

# NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 12000 3686

|  |  |                        |          |
|--|--|------------------------|----------|
| Date In: 9/1/20 09:00                                  | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/CTZ 20000569164                             | E-mail (within 3hrs, A/C 2hrs)           |                        |          |
| Veh No: GBF 1005A                                      | I-Motor Claim Form                       |                        |          |
| ICCA: 8/1/20 07:45                                     | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| QD: <input checked="" type="checkbox"/> Reporting Only | I-Photo Uploaded                         |                        |          |
| TP Insurer:  | Assessment/Survey Report                 |                        |          |
|  | Ass't Report by Fax / Hand to Owner/Wksp |                        |          |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: SGJ 8899 K.  | 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 Routine 6/19/6616)                        | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| NA 2000468                      | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
| Client's Particulars:           | 1) All: Accident Reporting (\$30);              | 20.00       |           |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$50)    |             |           |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |           |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120              |             |           |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |
| Auditors' Comments:             | For claiming against INC Only (ver 10 Jan 2003) |             |           |
| Ref:                            | 6) TR: Re-inspection \$75                       |             |           |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:                    |             |           |
|                                 | QD:   |             |           |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |           |
|                                 | *N6: Repair Coordination \$10                   |             |           |
|                                 | *N7: Post Repair Inspection \$25                |             |           |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |           |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |           |
|                                 | 9) N12: Idao 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             | 09/01/2020 09:00                  |
| Date Of Accident           | 08/01/2020 07:45                  |
| Exact Location Of Accident | LORNIE HWY TWDS ADAM RD/FARRER RD |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | GBF1005A                                |
| <b>Insured/Policyholder</b> |   |
| Name Of Registered Owner    | DAVID YONG ELECTRICAL & TRADING PTE LTD |
| Co Reg No                   | -                                       |
| Email Address               | NOEMAIL                                 |
| Mobile Phone No             |   |
| Alternative Phone No        | OFFICE-62678089                         |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV350              |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL         |
| 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             | DMCVSN1643351903                              |
| Cover Note Number         |   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | WANG KANG             |
| NRIC No              | SXXXX848B             |
| Date Of Birth        | 12/07/1961            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 16/09/1997            |
| Driving Experience   | 22 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90478863  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                           |
|---|---------------------------|
| Address   | BLK 23 FERNVALE RD #17-11 |
| Postcode  | 797638                    |
| 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 - CHANGE/CROSS LANE |
| 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         | SGJ8899K    |
| 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

VEHICLE NO.: GBF 100JA  
INSURER : China Taiping  
DATE & TIME: 08/01/2020 0745hrs

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. 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  
Date & Time:

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

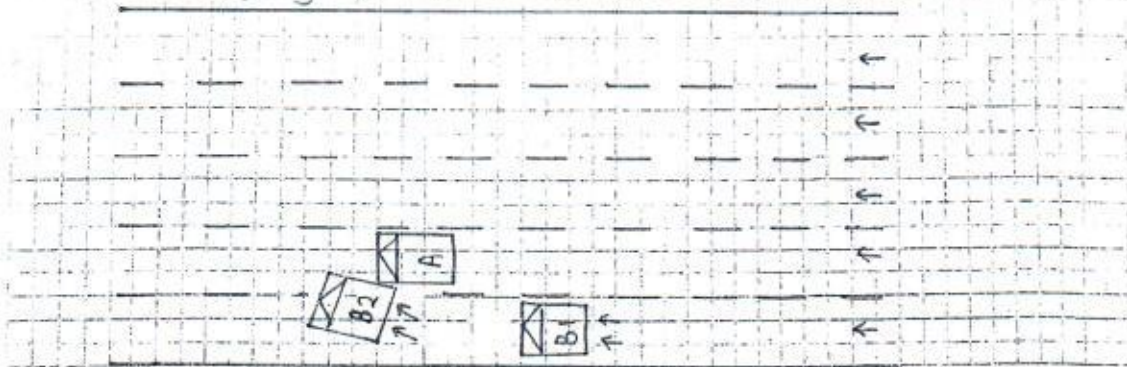
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A = GBF 1005A

Vehicle B = SGJ8899K

Lornie Highway TWDS Adam Rd / Farrer Rd



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (GBF 1005A) was travelling straight on the lane 4 at the stated location. Suddenly, vehicle B (SGJ8899K) was encroaching into my lane and collided onto the left hand side front portion of my vehicle causing damaged.

I wish to stated that 3rd party has video footage.

Note : Please note that your Insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

I/We declare that the 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:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



Date of Accident : 08 Jan 2020 Accident Time: 0745 hrs (24-HR-FORMAT)  
 Accident Place : Lornie Highway TWDS Adam Rd / Farrer Rd  
 Vehicle Reg. No (Car plate No.) : GBF 1005 A Vehicle Make/Model: Nissan NV 350  
 Insurance Company : China Taiping Policy No. DMCVSN1643351903  
 Name of Registered Owner : Company / Individual David Yong Electrical & Trading PTE LTD  
 ID of Registered Owner : Co Reg No: 1997063562 Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 6267 8089 Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : Wang Kang DRIVER'S NRIC No: 52684848B  
 DRIVER'S Date of Birth : 12/07/1961 DRIVER'S License Pass Date 16 Sep 1997  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : APT BLK 23 Fernvale Road #17-11 Singapore 797638  
 DRIVER'S Contact No / Alt No. : 1) 9047 8863 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 01 Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: \_\_\_\_\_  
 Injured Name: \_\_\_\_\_  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

|                                  |                               |
|----------------------------------|-------------------------------|
| Vehicle Reg No: <u>SGJ 8899K</u> | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____        | Vehicle Make/Model: _____     |
| Name DRIVER: _____               | Name DRIVER: _____            |
| IC No. DRIVER: _____             | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____    | DRIVER'S Contact & add: _____ |

**Other Party Driver's Particulars (if any)**

|                               |                               |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____         | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____     |
| Name DRIVER: _____            | Name DRIVER: _____            |
| IC No. DRIVER: _____          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200203384E

NZ300/C  
R SN  
DR0610A  
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1956 (Malaysia)

ORIGINAL

|   |   |   |
|---|---|---|
| CERTIFICATE No.   | DHCVSN1643351903                        | Engine No. : YD25390531A  |
|   |   | Chassis: JH1MC2E2620006138  |
| 1. Index Mark and Registration Number of Vehicle  | GBF1005A                                | AUTOSAFE  |
| 2. Name of Policy Holder  | DAVID YONG ELECTRICAL & TRADING PTE LTD |   |
| 3. Effective Date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactment | 22 June 2019                            | Excess Sect I ..... S\$500.00<br>EX ON WINDSCREEN ..... S\$100.00 |
| 4. Date of Expiry of Insurance  | 21 June 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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

\* 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.

Issued By: LIM LEE CHOO  
Authorised Officer

Authorised Signatory