

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

NA1914225

Date In: 26/10/2019 16:47	Job description	Date & Time Completed	Done by
Ref No: NA/C21/90/9029/4	SAS e-Milling		
Veh No: GRJ 2561 #	E-mail (Within 8hrs, AIC 2hrs)		
DOA: 25/10/2019 12:00	I-Motor Claims Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: BARKER	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 repaiar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time: _____

NA1980/9	Invoice dated	Fee Charged
Driver/Owner:	Invoice dated	Fee Charged
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditor's Comments:		
Ref: 1:		
2/3:		

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (waf 10 Jan 2008)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TE (N11): TP (Non INC) against INC	\$20	
9) N12: Idas Mobile	\$0	

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	26/10/2019 16:29
Date Of Accident	25/10/2019 12:00
Exact Location Of Accident	ROBERTSON QUAY CARPARK GANTRY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ2561H
Insured/Policyholder	
Name Of Registered Owner	FISH & FARM PTE LTD
Co Reg No	201719496M
Email Address	FISHFARM96@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91004882
Alternative Phone No	OFFICE-91004882
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D GL (A)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMCVSN1910311900
Cover Note Number	
Driver	
Name of Driver	POH MENG YEW (FU MINGYOU)
NRIC No	S7315796Z
Date Of Birth	03/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1993
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91004882
Fax Number	
Contact Number	OTHERS-91004882
Email Address	FISHFARM96@SINGNET.COM.SG

Address	242 WESTWOOD AVENUE #07-49
Postcode	648365
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
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

PLEASE REFER TO SKETCH PLAN

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	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
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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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
- (f) complying with requirements under any regulations, laws or court orders.



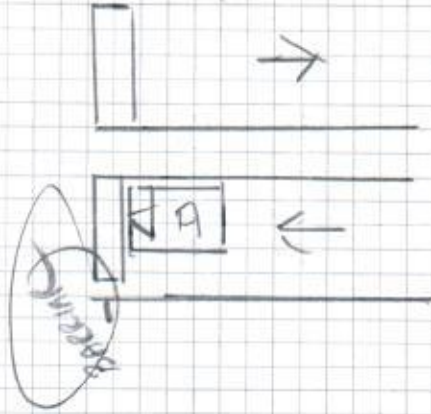
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ROBERTSON Quay CARPARK Gantry



A) GBJ 2561H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING TOWARD THE BARRIER WHILE WAITING FOR A VEHICLE TO EXIT FROM THE BARRIER. WHEN THE VEHICLE EXIT. I WAS WAITING FOR THE BARRIER TO CLOSE DOWN BEFORE ENTERING. THERE ARE TWO BARRIERS ONE FOR EXIT AND ONE ENTER. WHEN THE BARRIER OPENED FROM THE EXIT SIDE I DIDN'T NOTICE THAT THE BARRIER FROM THE ENTERING SIDE WAS NOT UP YET AND HIT ON IT.

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

ACCIDENT DATE: (05/10/2019) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: ROBERTSON QUAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 256/H
b) INSURANCE COMPANY: FISH & FARM DTE LTD
c) POLICY NUMBER: DMCSN 1910311900
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE SUPER GL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: FISH & FARM DTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201719496M CONTACT: 91004882
c) ADDRESS: 242 WOODLAND AVE #07-49 5649365

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DON MANG YAW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 573157462 CONTACT: 91004882
c) ADDRESS: 242 WOODLAND AVE

* d) DATE OF BIRTH: (03/05/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21061993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: BARRAR MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = FISHFARM96 @ GINANNET.COM.SG
VIDEO



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2300/CE SN
AN0421A
Cov.Type: C
AUTOSAFE

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.	DMCVSN1910311900	Engine No :1GD8365260 Chassis No:GDH2011017301
1. Index Mark and Registration Number of Vehicle	GBJ2561H	
2. Name of Policy Holder	M/S FISH & FARM PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	4 MARCH 2019 (17:25 HOURS)	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	3 MARCH 2020	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	
<p>HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC</p> <p>* 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.</p>		

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.

Countersigned By:

Vitesse Solutions

Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

<http://sgportal.cntaiping.com/chinainsB2B/Spool/AN0421A-GBJ2561H-DMCVSN191...> 5/3/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : X/NDP/19142235 Vehicle Registration No: GRJ 265/H
Name(as shown in NRIC) : POH MANH YAN (Poh Man Yan) NRIC/FIN/Passport No : 57315796Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91004882
Email Address : _____
Date of Accident : 25/10/2019 Time of Accident : 12:00
Place of Accident : FORBES ROAD RAY COOPER GALLERY
Insurance Company: CHINA AIRLINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMBARKED VEHICLE NUMBER GRJ 256/H.

Policyholder / Driver's Signature
Date:

26/10/2019

Reporting Centre Personnel's Signature
Name: ROS L. MANH
NRIC/FIN No.:
Date: