NATIONAL Assessment Centre Services. MNAY20028911

Date In: 24/02/2020 10:12	Job description	Date &Time Completed	Done by
Ref No: NBA/CTT 20003035/Y	SAS e-filing		
Veh No: SGC 7872C	E-mail (Honda 8hrs, AIC 2hrs)		
D.O.A: 21/02/2020 10:30	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: GBH 1751 T 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%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

[illegible]

( ) 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: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

MA2001612

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

[illegible]		
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($40)		
3) TF : Towing Fee $40/$45		
4) FT : Follow-Through Survey $120		
5) FT : Follow-Through Survey (Resurvey) $30		
For claiming against INC Only (wef 10 Jan 2000)		
6) TR : Re-Inspection $75		
7) N1 : Idea DA + SMRT Survey $160		
8) NTUC Additional Services:		
OR:		
*N5: Courtesy Car / Tpt Allowance $3		
*N6: Repair Co-ordination $10		
*N7: Post Repair Inspection $25		
*N8: DV / Collect Excess Coordination $3		
TP (N11) : TP (Non INC) against INC $20		
9) N12: Idea Mobile $30		
Invoice dated *Fee Charged*		
Invoice dated *Fee Charged*		

2 / 3

MNA420023911 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 24/02/2020 10:12
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	24/02/2020 10:12
Date Of Accident	21/02/2020 10:30
Exact Location Of Accident	CTE TOWARDS EXIT ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGC7872E
Insured/Policyholder	
Name Of Registered Owner	SEAH BOON LENG
NRIC No	SXXXX167E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96644255
Alternative Phone No	OTHERS-96644255
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00003401900
Cover Note Number	
Driver	
Name of Driver	SEAH BOON LENG
NRIC No	SXXXX167E
Date Of Birth	01/03/1964
Occupation	INDOOR
Date Of Driving Pass	19/03/1984
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96644255
Fax Number	
Contact Number	OTHERS-96644255
EMail Address	NOEMAIL

Address	6 LIM CHU KANG LANE 9A
Postcode	718876
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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)	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

PLEASE REFER TO SKETCH PLAN

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	GBH1751T
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALAGAPPAN MUTHU
NRIC/Passport Number	SXXXX177E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEAH BOON LENG

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGC7872E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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 or are in the investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated in (d); or

   (ii) for complying with requirements under any regulations, laws or court orders.

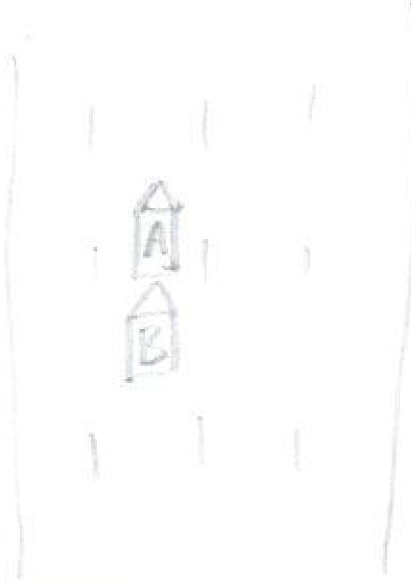
24/01/2020

SKETCH PLAN

vehicle A SGC 7872E

vehicle B GBH 1751T

CTE TOWARDS EXIT ANG MO KIO AVE 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At The mention Date & time of accident . 21/02/2020 about 10.30 Am . I was driving along Expressway towards Ang mo kio Ave 3 . My vehicle was at the most left 2nd line . I notice infront of me all the vehicle slow down and stop so as I also follow slow down and stop . Suddenly vehicle B "GBH 1751T" collided onto my rear car portion impact quite heavy as I have already stop for more than 5 second . As so we move our vehicle to shoulder lane and vehicle B "GBH 1751T" Driver told me he did not notice my vehicle have come to a stop.

DECLARATION

24/01/2020

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date : 21/02/2020 Time : 10.30 Am (24 hr format)
Exact Location of Accident *	Expressway towards Exit Ang mo kio Ave 3
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SGC 7872E Make & Type * : TOYOTA WISH
Name of Registered Owner *	SEAH BOON LENG
NRIC / FIN / Passport /Co Regn No. *	S1627167E
Contact Number *	9664 4255 Email/Fax No: —
Exact Purpose for which vehicle was being used at Time of Accident	☑ Private Usage / ☐ Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	☐ Yes / ☑ No (If No, Please state action to be taken) ☑ Third Party Claim (S'pore / Other worksho?) / ☐ Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	(Cfine) / EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	~~Comprehensive~~ / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMPCSNW0000340 1900
DRIVER	
Name of Driver *	SEAH BOON LENG Gender * ~~Male~~ / Female
NRIC / FIN / Passport Number *	S1627167E
Date of Birth *	01 / 03 / 1964 (dd / mm / yyyy)
Occupation *	☐ Indoor / ☑ Outdoor
Date of Driving Pass (Pass Date) *	16/03 / 1984
Contact Number *	9664 4255
Address	6 LIM CHU KANG LANE 9A S(718876)
Email Address / Fax Number *	Email : — Fax : —
Relationship of the Driver with the Insured *	(Owner) / Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, If YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) ____ 2) ____ 3) ____ Ins Co: 1) ____ 2) ____ 3) ____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / (Front to Rear) / Others:
Weather Conditions *	(Clear) / Raining / Others :
Road Surface *	Wet / (Dry) / Others :
OTHER INFORMATION	
Was anybody injured in the accident? *	☐ No / ☑ Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	☑ No / ☐ Yes
Was any foreign vehicle involved in this accident? *	☑ No / ☐ Yes Veh No: ____ Veh Category ____
Number of vehicles involved in the accident	(02)
Was there any witness?	☑ No / ☐ Yes
Was any other VEHICLE / Property involve damage? *	☐ No / ☑ Yes
Was there any video captured by Car Camera?	☑ No / ☐ Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	☑ No / ☐ Yes (If Yes, Please state which Police Station)
Was Notice of Intended Prosecution given? *	☑ No / ☐ Yes (If Yes, against whom?)
Number of Passengers (including DRIVER)? *	(01)
Passengers	Name : Name : Gender : Male / Female Gender : Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / (No)	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) GBH 1751T	2)
Vehicle Make / Model / Colour	TOYOTA DYNA / Silver	
Damage to Vehicle/ Property?		
Vehicle Category *		
Name of Driver	ALAGAPPAN MUTHU	
NRIC/Passport Number	S7267177E	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公
CHINA TAIPING INSURANCE (SINGAPORE) PTE

Motor Private Car

MX1WF
N SN
AN0101A
Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules 1970
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

Engine No.: 1ZZ2476101
Cha. No. ZNE100287404

CERTIFICATE No DMPCSNW00003401900

1 Index Mark and Registration Number of Vehicle SGC7872E

AUTOSAFE
=========

2 Name of Policy Holder SEAH BOON LENG

3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24/01/2020

4 Date of Expiry of Insurance 23/01/2021

Named Drivers Ex Sect. I	S$750.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	S$3,000.00
Ex Sect. I - Age >= 26	S$500.00
* Age as at date of accident	
EX ON WINDSCREEN .	S$100.00

5 Persons or Classes of Persons entitled to drive*

(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his 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 *

Use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss will be doubled). A Flat S$5,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first S$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

** 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

ITRUST PTE LTD
52 FOCH ROAD
#03-02
SINGAPORE 209274
TEL : 6488 0883 FAX : 6286 0295
EMAIL: itrust@singnet.com.sg

Issued By
ITRUST PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Authorised Signatory