

NATIONAL Assessment Centre Services.

[ver 1 Jan 2001]

MAA20000869

Date In: 03/01/2020 11:40	Job description	Date & Time Completed	Done by
Ref No: N6A/CT20000143/4	SAS e-filing		
Veh No: GBE 3485D	E-mail (to John 3hrs, AIC 2hrs)		
DOA: 03/01/2020 12:05	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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLC 9820H	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 ()	

() 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: ()

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

Injury: _____

Date/Time	Assessment

MAA2000123

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$110	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2001)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance \$5	
	* NG: Repairs Coordination \$10	
	* NT: Post Repair Inspection \$25	
	* ND: DV / Collect Excess Coordination \$5	
	* TP (NI): TP (S-n INC) against INC \$20	
	9) NI: Idea 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	03/01/2020 11:10
Date Of Accident	02/01/2020 12:05
Exact Location Of Accident	SERANGOON NORTH AVE 4 (NORTHSTAR BUILDING RAMP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3485D
Insured/Policyholder	
Name Of Registered Owner	JINRAY ELECTRONICS (S) PTE LTD
Co Reg No	1XXXXX070G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97395345
Alternative Phone No	OFFICE-97395345

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.6 DX (A)
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	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	DMCVSN3048991900
Cover Note Number	

Driver

Name of Driver	LEK HIAN CHUN CASIMIR
NRIC No	SXXXX890H
Date Of Birth	04/04/1971
Occupation	INDOOR
Date Of Driving Pass	19/07/1991
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97395345
Fax Number	
Contact Number	OFFICE-97395345
Email Address	NOEMAIL

Address	BLK 309B ANCHORVALE ROAD #12-65
Postcode	542309
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : KEENE TAN GENDER: : MALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9820H
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

(A) GBG 3485D

(B) SLC 9820H.

SEKONG NORTH AVENUE (NORTHSTAR BUILDING RAMP)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02 JAN 2020 I WAS DRIVING DOWN THE RAMP AT NORTHSTAR@
 AMK. AS I WAS STATIONARY, VEHICLE B COLLIDED INTO MY VEHICLE.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 02 JAN 2020		TIME: 1205 HRS (hh:mm) 24 hrs Format	
LOCATION SERANGOON NORTH AVE 4 (NORTHSTAR BUILDING RAMP)			
VEHICLE NUMBER 6B6 3485 D			
INSURED NAME JIN RAY ELECTRONICS (S) PTE LTD			
NRIC / FIN 1999050706		CONTACT:	
MAKE NISSAN		MODEL NV200-1.6 DX (A)	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (/) Third Party () Reporting Only			
INSURANCE COMPANY CHINA TAIPING			
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER : DMCVSN 3048991900			
NAME DRIVER: LEE HIAN CHUN () SAME AS INSURED			
NRIC / FIN 57118904		CONTACT:	
DATE OF BIRTH: 04/04/1971			
DRIVING PASS DATE: 19/07/1991			
OCCUPATION : (/) INDOOR () OUTDOOR			
GENDER : (/) MALE () FEMALE			
EMAIL ADDRESS: () NO EMAIL			
ADDRESS OF DRIVER: BLK 309B ANCHORVALE ROAD #12-65 S(542309)			
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER			
KEENE TAN (M) IC: S9530445A			
Was driver an employee of the Insured's Company? (/) YES () NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES () NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (/) Clear () Raining () Drizzling () Others			
Road Surface : (/) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES () NO			
Was Anybody Injured In The Accident? () YES () NO			
If YES, Injured details :			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? (/) YES () NO WITH DRIVER			
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report			
Police Report Number (if any) NIL			
Details Of 3rd Party		Name / NRIC	No. of Paxs (incl' driver)
Veh B SLC 9820H			() / Not Sure ()
Veh C			() / Not Sure ()
Veh D			() / Not Sure ()
Veh E			() / Not Sure ()
Veh F			() / Not Sure ()
Veh G			() / Not Sure ()

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.	DHCVSR3048991900	Engine No :HR16088522D
		Chassis No:VM20105461
1. Index Mark and Registration Number of Vehicle	GHG3485D	
2. Name of Policy Holder	M/S JINRAY ELECTRONICS (S) PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 JULY 2019	EX SECT. I .....S\$350.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	19 JULY 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:

- USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (4) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.


HIRE PURCHASE CO. : HL BANK 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