

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MNA 00002311**

Date In: 2/1/20-12:55	Job description	Date & Time Completed	Done by:
Ref No: NA/C72200042214	SAS e-filing		
Veh No: 6BH27067	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/1/20-12:05	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: **PBP 63908** 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

MNA 00002308	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
	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		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	Date 1:	6) TR: Re-inspection \$75		
	Date 2/3:	7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	9) QD*			
	*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 30			
	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	07/01/2020 12:52
Date Of Accident	06/01/2020 10:05
Exact Location Of Accident	CTE (AYE) AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2706T
Insured/Policyholder	
Name Of Registered Owner	M/S KAILI AIRCON PTE LTD
Co Reg No	2XXXXX097H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64648002

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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3022431900
Cover Note Number	

Driver

Name of Driver	BAI SHUPENG
Passport No/FIN	GXXXX321T
Date Of Birth	01/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81893935
Fax Number	
Contact Number	OFFICE-81893935
EEmail Address	NOEMAIL

Address	BLK 329 WOODLANDS CLOSE #05-397
Postcode	750329
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	4
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?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200106/2053.

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	FBP6390B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

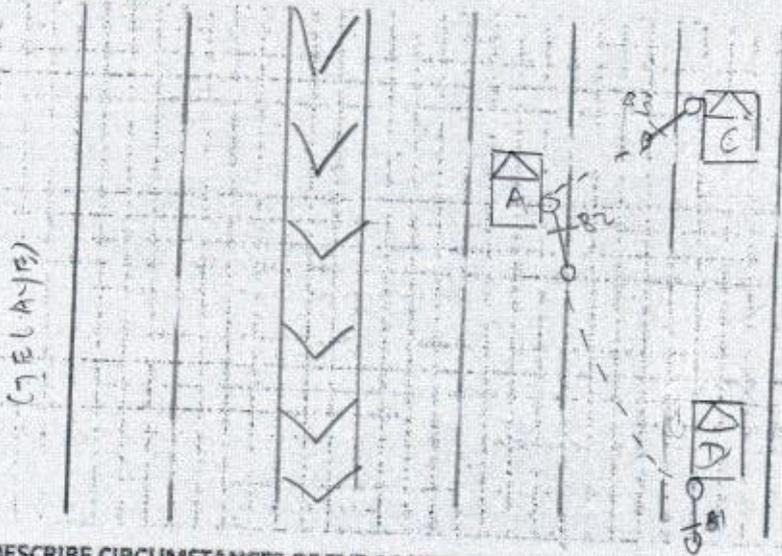
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGN5215H
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) 4

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SDG9380J
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) 1

SKETCH PLAN



A: 4B4 2706T
B: FBP 6390B
C: JG N 53 154
D: SD 49380J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/10/2006/2053.

DECLARATION

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

Policyholder's Signature
Date & Time:



Bai Shupen
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**



T/20200106/2053

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

2 of 3

Report No. T/20200106/2053

CONTINUATION OF REPORT

Brief Details.

On 06/01/2020 at about 1013hrs, I was driving my silver colour Toyota lorry bearing registration no: GBH 2706T along CTE towards AYE. Near to the BCA Academy, I spotted a black motorcycle bearing registration no: FBP 6390B skidded and collided into the right rear side of my lorry before colliding into another silver colour Honda Civics bearing registration no: SGN 5215H.

I stopped my lorry and went down to make a check. There is some dent on the rear right side of my lorry. The motorcyclist fell onto the road and was unconscious. The ambulance and police came to the accident scene and conveyed the motorcyclist to hospital.

I wish to state that when the accident happened, my colleague was inside my lorry and had witness the accident. His particulars as follows:

1)Wong Ye Meng
C/O Kaili Aircon Engineering
G2842471Q
HP: 86733438

There is a camera installed in my lorry however it is not working. Me and my colleague are not injured. The traffic police then advised me to lodge a report vide E/20200106/0055 under IO Zaid (65476394)



**SINGAPORE
POLICE FORCE**



T/20200106/2053

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

3 of 3

Report No. T/20200106/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 3 CHI WEI SIANG, DESMOND 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2020 12:30
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476195	Classification Of Case:

Authentication Stamp
NP168

 <p>SINGAPORE POLICE FORCE <small>SAFEGUARDING EVERY LIFE</small></p>  <p style="text-align: right;">SN 57</p> <p style="text-align: center;">SIGNATURE</p>



中国太平
CHINA TAIPING
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

RZ100/C
K 5H
AB67EA
COMPREHENSIVE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

CERTIFICATE No. DMCVN1022431900 Engine No. : 1K02792970
Chassis No. JTFAT355YDR230125

1. Index Mark and Registration Number of Vehicle GBH27067

2. Name of Policy Holder M/G KAILI AIRCON PTE LTD

3. Effective date of the Commencement of Insurance for purposes of the Regulations, Ordinance or Enactment 04 APRIL 2019 EX SECT. 1\$6300.00
EX ON WINDSCREEN\$9100.00

4. Date of Expiry of Insurance 03 APRIL 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:

- (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. : MAYBANK AS IS 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:

Jaime Toh

Authorised Officer

Authorised Signatory