

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA001579**

Date In: 4/1/20-12.24	Job description	Date & Time Completed	Done by
Ref No: 44/C7200019364	SAS e-filing		
Veh No: 4L8517P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/1/20-11.15	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: 445716 054	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

NAB0131V	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
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)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1*			
	*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	04/02/2020 12:24
Date Of Accident	30/01/2020 11:15
Exact Location Of Accident	JUNC YISHUN AVE 8 & YISHUN ST 44
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL8517P
Insured/Policyholder	
Name Of Registered Owner	M/S YISHUN TOWING PTE LTD
Co Reg No	2XXXXX908W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64588480

Vehicle Particulars

Manufacturer	NISSAN
Model	MKB212HHRA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1810641901
Cover Note Number	

Driver

Name of Driver	WANG ZHIHAI
Passport No/FIN	GXXXX535T
Date Of Birth	15/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86609185
Fax Number	
Contact Number	OFFICE-86609185
Email Address	NOEMAIL

Address	4015 ANG MO KIO INDUSTRIAL PARK 1 #01-502 ANG MO KIO INDUSTRIAL PARK 1
Postcode	569631
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	GBJ1605Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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)

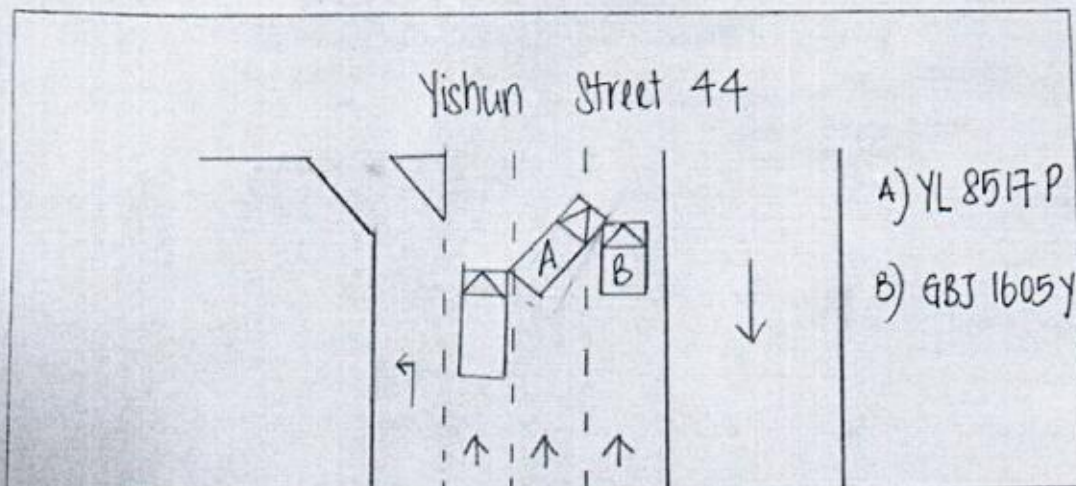
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



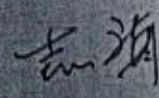
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

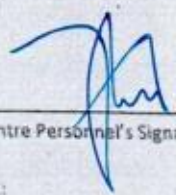
I was travelling on the center lane of Yishun St 44, vehicle in front of me stop, I applied my brake however my truck skidded to the right lane and collided onto vehicle B.

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.:

VEHICLE NO:	YL 8517 P	MAKE & MODEL:	Nissan MCB212
DATE OF ACCIDENT	30 / 01 / 2020		
TIME OF ACCIDENT	1115 hrs	AM/PM	
LOCATION OF ACCIDENT	Yishun Ave 8 x Yishun Street 44		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	Yishun Towing Pte Ltd		
TEL NO	64588480		
NRIC	200106408 W		
CLAIM TYPE	OD / THIRD PARTY /	REPORTING ONLY	
INSURANCE CO	China Tai Ping		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCVSN18T0641901		
NAME OF DRIVER	As Above / If No: Wang Zhi Hai		
NRIC	65262535 T	Any Passengers:	NO
DATE OF BIRTH	15 / 07 / 1976		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	20 / 04 / 2017		
GENDER	Male / Female		
CONTACT NO.	86609185	Office:	Home:
ADDRESS	Blk 401B Ang Mo Kio Ind. Park	#01-502 S(569631)	
DOES DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
VEHICLE B NO.	6BJ 1605 Y	Any Passenger:	NO
NAME			
CONTACT NO.			
VEHICLE C NO.		Any Passenger:	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
SPECIAL WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.		
	1 Kaki Bukit Ave 6, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyl		
NO.	FAX: 6741 7276		
L	reena@nhtmotor.com		
	admin@nhtmotor.com		



MOTOR COMMERCIAL VEHICLE

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ301/C
R SN
AN0478A
Cov.Type: T

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)

ORIGINAL

CERTIFICATE No.

DMCVSN1810641901

Engine No : FE6218570D
Chassis No : MKB212H00713

1. Index Mark and Registration
Number of Vehicle

YL8517P

2. Name of Policy Holder

M/S YISHUN TOWING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

18 May 2019

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

17 May 2020

5. Persons or Classes of Persons entitled to drive*

- (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.
- (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.

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 racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward.

* 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:

INSURE PTE LTD
Authorized Officer

Authorized Signatory

3 Anson Road #18-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com