

**NATIONAL Assessment Centre Services**

(wef 1 Jan 05) **MHAI 9025328**

Date In: <b>12/19-14-06</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C219011604/24</b>	SAS e-filing		
Veh No: <b>603451P</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>28/6/19-11:55</b>	i-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	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: Vch No: **4M78837** 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

<b>NA1904861</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	QD*		
	*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	

## 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	01/07/2019 14:56
Date Of Accident	28/06/2019 11:35
Exact Location Of Accident	BLK 345 CLEMENTI AVE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4511P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S A&B (S.E.A) PTE LTD
Co Reg No	201607346Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.8 DX DIESEL TURBO AT 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1917601900
Cover Note Number	

### Driver

Name of Driver	SEETOH CHEW SENG
NRIC No	S7416627Z
Date Of Birth	25/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91902408
Fax Number	
Contact Number	OFFICE-91902408
EMail Address	NOEMAIL

Address	BLK 44 TELOK BLANGAH DRIVE #04-61
Postcode	100044
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	SIDE SWIPE
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?	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

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	YM7683T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG FENGGUO
NRIC/Passport Number	G8627972Q
Contact Number	93558926
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.



A circular stamp with the text 'PTE. LTD.' and 'A&B' around the perimeter. A signature is written over the stamp.

Policyholder's Signature  
Date & Time:



A handwritten signature in blue ink.

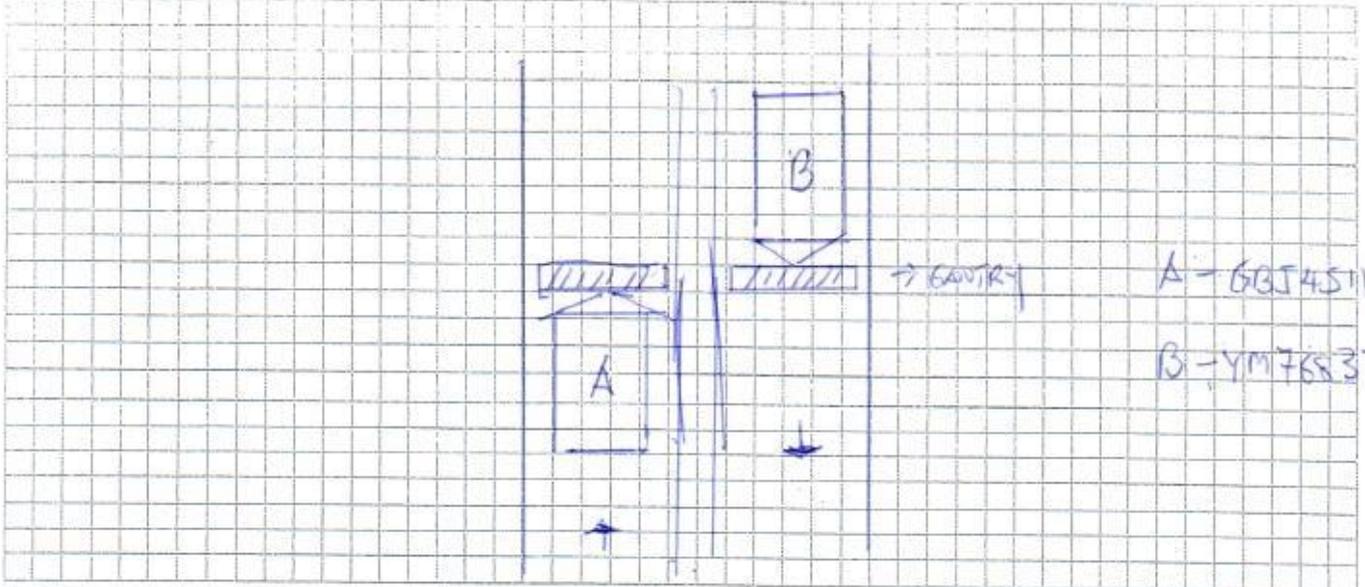
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



A handwritten signature in blue ink.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER REPORTED TIME & DATE

I WAS EXITING THE GANTRY AT BIK 345 CLEMENTI AVE 5 CARPARK

WHEN VEHICLE B (YM7683T) WAS TURNING INTO THE ENTRANCE OF

THE GANTRY. VEHICLE B HIT THE GANTRY ~~LEVER~~ <sup>BARRIER</sup> WHICH RESULTED

THE ~~LEVER~~ TO FLY OUT AND HIT ON TO THE DRIVER SIDE OF THE VEHICLE

THIS CAUSES DAMAGES DEMT. BUT NO INJURIES WAS INVOLVED.

