

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

Date In: 24/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTE19022576/13	SAS e-filing		
Veh No: QBS64455	E-mail (Vehicle sheet, AIC sheet)		
DOA: 23/12/19 1410	I-Motor Claims Form		
OD: TP (Reporting Only)	I-Motor W/O (Withlor: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5642203D	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%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.		
() 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:	
Interference:	

NA2000148	Invoice / Receipt / Checklist / Summary
Driver/Owner:	1) All: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$30
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: NI: DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Coordination \$10
	*NP: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$3
	TP (NI): TP (Non-INC) *against 1st \$30
	NI2: Idco Mobile
	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	24/12/2019 12:13
Date Of Accident	23/12/2019 14:10
Exact Location Of Accident	BARTLEY RD EAST TWDS KAKI BUKIT AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ6445J
Insured/Policyholder	
Name Of Registered Owner	1 HOUR EXPRESS COURIER SERVICES
Co Reg No	5XXXX396J
Email Address	1HOUREXPRESSCOURIER@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81285167
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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?	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	DMCVSN1927091900
Cover Note Number	
Driver	
Name of Driver	TAY SENG HUAT@ALEX KENJI
NRIC No	SXXXX635I
Date Of Birth	26/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96588699
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 41 CAMBRIDGE ROAD #02-20
Postcode	210041
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NO SD CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGY2203D
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA YEW TECK
NRIC/Passport Number	SXXXX139A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

1 HOUR EXPRESS
COURIER SERVICES
Co. Reg. No: 53113396J

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

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

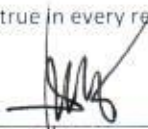
DECLARATION


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

1 HOUR EXPRESS
COURIER SERVICES

Co Reg No: 5311036J

Date & Time:


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

 24/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

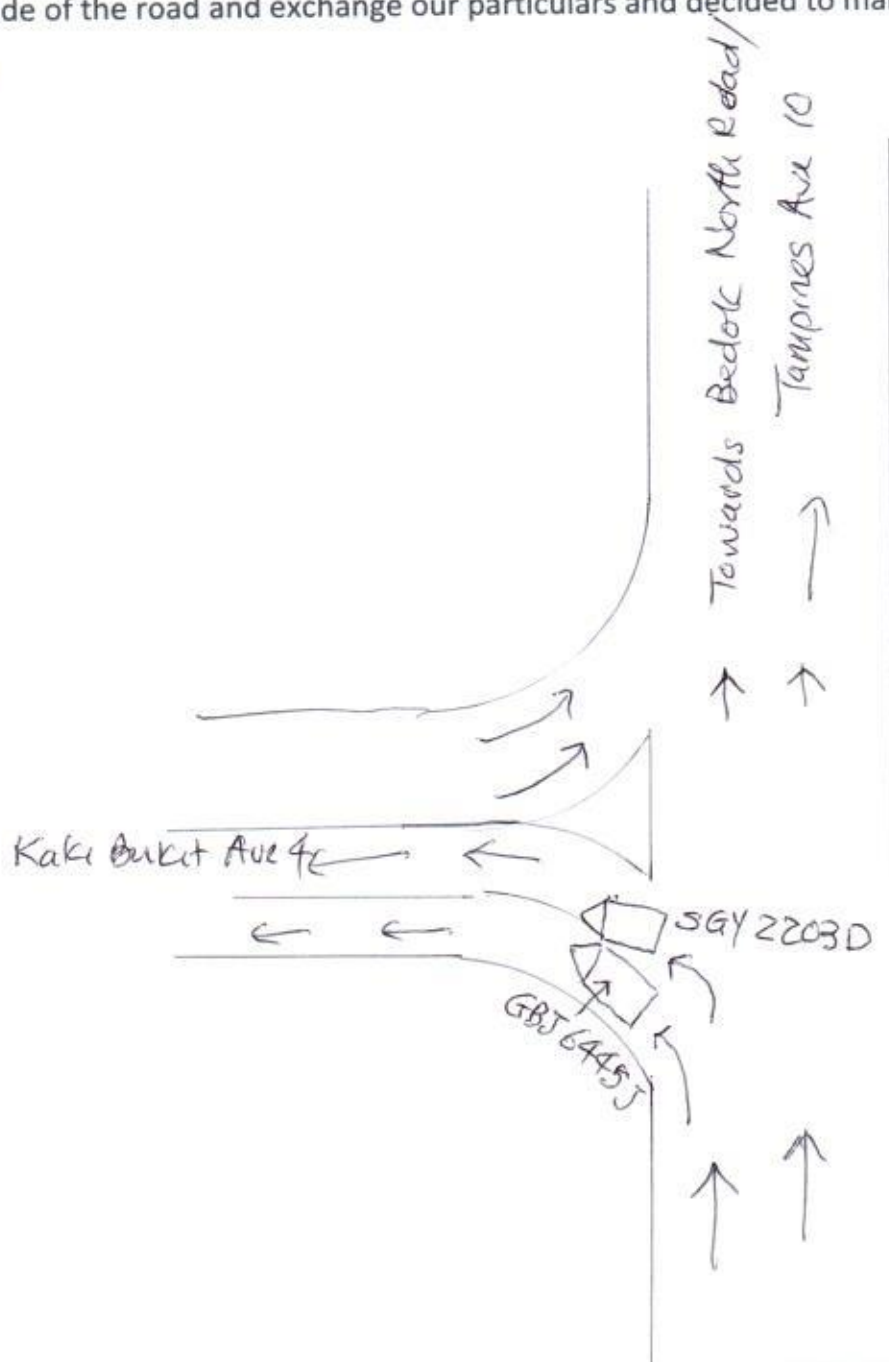
Accident on 23 December 2019 – GBJ6445J with SGY2203D

