

NATIONAL Assessment Centre Services. part 1 Jan 09 MMA 120028360.

Date In: 4/13/20 15:56	Job description	Date & Time Completed	Done by
Ref No: MA1 CT1 20003573164	SAS e-filing		
Veh No: GBF 8436T	E-mail (within 3hrs, AIC 2hrs)		
DDA: 313120 21:10	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLR 9406 Y. 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 (09) Inc 367886616)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time / Action


MA 2001790

Claimant's Particulars

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Bugr-In-Charge): ( )

Auditors' Comments:

2nd Lt

2/3/3

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	04/03/2020 15:56
Date Of Accident	03/03/2020 21:10
Exact Location Of Accident	JLN EUNOS TWDS PIE FILTER LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8436T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SIGNEFFECT ADVERTISING PTE LTD
Co Reg No	2XXXXX697M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68585588

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN3021311900
Cover Note Number	

### Driver

Name of Driver	LING MONG HONG
NRIC No	SXXXX928D
Date Of Birth	05/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87220722
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 32 BENDEMEER RD #08-809
Postcode	330032
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	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	SLQ9406Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	SXXXX897J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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 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:

*Jing*

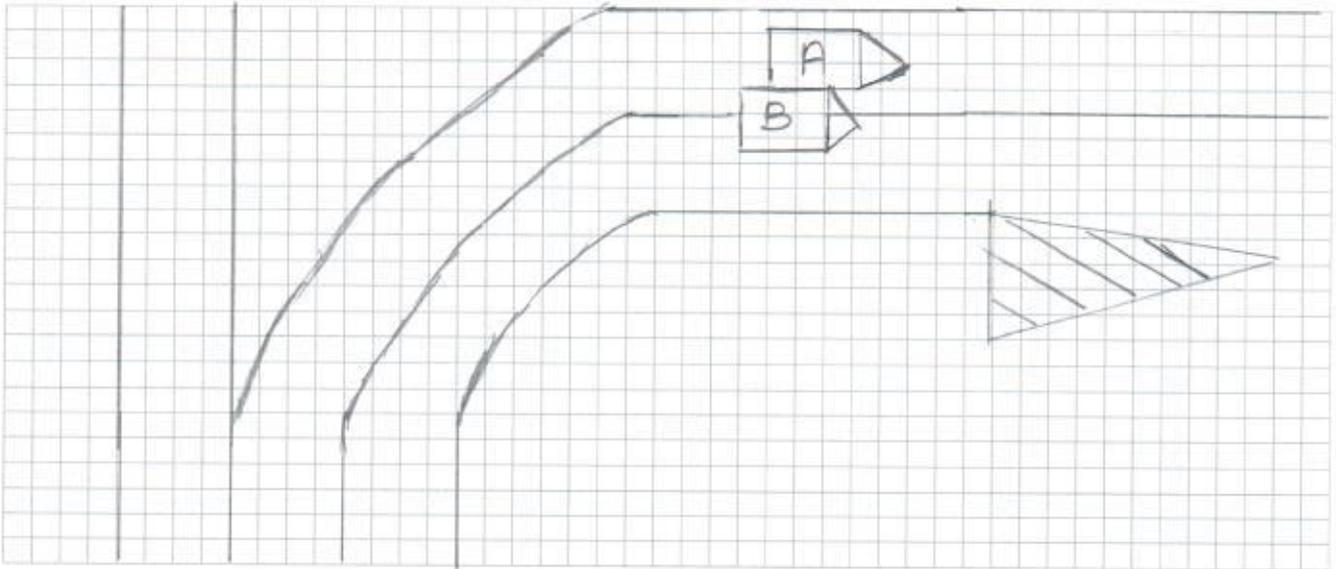
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Handwritten Signature]*

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

A - GBF8436T  
B - S109406Y

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03/03/2020 AT ABOUT 2110HRS, I WAS DRIVING ALONG  
JALAN EUNOS TOWARDS PIE. WHEN I HAVE JUST ENTERED  
INTO PIE THROUGH THE FILTER LANE, SUDDENLY, VEHICLE B  
CAME FROM BEHIND AND SIDE SWIPED MY VEHICLE. NO ONE  
IS INJURED DURING THIS ACCIDENT, WE BOTH ALIGHTED AND  
STARTED TO TAKE SOME PICTURES AND ALSO TOOK PICTURE  
ON EACH OTHER'S NRIC. HOWEVER, WE DIDN'T EXCHANGE  
CONTACT DETAILS.



DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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

# Singapore Accident Statement

BLK 51  
PAYA UBI  
INDUSTRIAL PARK  
UBI AVENUE 1  
#02-25  
S(408933)

Date of Accident 03/03/2020  
Time of Accident 2110hrs (24hr format)  
Exact Location Of Accident Jalan Eunos towards PIE filter lane  
Country/State of Loss Singapore

## Details Of Own Vehicle

Vehicle No GBF8436T  
Insured/Policyholder Individual /  Company  
Name of Registered Owner Sun Effect Advertising Pte Ltd  
Co Reg No 200102697M  
Email Address -  
Mobile No -  
Alternative Phone No 6858 5588 - Lyn

Vehicle Particulars  
Manufacturer Toyota  
Model Hiace DX-3.0 M (Reg. Date: 28/03/2017)  
Are you claiming under your own insurance policy for repair to your vehicle? Yes /  No  
If No, Please state action to be taken  TP Claims / Own Damages / Reporting Only

Vehicle Category  
Insurance Company  
Name of Insurance Company China Taiping Insurance (S) Pte Ltd  
Type Of Coverage Comprehensive  
Fleet Policy Yes /  No  
Policy Number DMXVSN3021311900  
Cover Note Number -

Driver  
Name of Driver Ling Mong Hong  
NRIC No S1419928D  
Date of Birth 05/02/1960  
Occupation Indoor /  Outdoor  
Date of Driving Pass 14/05/1979  
Gender Female /  Male

**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, 1969 (Malaysia)

CERTIFICATE No: **24072074-11112-10** Style: Popular Drive 1  
China Taiping Motor Insurance  
 1. Index Mark and Registration Number of Vehicle: **05224401**  
 2. Name of Policy Holder: **M/S WINDSPEED AUTO SERVICES LTD**  
 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: **24 MARCH 2020** ED 0001.1E ..... 10000.00  
ED 0001.1E ..... 10000.00  
 4. Date of Expiry of Insurance: **27 MARCH 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 AN ENACTMENT OR REGULATION TO THAT EFFECT FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

- (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 OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

- (1) USE FOR HIRE OR REWARD OR RACING, RACE-MARKING, FEASIBILITY TRIAL OR SPEED TESTING.
- (2) USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF NOT ONE DISABLED MECHANICALLY POWERED VEHICLE.

\* 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:

  
 \_\_\_\_\_  
 Authorized Officer

  
 \_\_\_\_\_  
 Authorized Signatory