

# NATIONAL Assessment Centre Services.

(last 1 Jan 2003)

MA499/56562

Date In: 27/11/2019 11:48	Job description	Date & Time Completed	Done by
Ref No: XBA CTI 19020980/Y	SAS e-filing		
Veh No: GBD 1942E	E-mail (Update Slip, AIC 2hrs)		
00A 04/11/2019 00:35	1-Motor Claim Form		
QID: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-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: GBJ 8376L	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 repair.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	
Requirements:	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:	
Date/Time:	

11/19/2019 051	Invoice Details:
Client Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)
Contact No:	3) TP: Towing Fee \$120
Damaged Portion:	4) PT: Follow-Through Survey \$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) For claiming against INC Only (over 10 Jan 2003) \$75
Auditor Comments:	6) TR: Re-inspection \$160
Ref 1:	7) NI: Idea DA + SMRT Survey
	8) NTUC Additional Services:
	QID:
	*NI: Courtesy Car / Tpl Allowance \$3
	*NI: Repairs Co-ordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$3
	TP (NI): TP (Non INC) against INC \$20
	9) NI: Idea Mobile \$30
	Invoice dated
	Invoice dated
	Fee Charged
	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	27/11/2019 11:48
Date Of Accident	04/11/2019 00:35
Exact Location Of Accident	WOODLANDS AVENUE 1 NEAR BLK 50A WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1942E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG HUP FOODSTUFFS TRADING PTE LTD
Co Reg No	201736464Z
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) +601-26241511
Alternative Phone No	OFFICE-62684650

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3065431800
Cover Note Number	

### Driver

Name of Driver	CHOW TECK SIANG
Passport No/FIN	G2913099Q
Date Of Birth	04/08/1998
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(FOREIGN) +601-26241511
Fax Number	
Contact Number	OTHERS-62684650
EMAIL Address	NOEMAIL

Address	2 GAMBAS CRESCENT #03-09 NORDCOM TWO
Postcode	757044
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?	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	GBJ8376L
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

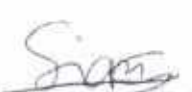
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.



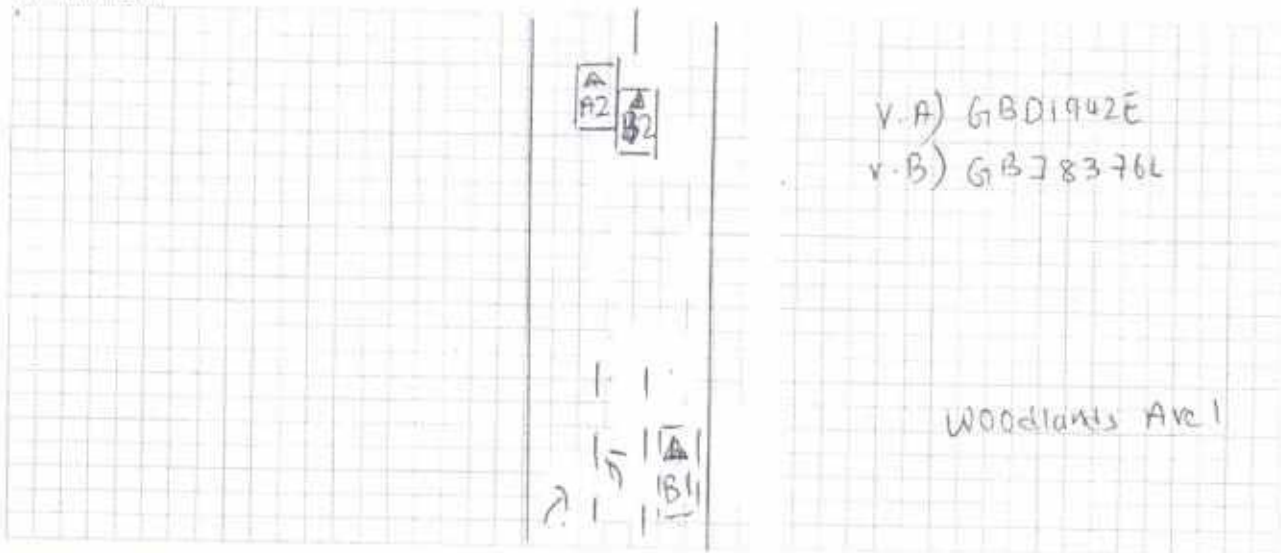
Policyholder's Signature  
Date & Time:

  
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

On the stated date and time I was travelling along the stated venue. I was travelling straight, suddenly vehicle 'B' GB78376L had collided against my rear right. I got out of my vehicle and check my damages, it was very minor scratch on my vehicle while while vehicle damage was on the side mirror. We both agreed to repair our vehicle individually since it's only minor damage. However on the 15th November, I received my insurance letter that they are making a claim against me. I am surprised as it was the van fault, I did not have the intention to file a claim, instead he made a claim against mine.

## 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.:

Date of Accident : 4/11/19 Accident Time: 00-35 (24-HR-FORMAT)  
Accident Place : Woodlands Ave 1 near blk 50A Woodlands  
Vehicle Reg. No (Car plate No.) : GBO 1942E Vehicle Make/Model: Toyota Aygo  
Insurance Company : China Taiping Policy No. \_\_\_\_\_  
Name of Registered Owner : Company / Individual Henry Hup Huat Foodstuffs Trading Pte  
ID of Registered Owner : Co Reg No: 2017364642 Owner's NRIC No: \_\_\_\_\_  
: Co Contact No: 6268 4650 Owner's Contact No: \_\_\_\_\_  
**DRIVER'S Name** : Chow Teck Shing **DRIVER'S NRIC No:** 929130990  
**DRIVER'S Date of Birth** : 04/08/1993 **DRIVER'S License Pass Date** 13 June 2019  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
**DRIVER'S Address** : 2 Gambus Crescent #02-09 Nordcom Two 2(757044)  
**DRIVER'S Contact No./ Alt No.** : 1) +6012 624 1811 2) \_\_\_\_\_  
**DRIVER'S Occupation** : INDOOR (OUTDOOR (eg. working inside or outside of an ofc))  
Email Address : \_\_\_\_\_  
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 the accident reported to the police? YES \ NO  
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

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>GBJ 8376L</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



MOTOR COMMERCIAL  
VEHICLE

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

M2300/C  
N SN  
AND420A  
COMPREHENSIVE  
AUTOSAFE

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMCVSN3065431800 Engine No.: 1KD2407225  
Chassis No.: JTFAT35Y70K203121  
1. Index Mark and Registration Number of Vehicle GBD1942E  
2. Name of Policy Holder M/S HENG HUP HUAT FOODSTUFFS TRADING PTE LTD  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 05 OCTOBER 2018 EX SECT. 1 ..... S\$350.00  
(11:28 HOURS) EX ON WINDSCREEN ..... S\$100.00  
4. Date of Expiry of Insurance 20 JANUARY 2020

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.: HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory