

NATIONAL Assessment Centre Services.

[ver 1 Jan03]

MNA 119156637

Date In: 27 11/19 13:20	Job description	Date & Time Completed	Done by
Ref No: NAI CTZ19020990164	SAS e-filing		
Veh No: YN 76P2	E-mail (within 8hrs, AIC 2hrs)		
DOA: 26 11/19 17:50	I-Motor Claim Form		
OT: M 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/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SJX 7933 S.	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

WNA1908927	Invoice (S)	Ref Bill
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Per claimant against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + SMRT Survey	\$160	
8) NIUC Additional Services:		
NI:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (Non INC) against INC	\$20	
9) NI2: Idas Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

QC Checked by (Engr-In-Charge): _____

And/or Comments: _____

Ref: _____

27/11/19

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 13:20
Date Of Accident	26/11/2019 17:50
Exact Location Of Accident	UBI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN768Z
Insured/Policyholder	
Name Of Registered Owner	M/S BLH SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91004537

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN1935261900
Cover Note Number	

Driver

Name of Driver	LOH PENG KENUG
NRIC No	S7382816C
Date Of Birth	15/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94388005
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 334D YISHUN ST 31 #11-127
Postcode	764334
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?	
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	SJX7933S
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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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.

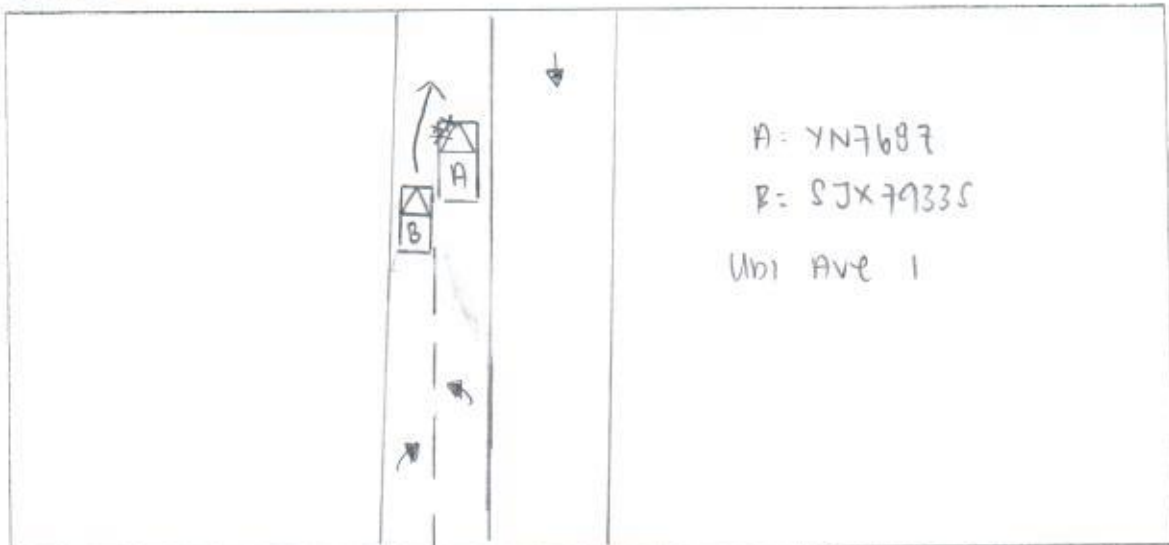


Policyholder's Signature
Date & Time:

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 traveling straight along Ubi Ave 1 nearing to the end of a merging lane. I maintained on my lane when suddenly, vehicle B sped forward wanting to overtake me on my left. Then, I felt an impact from my front left portion of my vehicle.

I wish to state that vehicle B forcefully squeezed towards my lane given that the road had narrowed down.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

VEHICLE NO:	YN7687	MAKE & MODEL:	MERU NP75
DATE OF ACCIDENT	26 / 11 / 2019		
TIME OF ACCIDENT	17:50	AM/PM	
LOCATION OF ACCIDENT	UBI Ave 1		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	BLH Services Pte Ltd		
TEL NO	91004537		
NRIC	201908629W		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
INSURANCE CO	China Taiping		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCVSN1935261900		
NAME OF DRIVER	As Above / If No: <u>LOH peng keng</u>		
NRIC	S7382816C	Any Passengers:	NIL
DATE OF BIRTH	15 / 07 / 1973		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	03 / 03 / 2009		
GENDER	<u>Male</u> / Female		
CONTACT NO.	94388005	Office:	Home:
ADDRESS	Blk 334D Yishun St 31 #11-127 W 764334		
DRIVER HAVE ANY OWN VEHICLE	<u>NO</u> If yes: Reg No:		
RELATIONSHIP	<u>Employee</u> If No:		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No</u> / If yes: Who?		
CONTACT NO.			
POLICE REPORT	<u>No</u> / If yes: Where?		
VEHICLE B NO.	SJX79335	Any Passenger:	NIL
NAME			
CONTACT NO.			
VEHICLE C NO.		Any Passenger:	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.		
	1 Kaki Bukit Ave 5, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyl		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		



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

M2501/CN/EN
AN0478A
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.	DMCVSN1935261900	Engine No :4HF1745180 Chassis No:JAWNPR75H97101878
1. Index Mark and Registration Number of Vehicle	YN768Z	
2. Name of Policy Holder	M/S. REL SERVICES PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	9 SEPTEMBER 2019 (10:30 HOURS)	EXCESS SECT 1S2600.00 EX ON WINDSCREENS8100.00
4. Date of Expiry of Insurance	8 SEPTEMBER 2020	
5. Persons or Classes of Persons entitled to drive *	<p>(1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.</p> <p>(2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES 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. THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR 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>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.</p>	
<p>HIRE PURCHASE CO. V. HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HF OWNER</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:

Authorised Officer

Authorised Signatory