DECLARATION

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

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.:

## ACCIDENT STATEMENT

Date of accident: 28/6/19 Time: 11:37H  
 Location of accident: BLK 345 CLEMENTI AVE 5 OPEN SPACE CARPARK ENTRANCE

### Details of Own Vehicle

Vehicle Number: G13J 4511 P Make/Model: TOYOTA HIACE  
 Insurer: CHIAA TAE PING Passenger (incl. Driver): 1  
 Policy No: DMCVSN1917601900 Policy Type: C/ TPFT/ TPO

#### Policyholder

Name: A&B (S.E.A) PTE LTD NRIC/FIN no.: 201607346Z  
 Contact no.: \_\_\_\_\_

#### Driver

Name: SEETOH CHEN JEN K NRIC/FIN no.: S7416627Z  
 Contact no.: 91902408 D.O.B: 25/05/74  
 Email: \_\_\_\_\_ Occupation: Driver  
 Address: BLK 44 TELUK BLANCAH DRIVE #04-61 S(100044)  
 Driving pass date: 22/10/2008 Relationship with Policyholder: Employee

### General Information

Weather conditions: Clear / Raining Road surface: Dry / Wet  
 Police report: Yes / No Video Footage: Yes / No  
 Prosecution Letter: Yes / No If Yes against whom: \_\_\_\_\_  
 Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

### Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>Y97683J</u>	
Driver name:	<u>WANG FENG GUO</u>	
NRIC/ FIN no.:	<u>G8627972Q</u>	
Contact no.:	<u>93558926</u>	
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

### Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

### Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only Policyholder/ driver  
 Workshop: FORZA AUTO HUBS Signature: \_\_\_\_\_

  
 } email to 2 email.  
 3 ERIC @ JENGRP .COM  
 FM @ SCNGAP .COM

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7416627Z



Name

SEETOH CHEW SENG

司徒照星

RACE  
CHINESE

Date of birth Sex  
25-05-1974 M

Country of birth  
SINGAPORE

For LKK/NAC Use Only

3562560



NRIC No. S7416627Z



For LKK/NAC Use Only

Date of issue  
15-06-2004

APT BLK 44 TELOK BLANGAH DRIVE #04-61  
SINGAPORE 100044

NRIC No: S7416627Z

Date: 01/01/2010

No: 6329436

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7416627Z**  
Name: **SEETOH CHEW SENG**

Birth Date: 25 May 1974  
Issue Date: 22 Oct 2008

For LKK/NAC Use Only

001666879D



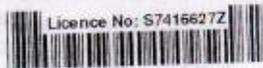
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	PASS DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	22 Oct 2008

For LKK/NAC Use Only

NP 428A

Licence No: S7416627Z





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	DMCVSN1917601900	Engine No :1GD8375863 Chano:GDH2012004709
1. Index Mark and Registration Number of Vehicle	GBJ4511P	
2. Name of Policy Holder	M/S A&B (S.E.A) PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18 April 2019 (16:45 Hours)	Excess Sect I ..... S\$500.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	17 April 2020	
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*	<ul style="list-style-type: none"> <li>(1) Use in connection with the Policyholder's business.</li> <li>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</li> <li>(3) Use for social, domestic or pleasure purposes.</li> </ul> <p>The policy does not cover.</p> <ul style="list-style-type: none"> <li>(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.</li> <li>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</li> </ul>	
HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER		
* Limitations rendered inoperative by Section 6 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: HO LI HWA IRENE  
.....  
Authorised Officer

.....  
Authorised Signatory