

**NATIONAL Assessment Centre Services** (Ref: JAL/03) **NAIC 08081620**

Date In: <b>25/06/2018 14:42</b>	Job description:	Date & Time Completed:	Done by:
Ref No: <b>NAIC/021801/148919</b>	SAS e-filing		
Veh No: <b>GBF 8361A</b>	E-mail (within 8hrs, ATC 2hrs)		
D.O.A: <b>23/06/2018 15:30</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: Old 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GV 5290Y** 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

**NAIC 04043**

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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 2005)		
Cat 2/3:	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 (N-in 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	25/06/2018 14:42
Date Of Accident	23/06/2018 15:30
Exact Location Of Accident	BLK 117 ALJUNIED AVE 2 CARPARK(INFRONT HAWKER CTR)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8361A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SIN TIEN HWA RADIO & TV SERVICES
Co Reg No	22344900L
Email Address	SINTIENHWA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94565486
Alternative Phone No	OFFICE-94565486

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3023331800
Cover Note Number	

### Driver

Name of Driver	TAN CHEE KHOON (CHEN ZHIQIN)
NRIC No	S7339048F
Date Of Birth	25/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94565486
Fax Number	
Contact Number	OTHERS-94565486
Email Address	SINTIENHWA@GMAIL.COM



Address 163 ELLINGTON SQUARE  
 Postcode 569015  
 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 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 2  
 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) 2  
 Passenger 1 NAME: CHIA JOO HOCK  
 GENDER: MALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH OWNER  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GV5290Y  
 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)

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

新加坡警察總局  
SINGAPORE POLICE & TRAFFIC

BLK 728, 201-4210 & 4212  
ANG MO KIO AVENUE 560728  
TEL: 6458 0500 / 6458 5824

Policyholder's Signature  
Date & Time:

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

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

25/06/2018

*[Signature]*

SKETCH PLAN

A = GBF8361A

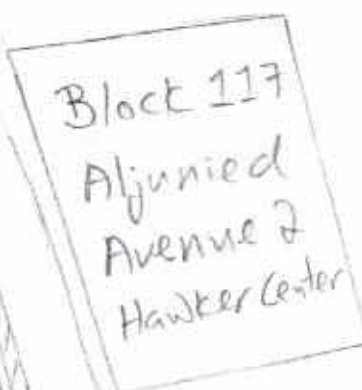
B = GV5290Y

Block 117

Aljunied Avenue 2

Car park

(In front Hawker Center)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

新大馬路無線電商行

SIN TIEN HWA RADIO & TV SERVICE

BLK 728, #01-4210 & 4212

ANG MO KIO AVENUE 560728

TEL: 6468 6500 / 6468 5821

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/6/2018  
Resd. wafar

On 23.06.18 at about 15:30 hours at along Block 117 Aljunied Avenue 2 car park (In front Hawker Center). I stopped my vehicle while waiting for the queue to exit from the car park entrance.

Suddenly my front vehicle (GY5290Y) reversing backwards to my vehicle and collision on my front portion of my vehicle causing damages to my vehicle. I wish to state that I have one passenger inside my vehicle.

My lorry: GBF8361A

3<sup>rd</sup> party lorry: GV5290Y

 新天華無線電商行  
SIN TIEN HWA RADIO & TV SERVICE  
BLK 728, #01-4210 & 4212  
ANG MO KIO AVENUE 560728  
TEL: 6458 0500 / 6459 5828

 23/06/2018  
Rishi Wani



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 27/06/18		Time: 15:30		(hh:mm) 24 hr format	
Location Block 117 Aljunied Avenue 2 Car park (In front of Hawker center)					
Vehicle Number GBF8361A					
Insured Name Sin Tien Hway Radio and TV Services					
NRIC/FIN 2234 4900L		Contact Number -			
Make Toyota		Model Dyna			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting					
Insurance Company Chimer Insurance					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number JMCV SN3023331800					
Name of Driver Tan Chee Kuan		( ) Same as Insured			
NRIC / FIN 57339048F		Contact Number 9456 5486			
Date of Birth 25/10/1973					
Driving Pass Date 25/08/1992					
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor					
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female					
Email Address sintienhwa@gmail.com		( ) NO EMAIL			
Address of Driver 163 Ellington Square S(569015)					
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others					
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If yes, injured detail					
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B GVS290Y					
Veh C					
Veh D					
Veh E					
Veh F					

Passenger: Chua Joo Hock (Nile)



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7339048F



Name



TAN CHEE KHOON  
(CHEN ZHIQIN)

陈志强

Race

CHINESE

Date of Birth

25-10-1973

Sex

M

Country of Birth

SINGAPORE

GIBF8361A

driver

0196275



NRIC No. S7339048F



Blood Group

A+

Date of issue

21-06-1994

163 ELLINGTON SQUARE  
SINGAPORE 569015

NRIC No: S7339048F

Date: 19/12/2009

No: 6306838

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7339048F**  
Name  
**TAN CHEE KHOOON**  
**(CHEN ZHIQIN)**

Birth Date: 25 Oct 1973  
Issue Date: 29 Jul 2003

000697553E



G1BF8361A


driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Aug 1992

NP 429A

Licence No: S7339048F



**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. DMCV9N3023331800 Engine No : 1KD2681558  
Chassis No: JTFAT35Y60K207502  
1. Index Mark and Registration Number of Vehicle GBF8361A  
2. Name of Policy Holder M/S SIN TIEN HWA RADIO & TV SERVICES  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 23 MARCH 2018 EX SECT. 1 ..... S\$500.00  
EX ON WINDSCREEN ..... S\$100.00  
4. Date of Expiry of Insurance 22 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.

\* 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