

NATIONAL Assessment Centre Services

MINA 118089646

Date In	11/17/18 17:59	Job description	Date & Time Completed	Done by
Pct No	NA1CT218012660164	SAS e-filing		
Veh No	GBF 7146L	E-mail (within 5hrs, 2hrs)		
D.O.A	10/17/18 19:10	i-Motor Claim Form		
OT	Reporting Only	i-Motor W/O (Within 60-2hrs, 1T 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Worksp		

Preferred Wksp / INC Assign Wksp / GW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No:

556 SFC 60P

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

NA1804390

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Adm Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

30.00

Driver/Owner:

2) DA: Damage Assessment (\$100); INC (\$30)

Contact No:

3) TF: Towing Fee \$40/\$45

Damaged Portion:

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QIR*

*N5: Courtesy Car / Tpl Allowance \$3

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N14) - TP (Non INC) against INC \$20

9) N12: Idac Mobile \$0

QC Checked by (Eng-In-Charge):

Auditor's Comments:-

at 1

at 2/3

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	11/07/2018 17:59
Date Of Accident	10/07/2018 19:10
Exact Location Of Accident	BRADDELL RD TWDS BARTLEY FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF7146L
Insured/Policyholder	
Name Of Registered Owner	M/S WA FA TILING WORKS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96694103
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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	DMCVSN3009571800
Cover Note Number	-
Driver	
Name of Driver	KOH CHOON SENG
NRIC No	S2563058J
Date Of Birth	14/02/1952
Occupation	INDOOR
Date Of Driving Pass	10/06/1974
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90615373
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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.

WA FA
TILING WORKS

6275672004

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

VEHICLE A - GBF 7146L

VEHICLE B - SFC 60P

SLIP ROAD
FROM LONG TO A PAYOH



BRADDELL ROAD

TOWARDS

BARTLEY FLYOVER DIRECTION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT AROUND BRADDELL ROAD TOWARDS BARTLEY FLYOVER DIRECTION. I WAS ON THE EXTREME LEFT LANE.

AS DUE TO THE HEAVY TRAFFIC AND MY VEHICLE CAME TO A STATIONARY STOPPED NEAR THE EXIT OF THE SLIP ROAD FROM LONG TO A PAYOH INTO BRADDELL. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SFC 60P) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - GBF 7146L

VEHICLE B - SFC 60P

DECLARATION

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

WA FA
TILING WORKS

027387200A

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.:

Vehicle No.	GBF 7146L	Model / Make	NU 350 NISSAN
Date of Accident	10/7/2018		
Time of Accident	1910	HRS	
Location of Accident	BLADDELL ROAD TOWARDS BARTLEY HLY OVER DIRECTION		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	WAFA TILING WORKS		
Telephone No.	H/P : 9669 4103	Home :	Office :
NRIC	B2938 7200A		
Address	560 BALGUSTERS RD S (329576)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TALIANH		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCVSN 3009571800		
Name of Driver	As Above If No, KOH CHOON SENH		
NRIC	S25630583	Any Passengers :	NIL
Date of birth	14/02/1952		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	10 JUN 1974		
Gender	Male	/	Female
Contact No.	H/P : 9061 5373	Home :	Office :
Address	BLK 111 SERANHOON NORTH AVE 1 #03-599 S(550111)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	CO. OWNER FRIEND
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SFC 60P	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-51 AUTO MOTIVE PTZ LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2563058J



Name

KOH CHOON SENG

许俊生

Race

CHINESE

Date of birth

14-02-1952

Sex

M

S2563058J

Country/Place of birth

MALAYSIA



REPUBLIC OF SINGAPORE DRIVING

Identification Number S256

Name

KOH CHOON SENG

Birth Date: 14 Feb 1952

Issue Date: 24 Apr 2003



000412812D

5894315



NRIC No. S2563058J



Date of issue

19-03-2018

Address

APT BLK 111 SERANGOON NORTH AVENUE 1
#03-599
SINGAPORE 550111

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

10 Jan 1974



Licence No. S2563058J

NP 420A

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.	DMCVSN3009571800	Engine No. : YD25404602A Chassis No. : JN1MC2E26Z0007038
1. Index Mark and Registration Number of Vehicle	GBF7146L	
2. Name of Policy Holder	M/S WA FA TILING WORKS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23 FEBRUARY 2018	EX SECT. I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	22 FEBRUARY 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. : ETHOZ CAPITAL LTD 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