

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 119033174

| | | | |
|--|--|-----------------------|---------|
| Date In: 12/3/19 13:33 | Job description | Date & Time Completed | Done by |
| Ref No: NAI CTZ 1900442164 | SAS e-filing | | |
| Veh No: GGG 8885A | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 11/3/19 16:00 | I-Motor Claim Form | | |
| OD: <input checked="" type="checkbox"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

PC 6736R

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% P: 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

MNA 1901844

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice Itemization Checklist

Am't (\$)

VAH (\$)

Add'l Bill

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

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

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

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-Inspection \$75

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

8) NTUC Additional Services:-

ON:

*N3: 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: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

STATION

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 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. 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 | 12/03/2019 13:33 |
| Date Of Accident | 11/03/2019 16:00 |
| Exact Location Of Accident | STRATHMORE AVE |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBG8885A |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S VANS AUDIO |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98535025 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | PARKED |
| 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 | DMCVSN1824821800 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | TAN QI JIN IVAN (CHEN QIJIN) |
| NRIC No | S8608885A |
| Date Of Birth | 07/04/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/09/2006 |
| Driving Experience | 12 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98535025 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 127 RIVERVALE ST #07-844 |
| Postcode | 540127 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | PC6736R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MR ONG |
| NRIC/Passport Number | |
| Contact Number | 98775100 |
| 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.

Ms VANE AUDIO
POC: 53295218M

Policyholder's Signature

Date & Time: 12/03/19

98608885A
TAN QIJIN IVAN

Driver's Signature

(If driver is not the policyholder)

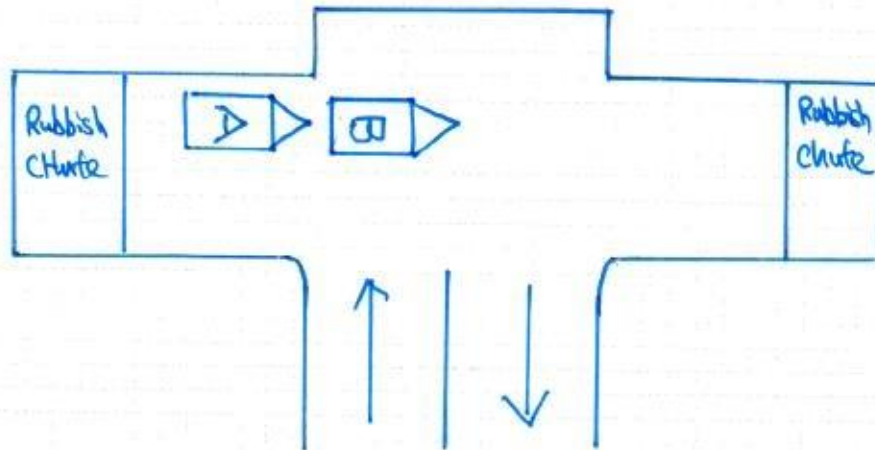
Date & Time: 12/03/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



VEH A : G8G 8885A
VEH B : PC 6736R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle, G8G 8885A was stationary and parked at Strathmore Ave Blk 81, on 11 March 2019. Suddenly, Veh B, PC 6736R reversed and rammed onto my front of vehicle.

DECLARATION

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

M's VANS AUDIO
Roc: 53295218M

Policyholder's Signature

Date & Time: 12/03/19

Tan Qi Jin Ivan

Driver's Signature 58608885A

(If driver is not the policyholder)

Date & Time: 12/03/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| VEHICLE NO : | | MAKE/MODEL : | |
|---------------------------------|---|-----------------------|--|
| Date of Accident | 11/3/19. | Time: 16 00. | Foreign Veh Involved YES / <input checked="" type="radio"/> NO |
| Location of Accident | Strathmore Ave. | Foreign Veh No | |
| Country of Loss | S'pore | | |
| Vehicle Damaged | Left portion | No. of Veh Involved : | 1 |
| Claim Type | OD / <input checked="" type="radio"/> TP / REPORTING | Was There Any Witness | YES / <input checked="" type="radio"/> NO |
| INSURANCE CO | | Name of Witness : | |
| Coverage | Comprehensive/TPFT/Third Party Only | Contact No : | |
| Policy No | | | |
| Fleet Policy | YES / <input checked="" type="radio"/> NO | | |
| OWNER / CO. NAME | | OTHER VEHICLES | |
| NRIC / Co's Reg No. | VANS Auto. S329 S218 M | VEHICLE B | PC 6736 R |
| Address | | Category : | Van |
| Contact / Mobile No | 9853 5025 | Driver's Name : | MR ONG |
| Email Address | vans8885@yahoo.com.sg | NRIC No : | |
| Date of Birth | 07/04/1986 | Contact No : | 98775100 |
| Gender | <input checked="" type="radio"/> M / F | No. of Passenger : | |
| DRIVER'S NAME | | VEHICLE C | |
| NRIC No | S8608885A | Category : | |
| Address | 127 Rivervale St #07-844 | Driver's Name : | |
| Contact / Mobile No | 9853 5025 | NRIC No : | |
| Email Address | as above. | Contact No : | |
| Date of Birth | as above. | No. of Passenger : | |
| Gender | <input checked="" type="radio"/> M / F | VEHICLE D | |
| LICENSE PASSED DATE | 20/09/2006 | Category : | |
| Occupation | <input checked="" type="radio"/> Indoor / Outdoor | Driver's Name : | |
| Relation with Owner | owner. | NRIC No : | |
| | | Contact No : | |
| | | No. of Passenger : | |
| Does Driver Own Any Other Veh ? | YES / <input checked="" type="radio"/> NO | | |
| Vehicle Reg No | | | |
| Insurance Co | | | |
| Weather Condition | Clear / <input checked="" type="radio"/> Raining / Others | Video Captured | <input checked="" type="radio"/> Yes / No |
| Road Surface | Dry / <input checked="" type="radio"/> Wet / Others | | |
| INJURED | : YES / <input checked="" type="radio"/> NO | | |
| Name of Injured | : | Police Report | : YES / <input checked="" type="radio"/> NO |
| Convey To Hospital by Ambulance | : YES / NO | If YES, Where | : |
| NO. OF PASSENGERS | : 0 Nil | | |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| REMARKS | : | | |
| Name of Workshop | : Success United P/L | Contact No | : 67461515 |
| Address | : 2 KAKI Bukit AutoHub #01-33 | Email | : elaine@successunitel.com.sg |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8608885A**



Name

TAN QI JIN, IVAN
(CHEN QIJIN)

陳 齊 進

Race

CHINESE

Date of birth

07-04-1986

Sex

M

Country/Place of birth

SINGAPORE



20000000

5697044



NRIC No. **S8608885A**



Date of issue

03-02-2017

Address

APT BLK 127 RIVERVALE STREET
#07-844
SINGAPORE 540127

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8608885A**
 Name: **TAN QI JIN, IVAN**
 (CHEN QIJIN)

Birth Date: **07 Apr 1986**
 Issue Date: **26 Aug 2004**

001278327K




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

| | PASS DATE |
|---|-------------|
| Class 2B Motorcycles \leq 200 CC | 26 Aug 2004 |
| Class 2A Motorcycles between 201 CC and 400 CC | 27 Sep 2005 |
| Class 2 Motorcycles $>$ 400 CC | 17 Oct 2006 |
| Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg | 20 Sep 2006 |
| Class 4 Heavy motor cars and motor tractors $>$ 2500 kg | 23 Oct 2014 |

S8608885A S / No. 9000210341

NP-428A

Licence No: S8608885A





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

M2100/CE, 3N
AN0602A
Cov.Type: C
AUTOSAFE

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. DMCVSN1824821800 Engine No : 1KD0765510
Chassis No: RDH2010037128
1. Index Mark and Registration Number of Vehicle GBG8885A
2. Name of Policy Holder M/S VANS AUDIO
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 8 AUGUST 2018 EXCESS SECT 1\$500.00
EX ON WINDSCREEN\$5100.00
4. Date of Expiry of Insurance 7 AUGUST 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, FACE-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. : THINK ONE CREDIT PTE 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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com