

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA 12000934

Date In: 21/10-12.09	Job description	Date & Time Completed	Done by
Ref No: NA/DA/20000144/24	SAS e-filing		
Veh No: 6B49846B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/10-08:42	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: JFV6814	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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

HA 200015	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q12:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat 1:			
Dat 2 / 3:			



## 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 12:09
Date Of Accident	02/01/2020 08:40
Exact Location Of Accident	SLIP RD LOR AH SOO TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9846B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUAN XIN PLASTERCEIL DECOR
Co Reg No	5XXXXX010E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90661866
Alternative Phone No	OFFICE-90661866

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0094031901
Cover Note Number	

### Driver

Name of Driver	TO CHYE MING
NRIC No	SXXXX069B
Date Of Birth	16/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1997
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91053964
Fax Number	
Contact Number	OFFICE-91053964
Email Address	NOEMAIL

Address	BLK 167 HOUGANG AVENUE 1 #09-1554
Postcode	530167
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?	
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: - 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

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	SFV681Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KOK BOON
NRIC/Passport Number	
Contact Number	91062203
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2



## SKETCH PLAN

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

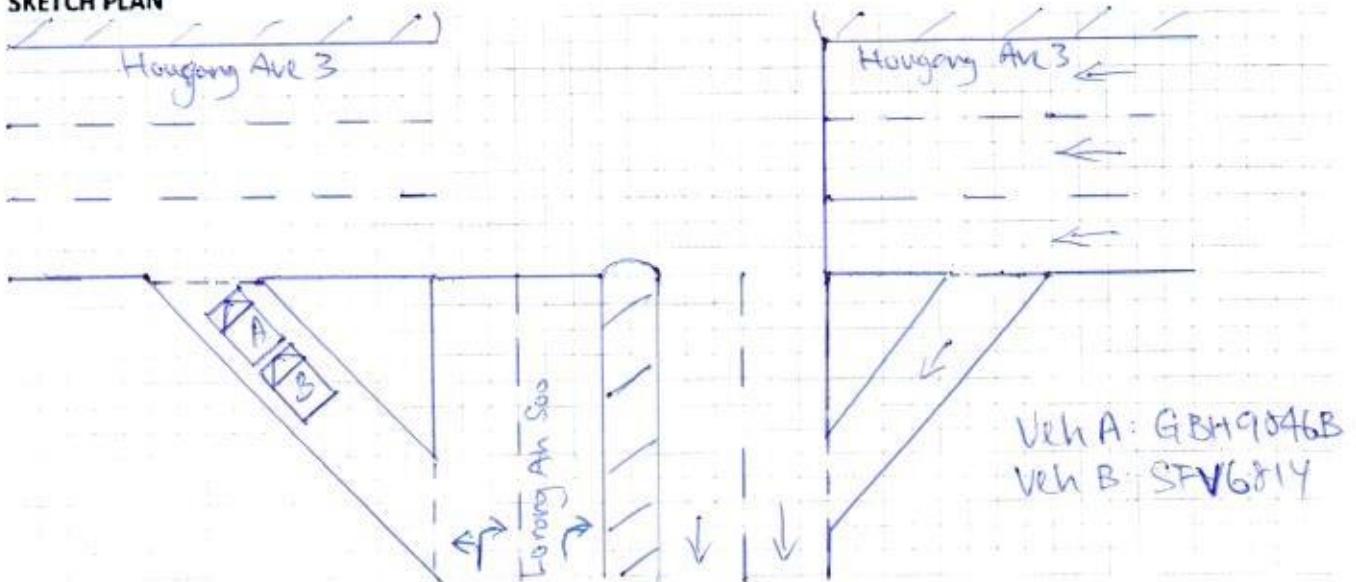


Policyholder's Signature  
Date & Time:

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 above date & time, I was driving my vehicle A (GBH9846B) traveling along Lorong Ah Soo slip road to Hougang Avenue 3 on a single lane, road. My vehicle was stationary before the stop line to give way to outcoming traffic. Out of sudden, vehicle B (SFV6814) came from rear and collided onto the rear portion of 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.:



<b>Vehicle No.</b>	GBH 9846B		<b>Model / Make</b>	Toyota Dyna
<b>Date of Accident</b>	2 / 1 / 2020			
<b>Time of Accident</b>	0840	<b>HRS</b>		
<b>Location of Accident</b>	Along Lorong Ah Siew Slip road to Hougang Ave 3			
<b>Exact purpose use during accident</b>	Work			
<b>Name of Owner</b>	Quan Xin Plastercraft Decor			
<b>Telephone No.</b>	H/P : 90661866	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	52885010E			
<b>Address</b>	446 Hougang Avenue 8 #B1-1635 S(530446)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	Allied World			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	AVCP SB0094031901			
<b>Name of Driver</b>	As Above If No, To Chye Ming			
<b>NRIC</b>	S7678069B		<b>Any Passengers :</b> 1 (m)	
<b>Date of birth</b>	16 / 7 / 1976			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	10 / 6 / 1997			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P : 91053964	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	BLK 167 Hougang Ave 1 #09 - 1554 S(530167)			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee, If no, state			
<b>Weather condition</b>	Clear Raining Other			
<b>Road Surface</b>	Dry Wet Other			
<b>Any Injuries</b>	No, If Yes, Who?			
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	SFV 6814		<b>Any Passengers :</b> 1	
<b>Name of Driver</b>	Goh Kok Boon		<b>Contact No. :</b> 9106 2203	
<b>Vehicle C No.</b>			<b>Any Passengers :</b>	
<b>Vehicle D No.</b>			<b>Any Passengers :</b>	
<b>Vehicle E no.</b>			<b>Any Passengers :</b>	
<b>Vehicle F No.</b>			<b>Any Passengers :</b>	
<b>Vehicle G No.</b>			<b>Any Passengers :</b>	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	kelvintcm76@gmail.com			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			



COMMERCIAL VEHICLE (SCH 1)

## CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATIONS) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE  
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA  
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975  
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968  
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

MZ300/C

R SB

A466SD2

Cov. Type: C

KUKSBSB

**CERTIFICATE No.**

AVCFSS0094031901

ChaNo: JTFAT35YX0K211973

**1. Index Mark and Registration  
Number of Vehicle**

GBH 9846 B

**2. Name of Policyholder**

QUAN XIN PLASTERCEIL DECOR

**3. Effective Date of Commencement of Insurance  
for the purposes of the Ordinance**

20 November 2019

**4. Date of Expiry of Insurance**

19 November 2020

**5. Persons or Classes of Persons entitled to drive\* (For certificate references MX1 and MX4, see overleaf)**

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

ENSURE PTE LTD  
Co. Reg. No.: 201017457N  
38 Toh Guan Road East  
#01-57 Enterprise Hub  
Singapore 608581  
Tel: 6515 5988 Fax: 6896 6321

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to Use\* (For certificate reference MX1, see overleaf)**

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

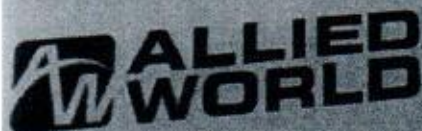
Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner : MAYBANK

Type of Cover : Comprehensive

\* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

Continuity of your insurance