

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MNA1906463**

Date In: 12/1/19 - 13:27	Job description	Date & Time Completed	Done by
Ref No: NA/C72/19208825/24	SAS e-filing		
Veh No: GV64414	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 18/1/19 - 19:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 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: **GM H93634** 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

NA1903700

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		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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	17/05/2019 17:27
Date Of Accident	16/05/2019 17:00
Exact Location Of Accident	PIE TWDS KALLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV6441Y
Insured/Policyholder	
Name Of Registered Owner	M/S AQUAPET CENTRE
Co Reg No	33840500C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88113500
Alternative Phone No	OFFICE-88113500

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3057461803
Cover Note Number	

Driver

Name of Driver	YEN AH POW
NRIC No	S7165868F
Date Of Birth	12/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1991
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88113500
Fax Number	
Contact Number	OFFICE-88113500
Email Address	NOEMAIL

Address	BLK 271 TAMPINES STREET 21 #05-113
Postcode	520271
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	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

REFER TO 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	SMH9363Y
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEN AH POW
------	------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GV6441Y

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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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.

水族寵物中心
AQUAPET CENTRE
1, JALAN ANAK BUKIT
#B2-07 BUKIT TIMAH PLAZA
SINGAPORE 588996

Police Station Fax: 6382 5930
Date & Time: 17/5/19 10:30am

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

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

SKETCH PLAN



vehicle A GV6441Y
vehicle B SMH9363Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drive at PIE and exit Kallang Bahrn, after the first traffic light suddenly my van (GV6441Y) was bumped by a car (SMH9363Y). Then I alighted/realising my rear portion was badly damaged. Immediately I wanted to take photos and exchanged the other party particulars. He was incooperative and just drove off. I quickly took down his car plate number. My vehicle was stationary at the point of accident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD / TP at other workshop

DECLARATION

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

AQUAPET CENTRE

1, JALAN ANAK BUKIT
#B2-07 BUKIT TIMAH PLAZA
SINGAPORE 588996

Police Holders Signature FAX: 6382 5930

Date & Time:

Driver's Signature

(If driver is not the policy holder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

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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 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
- ☆ Date Of Accident
- ☆ Exact Location Of Accident
- ☆ Country/State of Loss

17 05 2019

16 05 2019

5pm

PIE exit Kallang Bahru

Singapore

DETAILS OF OWN VEHICLE

- ☆ Vehicle Registration Number

GV 6441Y

Insured/Policyholder

- ☆ Name Of Registered Owner / Company

AQUAPET CENTRE

- ☆ NIC No / Work Permit No / ROC No

33840500C

Email Address

ecv@eliteadventures.com

Mobile Phone No

(LOCAL)

8811 3500

Alternative Phone No

Others-

Vehicle Particulars

- ☆ Manufacturer
- ☆ Model
- ☆ Exact Purpose for which vehicle was being used at time of accident

Toyota

Toyota Hiace

Private Use / Commercial Use / Hirer Use

- ☆ Are you claiming under your own insurance policy for repair to your vehicle?
- If No, Please state action to be taken

Yes / No / Third Party

Vehicle Category

Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government

Insurance Company

China Taiping

Time of Insurance Company

Of Coverage

Fleet Policy

Policy Number

Cover Note Number

Yes / No

DMCVSN3057461803

Driver

Name of Driver

Yen Ah Pow

NRIC No

S7165868F

Date Of Birth

12 08 1971

Occupation

Indoor / Outdoor

02 011991

Date Of Driving Pass

Driving Experience

Gender

male

Mobile Number

(Local)

8811 3500

Fax Number

Contact Number

Others-

Email Address

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

☆ If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Blk 271 Tampines St 21 #05-113

570271

Yes / No

Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hired

General Information of the Accident

☆ Type Of Accident

☆ Weather Conditions

☆ Road Surface

Collision: Head to Rear

Raining / Clear / Other:

Wet / Dry / Other:

Other Information

☆ Was any foreign vehicle involved in this accident?

Yes / No

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Yes / No

Name: _____

Was any other material or property damaged?

Yes / No

Have been approached by unknown person(s)
soliciting/offering accident claims assistance.

Yes / No

☆ Number of Passengers (Including Driver)

1

Details of Police Action

☆ Was the accident reported to the police?

Yes / No

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ROAD:

POSTCODE:

COUNTRY:

TEL NO:

- FAX NO:

Yes / No

Attachment(s)

Are accident photos available for attachment?

Yes / No

Was there any video captured by Car Camera?

Yes / No

Was there any audio recorded?

Yes / No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMH 9363Y

Vehicle Make/Model/Colour

Hyundai

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7165868F



Name

YEN AH POW

袁亞寶

Race

CHINESE

Date of birth

12-08-1971

Sex

M

Country/Place of birth
MALAYSIA



9344898



NRIC No. S7165868F



Nationality

MALAYSIAN


Date of issue

22-09-2014

Address


APT BLK 271 TAMPINES STREET 21
#05-113
SINGAPORE 520271

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7165868F**
 Name
YEN AH POW
 Birth Date **12 Aug 1971**
 Issue Date **24 Apr 2008**

0015957300



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

	PASS DATE
Class 2B Motorcycles \leq 200 cc	04 Aug 2003
Class 2A Motorcycles between 201 cc and 400 cc	04 Aug 2003
Class 2 Motorcycles $>$ 400 cc	04 Aug 2003
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	02 Jan 1991

NP 426A

Licence No: S7165868F





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0365A
Cov.Type: F

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No.

DMCVSN3057461803

Engine No :SL5243792

Chano:LH1621007101

1. Index Mark and Registration
Number of Vehicle

GV6441Y

2. Name of Policy Holder

M/S AQUAPET CENTRE

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

01 November 2018

4. Date of Expiry of Insurance

31 October 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.

Issued By: HIGH POWER ENTERPRISE
Authorised Officer

Jenny Lim

動力企業
HIGH POWER ENTERPRISE
Blk 150 Bishan Street 11
#01-137 Singapore 570150
Tel: 6258 1968 Fax: 6258 7167
Email: gl@highpower.sg

Authorised Signatory