On 23 Dec 2019 at 1410 hrs, I was travelling on Bartley Road East in the direction towards Bedok North Road/Tampines Ave 10 turning into Kaki Bukit Avenue 4, my lorry GBJ6445J had an accident with car plate SGY2203D.

On the said date and time, the weather was clear and the road condition was dry. I was travelling towards Bedok North Road/Tampines Ave 10 turning into Kaki Bukit Avenue 4 which is a two lane road and I was travelling on the left lane and suddenly a car SGY2203D on my right was turning very fast and the car SGY2203D knock against my right front side of my lorry which I don't have the time to react. There was some scratches and dent on my right front side of my lorry (attached photos). The car had some scratches and dent on the left side of the car. Nobody was injured in the accident.

We moved to the side of the road and exchange our particulars and decided to make a report to IDAC


Tay Sseng Huat
S1502635I
GBJ6445J



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.	DMCVSN1927091900	Engine No :1KD2858924 Chassis No:JTFAT35Y00K213537
1. Index Mark and Registration Number of Vehicle	GBJ6445J	
2. Name of Policy Holder	1 HOUR EXPRESS COURIER SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28 JUNE 2019	EXCESS SECT IS\$1,000.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	27 JUNE 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>	
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.**

Countersigned By:


Authorised Officer


Authorised Signatory

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 12 / 2019 (DD/MM/YYYY), TIME: 14 : 10 (HH:MM)

LOCATION: BARTLEY ROAD EAST TURNING INTO KAKI BUKIT AVE 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 6445 J
b) INSURANCE COMPANY: CHINA TAIPING INSURANCE (S) PTE LTD
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA 150 5MT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / ~~MOTORCYCLE~~)
h) PURPOSE OF USING AT ACCIDENT TIME: Sending vehicle for touch up on box
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: 1 Hour Express Courier Services (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53113396 J CONTACT: 81285167
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAY Sseng Huat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S15026357 CONTACT: 96588699
c) ADDRESS: BLK 41, CAMBRIDGE ROAD, #02-20
S'PORE 210041

*d) DATE OF BIRTH: 26 / 12 / 1961 (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 34 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: N.A.

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: SGY 2203 D MODEL: HONDA CIVIC
b) DRIVER'S NAME: CHUA YEW TECK
c) NRIC/FIN/PASSPORT: S1208139A CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =