

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA19093038

Date In: 24/1/19-17:35	Job description	Date & Time Completed	Done by
Ref No: NA/072-19013089/24	SAS e-filing		
Veh No: 60218014	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/1/19-18:15	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: JFV80814	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

NA1905489	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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	24/07/2019 17:35
Date Of Accident	23/07/2019 18:15
Exact Location Of Accident	CTE BEFORE CLEMENCEAU EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ1801Y
Insured/Policyholder	
Name Of Registered Owner	M/S AGRIVO MYCOSCIENCES PTE LTD
Co Reg No	201603186R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97843721
Alternative Phone No	OFFICE-97843721
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 5DR 2.5 5AT
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?	YES
If No, Please state action to be taken	
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	DMCVSN1906361900
Cover Note Number	
Driver	
Name of Driver	KHOO YAO-SHENG, PHILBERT
NRIC No	S8632658B
Date Of Birth	13/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97843721
Fax Number	
Contact Number	OFFICE-97843721
EMail Address	NOEMAIL

Address	BLK 232 TAMPINES STREET 21 #11-643
Postcode	521232
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	CHAIN COLLISION
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	3
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	SFV8088H
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBL6859M
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Vehicle Make/Model/Colour

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)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

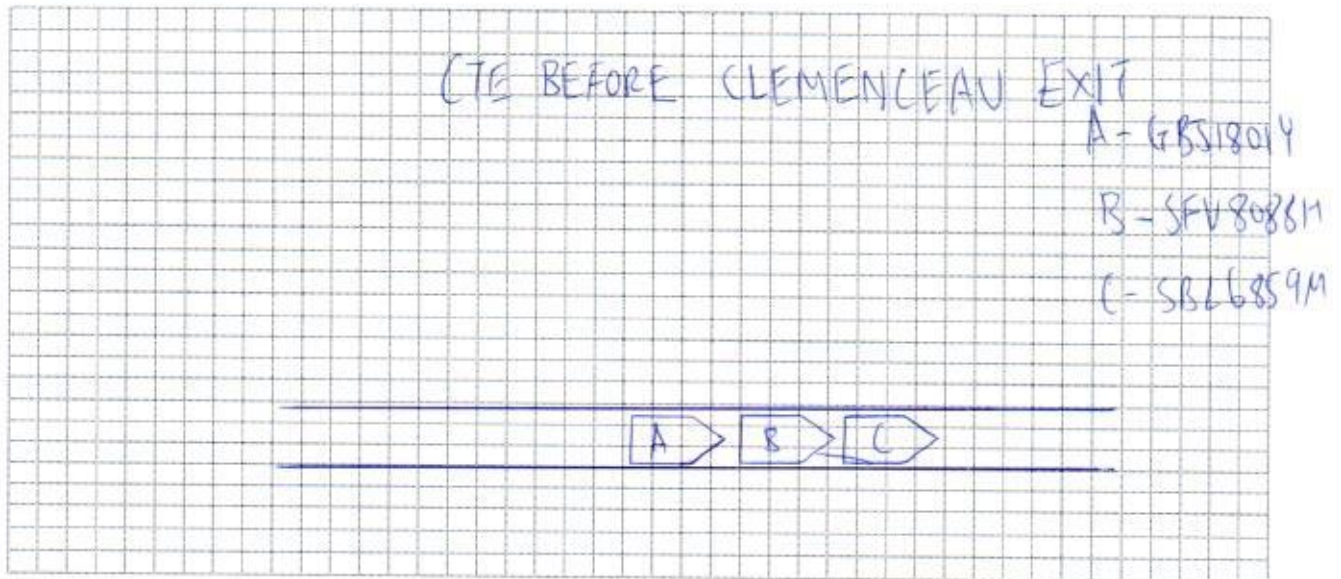

Policyholder's Signature
Date & Time:



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


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

SKETCH PLAN:




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CTE BEFORE CLEMENCEAU EXIT. VEHICLE AHEAD
E-BRAKE AND I COULD NOT STOP IN TIME AND REAR ENDED VEHICLE B

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 Reporting Draft

VEHICLE NO: GBJ1801Y

MODEL: NISSAN NV350

DATE OF ACCIDENT	23/7/19		
TIME OF ACCIDENT	1815HRS	HRS	AM/PM
LOCATION OF ACCIDENT	CTE BEFORE CLEMENCEAU EXIT		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	AGRIVO MYCOSCIENCES PTE LTD		
CONTACT NO.	97843721		
NRIC	201603186R		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY OD		
INSURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	KHOO YAO SHENG, PHILBERT AS ABOVE / IF NO:		
NRIC	S8632658B	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	97843721	OFFICE:	HOME:
ADDRESS	1100 LOWER DELTA ROAD #03-01 EPL BUILDING S (169206)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO. <i>Owner</i>		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SFV8088H	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SBL6859M	ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8632658B



Name

KHOO YAO-SHENG, PHILBERT

邱耀生

Race

CHINESE

Date of birth

13-11-1986

Country/Place of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8632658B

Name

KHOO YAO-SHENG, PHILBERT

Birth Date: 13 Nov 1986

Issue Date: 19 Nov 2008



001677369G

5783201



NRIC No: S8632658B



Date of issue

11-08-2017

Address

APT BLK 232 TAMPINES STREET 21
#11-643
SINGAPORE 521232

For LKK/NAC Use Only

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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 19 Nov 2008

NP 428A



Licence No: S8632658B

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.	DMCVSN1906361900	Engine No : YD25043923B Chassis No: JN1MC2E2620030909
1. Index Mark and Registration Number of Vehicle	GBJ1801Y	
2. Name of Policy Holder	M/S AGRIVO MYCOSCIENCES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	1 FEBRUARY 2019	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	31 JANUARY 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: *	(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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC * 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