

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA119 133942

Date In: 9/10/14 - 14:57	Job description	Date & Time Completed	Done by
Ref No: NA/C12/190158/124	SAS e-filing		
Veh No: 60412102	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 5/1/19 - 14:20	i-Motor Claim Form		
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: unknown

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

NA1190158/124

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

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

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

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:-

Q1\*

\*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 (N-in 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	09/10/2019 14:57
Date Of Accident	05/10/2019 19:20
Exact Location Of Accident	BUONA VISTA FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1710L
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**Insured/Policyholder**

Name Of Registered Owner	M/S A.S SERVICES
Co Reg No	53376467W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81836402
Alternative Phone No	OFFICE-81836402

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 AUTO
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	DMCVSN3015391900
Cover Note Number	

### Driver

Name of Driver	NOORSHIDAH BINTE MOM NAINA
NRIC No	S8137692A
Date Of Birth	13/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81610264
Fax Number	
Contact Number	OFFICE-81610264
EMail Address	NOEMAIL

Address	BLK 802B KEAT HONG CLOSE #05-81
Postcode	682802
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 - CHANGE/CROSS LANE
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	UNKNOWN
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

### 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.S SERVICES

ROC:53376467W

X

Policyholder's Signature  
Date & Time:

X

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

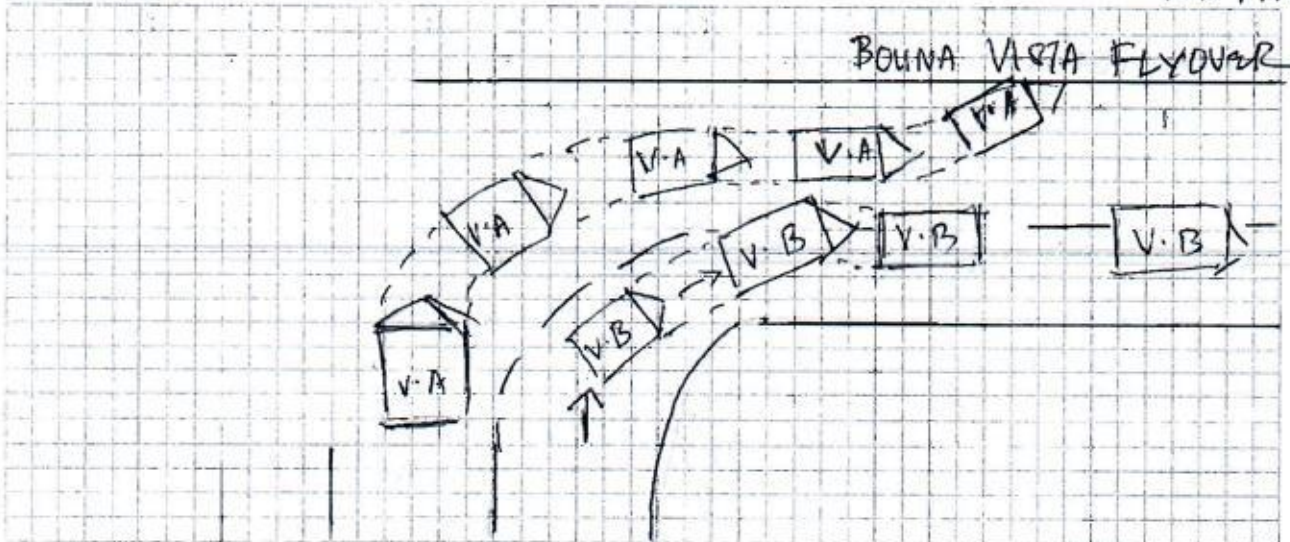
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GBH 17106



SKETCH PLAN

VEH A: 4BH 1710L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 5<sup>th</sup> Oct 2019 around 1920hrs along the Bouna Vista Flyover. I was on the centre lane turning right towards Bouna Vista Flyover. While turning, on my right side lane vehicle (unknown) no: also turning the same direction as me. The right side vehicle while turning was cutting into my centre lane and I was losing control of the wheel and the vehicle swift toward the left side of the road at Bouna Vista Flyover. the unknown vehicle just drove off.

There was no injury but I am shock.

INSURER: \_\_\_\_\_

VEHICLE: \_\_\_\_\_

DOA: \_\_\_\_\_

CLAIM TYPE: \_\_\_\_\_

WORKSHOP: \_\_\_\_\_

DECLARATION

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

A.S SERVICES

ROC: 53326467W

X

Policyholder's Signature

Date & Time:

X

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



07/10(IN) CD

## ACCIDENT STATEMENT

Date of accident: 05/10/2019 Time: 1920 Hrs  
 Location of accident: TURNING RIGHT TOWARDS BUNNA VIA FLYOVER

## Details of Own Vehicle

Vehicle Number: GBH 1710L Make/Model: TOYOTA  
 Insurer: CHINA TAIPIING INSURANCE Passenger (incl. Driver): 1  
 Policy No: DMCVSN 30/5311900 Policy Type: CTPFT/TPO

## Policyholder

Name: M/S A.S SERVICES NRIC/FIN no: 53376467W  
 Contact no.: 8183 6402

## Driver

Name: NORSHIDAH BINTA MOM NAINA NRIC/FIN no: 88137692A  
 Contact no.: 8161 0264 D.O.B: 13-11-1981  
 Email: \_\_\_\_\_ Occupation: OUTDOOR

Address: BK 802B KEAT HONG CLOSE #05-81 (682802)

Driving pass date: 28/01/2008

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.:		
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co:		
Remarks: (Make/Model, Passenger, property info & etc)		

## Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

## Claim Type &amp; Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Policyholder/  
driver

Workshop: \_\_\_\_\_

Signature: \_\_\_\_\_

**A.S SERVICES**

ROC: 53376467W

**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.	DMCVSN3015391900	Engine No :1KD2773469
		Chassis No:KDH2015030849
1. Index Mark and Registration Number of Vehicle	GBH1710L	
2. Name of Policy Holder	M/S A. S SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 MARCH 2019	EX SECT. I .....S\$350.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	01 MARCH 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. : ABWIN 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 For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Jaime Toh

Countersigned By:

Authorised Officer

  
Authorised Signatory