liability**.
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: 9/13/18, 11:20 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 9/13/18, 11 AM

Reporting Centre Personnel's Signature

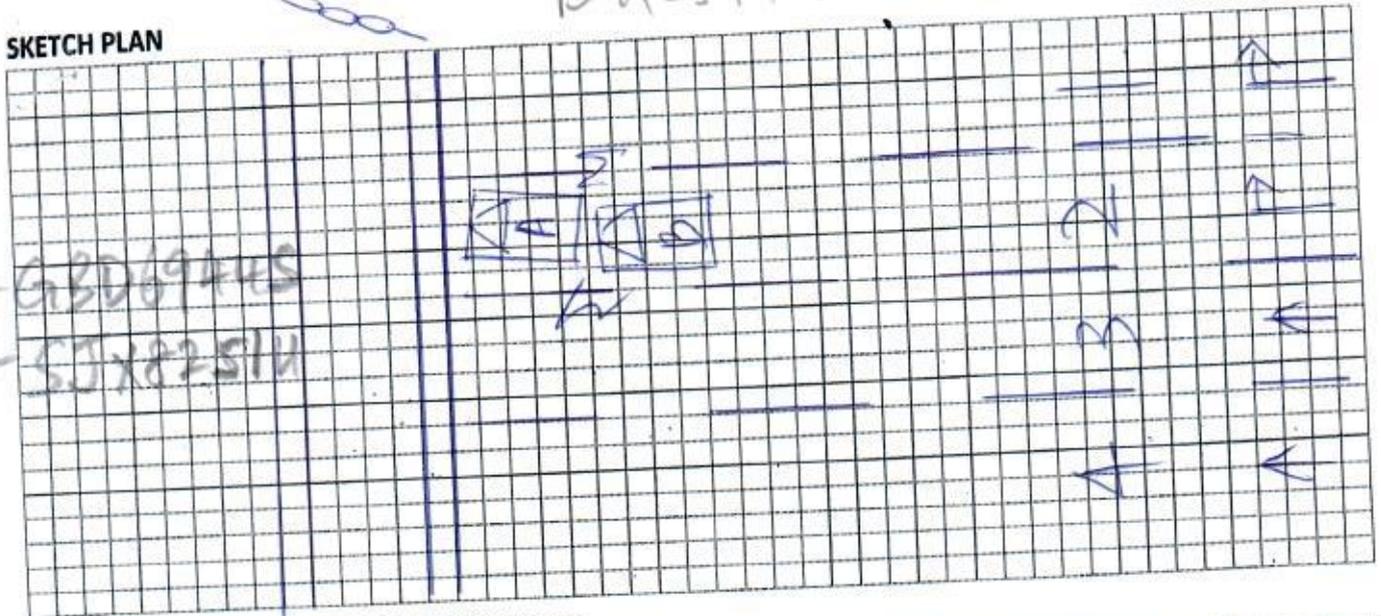
Name:

NRIC/FIN No.:

Balestier Rd

SKETCH PLAN

A - GBD694HS
 B - SJX8251U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/05/18 at about 8:05pm, I was along Balestier Road on the second lane waiting to turn right. Traffic volume was moderate. Suddenly about few mins, I felt an impact at the rear of my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 9/5/18, 11:30 AM

陳偉豪

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 9/5/18, 11:30 AM

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

10/5/2018

Model: Nissan Cabstar

VEHICLE NO: GBD69445

DATE OF ACCIDENT	8, 5, 18	
TIME OF ACCIDENT	9:05 PM	AM/PM
LOCATION OF ACCIDENT	Balestier Rd.	
Exact Purpose use during accident	Cali Furniture & General Contractors	
NAME OF OWNER	Cali Furniture & General Contractors	
TELP NO	32006000	
NRIC	32006000D	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only	
INSURANCE CO.	China Tai Ping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	As above / If No: Tan Choon Hao	
NRIC	S8805824J	Any passengers: 2
DATE OF BIRTH	21, 1, 1988	1) Goh huay Fen Eileen 2) Lovelle Goh
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	13, 5, 2009	2 Female
GENDER	Male / Female	1) Goh huay Fen Eileen
CONTACT NO.	90678707 Office:	Home: 2) Lovelle Goh
ADDRESS		
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:	
RELATIONSHIP	Employee / If No: Son	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes : Who?	
CONTACT NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	SJX8251U	Any Passenger: 0
NAME	Ng Ban Soon / S8021065Z	
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.		
PARTICULAR WORKSHOP		
TELP NO	BLUWEL AUTOMOTIVE SERVICE PTE LTD	
CONTACT PERSON	1 KAKI BURIT AVE 6	
FAX NO.	BLK C #01-55 (MAIN OFFICE)/28/37/53/56	
	SINGAPORE 417883	
	TEL: 6745 2088 / FAX: 6841 2088	
	E-mail: bluwel2008@yahoo.com.sg	

Waiting for certificate?

REPUBLIC OF SINGAPORE DRIVING LICENCE

5824J

TAN CHOON HAO
(CHEN JUNHAO)

Birth Date: 21 Feb 1988
Issue Date: 13 May 2009

001740044C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8805824J



Name
TAN CHOON HAO
(CHEN JUNHAO)
陳俊豪

Race
CHINESE

Date of Birth
21-02-1988

Sex
M

Country of Birth
SINGAPORE



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

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

PASS DATE
13 May 2009

NP 428A



3330902



NRIC No S8805824J

Blood Group Date of issue
07-03-2003

APT BLK 253 YISHUN RING ROAD #02-1051
SINGAPORE 760253

NRIC No: S8805824J Date: 26/08/2015

CERTIFICATE OF INSURANCE
 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1514981803

Engine No : ZD30347074K
 ChNo: JN1SC2F24Z0857032

AUTOSAFE

1. Index Mark and Registration Number of Vehicle

GBD69445

2. Name of Policy Holder

M/S CALI FURNITURE & GENERAL CONTRACTORS

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

20 March 2018

Excess Sect I S\$500.00
 EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

19 March 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.

HIRE PURCHASE CO., & MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

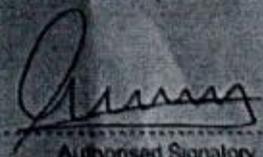
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia); are not to be included under these headings.

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.

Issued By TAN NGEE LING EILEEN
 Authorised Officer


 Authorised Signatory