

NATIONAL Assessment Centre Services.

Ref: J20051

NA20037607

Date In: 28/03/2020 14:47	Job description	Date & Time Completed	Done by
Ref No: 14/C7720004617/Y	SAS e-filing		
Veh No: 98F 2013X	E-mail (4 days 2hrs, AIC 2hrs)		
D.O.A: 27/04/2020 09:55	I-Motor Claim Form		
OD: TP: 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: 2V 5519E	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 ()	

() 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date:	Time:	By:

NA2002522	1) AR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Anchor's Comments:	For claiming against INC Only (over 10 Jan 2005)	\$75
Ref: 1:	6) TR: Re-inspection	\$160
2/2:	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil): TP (Nil) INC against INC	\$20
	9) N12: Idas 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	28/03/2020 14:47
Date Of Accident	27/03/2020 09:55
Exact Location Of Accident	ALONG CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2073X
Insured/Policyholder	
Name Of Registered Owner	AML DEVELOPMENT PTE LTD
Co Reg No	2XXXXX576H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83765221
Alternative Phone No	OFFICE-68418632

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN1652441903
Cover Note Number	

Driver

Name of Driver	SUBBIAH PRABAKARAN
Passport No/FIN	GXXXX741L
Date Of Birth	20/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/10/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83765221
Fax Number	
Contact Number	OFFICE-68418632
EMail Address	NOEMAIL

Address	351A CHANGI ROAD
Postcode	419818
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 - 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?	NO
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	SLV5519E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JING BAO
NRIC/Passport Number	SXXXX291H
Contact Number	97847342
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

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

Reporting Centre Personnel's Signature
Name: *Rosa Lim*
NRIC/FIN No.: *20103/2020*

SKETCH PLAN

Vehicle A : GBF2073X

Vehicle B : 3LV5519E

Lor 102 Changi



Changi Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/03/2020 at about 0955 hrs, I Vehicle A was waiting for traffic light to turn green along Changi Road. Suddenly, I felt an hit impact from my * vehicle rear portion. Vehicle B did not stop and collided on to the rear portion of my vehicle.

DECLARATION

I/We declare that the following 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.:

28/03/2020

Res. LIAISON

VEHICLE NO:	GBF2073X		MAKE & MODEL:	Toyota Dyna	
DATE OF ACCIDENT	27 / 03 / 2020				
TIME OF ACCIDENT	9:55		AM / PM		
LOCATION OF ACCIDENT	Along Changi Road				
Exact Purpose use during accident					
NAME OF OWNER	AML Development Pte Ltd				
TELP NO	6841 8632				
NRIC	200504536H				
CLAIM TYPE	OD / THIRD PARTY / Reporting Only				
INSURANCE CO.	China Taiping Insurance (Singapore) Pte Ltd.				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	DMCVSN1652441903				
NAME OF DRIVER	As above / If No: Subbiah Prabhakaran				
NRIC	G5289741 L				
DATE OF BIRTH	20 / 10 / 1987				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	17 / 04 / 2018				
GENDER	Male / Female				
CONTACT NO.	8376 5221				
ADDRESS	Office. Home.				
DRIVER HAVE ANY OWN Vehicle	351 A Changi Road # Singapore 419818				
RELATIONSHIP	NO / If yes, Reg No.				
WEATHER CONDITION	Employee / If No.				
ROAD SURFACE	Clear / Raining / Other.				
ANY INJURIES	Dry / Wet / Other.				
CONTACT NO.	No / If yes, Who?				
POLICE REPORT	No / If yes, Where?				
VEHICLE B NO.	SLV5519E				
NAME	Any Passenger: 0				
CONTACT NO.	Ng Jing Bao 38825291H				
VEHICLE C NO.	9784 7342				
VEHICLE D NO.	Any Passenger.				
VEHICLE E NO.	Any Passenger.				
VEHICLE F NO.	Any Passenger.				
ANY WITNESS	Any Passenger.				
WITNESS CONTACT NO.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
PARTICULAR WORKSHOP					
TELP NO	Z-ONE AUTOMOTIVE PTE LTD				
CONTACT PERSON	1 Kaki Bukit Ave 6, Bldg D				
EX NO.	#01-8771, 7 Autobay @ Kaki Bukit				
	Singapore 417883				
	Tel: +65 6634 2112 Fax: +65 6634 2122				



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208994E

KZ300/C
R SN
AN0421A
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, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1552441903

Engine No : 1KD2610246

Chano: KDV2318024599

1. Index Mark and Registration
Number of Vehicle

GBF2073X

AUTOSAFE

2. Name of Policy Holder

M/S AML DEVELOPMENT PTE LTD

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

02 August 2019

Excess Sect I S\$500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

01 August 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. : UNITED OVERSEAS BANK LIMITED AS HP 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 those 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: WITNESS SOLUTIONS
Authorised Officer

.....
Authorised Signatory