

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MNA 119136733

Date In: 15110119 13:54	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 CT3190 18159164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: GBB 5427K	I-Motor Claim Form		
TELEA: 13110119 18:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
UIC: (P) Reporting Only	I-Photo Uploaded		
TP Invoice:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / BIC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: GBB 8003E	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Injured/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 to MAE 6788 6610)	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

Client's Particulars:	Invoice Itemisation Checklist:	Am (C)	Am (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	32.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damage Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	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 (N-in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	15/10/2019 13:54
Date Of Accident	13/10/2019 18:50
Exact Location Of Accident	BLK 327 HOUGANG AVE 5 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5427K
Insured/Policyholder	
Name Of Registered Owner	CGLH CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81421717

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSN3048451902
Cover Note Number	

Driver

Name of Driver	WO KIAN MUN
NRIC No	S1550461G
Date Of Birth	02/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96345544
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 332 HOUGANG AVE 5 #09-218
Postcode	530332
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 - MAJOR/MINOR RD
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	GBB8003E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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.:

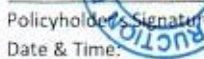
Diagram illustrating a sequence of operations on a stack:

- Initial state: Stack is empty.
- Operation 1: Push B. Stack: B.
- Operation 2: Push A. Stack: B, A.
- Operation 3: Pop A. Stack: B.
- Operation 4: Pop B. Stack: Empty.

Final state: Stack is empty.

On the above stated date and time I was traveling straight exiting from BLK 327 Hongang Ave 5 Carpark. I was going straight when suddenly vehicle B reverse and collided on to my vehicle front left portion.

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





Date of Accident : 13/10/2019 Accident Time: 1850 (24-HR-Format)
 Accident Place : BLK 327 Honggang Ave 5 Carpark
 Vehicle No. (Car Plate No.) : GBB 5427K Make/Model: Nissan Cabstar
 Insurance Company : China Taiping Policy No: DMCVSN3048451902
 Owner or Company Name / IC No. : GLH CONSTRUCTION PTE LTD 201606165H
 Owner or Company Contact No. : 8142 1717 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Wo Kian Mun S15504614
 DRIVER'S Date Of Birth : 02 OCT 1962 DRIVER'S License Pass Date 09 NOV 2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: _____
 DRIVER'S Address : BLK 332 Honggang Ave 5 #09-218 S(530 332)
 DRIVER'S Contact No. / Alt No. : 1) 9634 5544 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : xdetox32@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: GBB 8003E

Vehicle No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

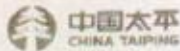
Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



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

N2300/C
R SN
AN0602A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1961
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCVSN3048451902	Engine No : ZD30225173K Chano: JN1SC7F24Z0800955
1. Index Mark and Registration Number of Vehicle	G885427x	AUTOSAFE
2. Name of Policy Holder	CGLH CONSTRUCTION PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 June 2019	Excess Sect. I S\$500.00 EX OW WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	16 June 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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

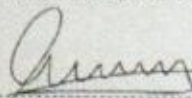
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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.

Issued By: _____
Authorised Officer


Authorised Signatory