

NATIONAL Assessment Centre Services <small>(Ref: 1 Jan 05)</small> <b>NA420039012</b>			
Date In: <b>01/04/2020</b> <b>17:01</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/CTI 20004799/Y</b>	SAS e-filing		
Veh No: <b>GBL 8888S</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>31/03/2020</b> <b>09:30</b>	i-Motor Claim Form		
OD <b>TP</b> 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: <b>SAB 5561A</b>	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 ( )			
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		
<b>NA2002550</b>	Invoice Preparation Checklist		Am't (\$) Tr. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Ref. 1:	Invoice date:	Fee Charged	
Ref. 2, 3:			



## 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	01/04/2020 17:01
Date Of Accident	31/03/2020 09:30
Exact Location Of Accident	JUNCTION OF BUYONG ROAD AND ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8888S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAFE ENGINEERING SERVICES PTE LTD
Co Reg No	AXXXXXX883M
Email Address	TIMOTHY@SAFEENGINEERING.COM
Mobile Phone No	(LOCAL) +65-85892013
Alternative Phone No	OFFICE-85892013
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	CABSTAR
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3066381901
Cover Note Number	
<b>Driver</b>	
Name of Driver	WIN MYAT KO
NRIC No	GXXXXX566P
Date Of Birth	07/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85892013
Fax Number	
Contact Number	OFFICE-85892013
EMail Address	TIMOTHY@SAFEENGINEERING.COM

Address	15 YISHUN INDUSTRIAL STREET 1 #03-32
Postcode	768091
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 - CROSS JUNCTION
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)	3
Passenger 1	NAME: : SOE MIN NAING GENDER: : MALE
Passenger 2	NAME: : AYE MIN AUNG GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5261A
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WIN MYAT KO  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? GBG8888S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name SOE MIN NAING  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? GBG8888S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 3

Name AYE MIN AUNG  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? GBG8888S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## IMPORTANT NOTICE

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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.

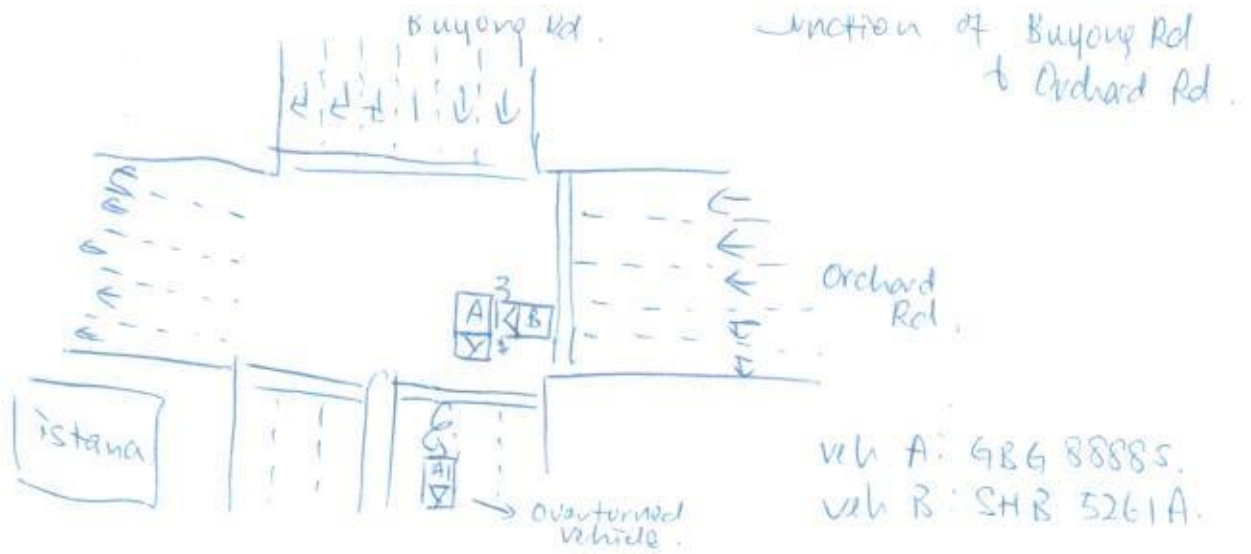
Policyholder's Signature  
Date & Time:



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

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

31/04/2020  
[Signature]  
[Signature]



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Buyong Rd toward CTE. As I was driving straight with green light in my favour, at the junction of Orchard Rd, vehicle B suddenly move forward and collided into the left hand portion of my vehicle. The impact caused my vehicle to swerve and overturned. The accident caused my vehicle to overturn and caused injuries to me and my 2 passengers. I got video recordings for the accident.

Vehicle A : GBG 8888 S  
Vehicle B : SHB 5261 A.

#### 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.:



Date of Accident : 31032020 Accident Time: 0930hrs (24-HR-Format)  
 Accident Place : Junction of Bogyong Rd and Orchard Rd  
 Vehicle No. (Car Plate No.) : GBG 8888S Make/Model: Nissan Cabstar  
 Insurance Company : China Taiping Policy No: DMCVSN 3066381901  
 Owner or Company Name / IC No. : SAFE ENGINEERING SERVICES PTE LTD (A201006883M)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 94555565 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : WIN MYAT KO (092416623)  
 DRIVER'S Date Of Birth : 07 Jul 1982 DRIVER'S License Pass Date 11 Aug 2016  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: \_\_\_\_\_  
 DRIVER'S Address : 15, Yxhon Industrial St 1 #03-32 S (768091)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 8589 2013 (Driver HP)  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : timothy@safeengineering.com / info@cracwithbiz  
 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): 03  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): 03

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

Vehicle No: <u>SHB 5261A</u>	Vehicle No: _____
Vehicle Make/Model: <u>TOYOTA PRIUS</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver Contact: _____	IC No. Driver Contact: _____

**\* NEW - Passenger's name & gender:**

01 SOE MIN NAING (090783483)  
 02 AYE MIN AUNG (092263762)



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



2000/C  
R SN  
AN0478A  
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, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. **DMCVSN3066381901** Engine No : **ZD30026156N**  
ChaNo: **JN1SC2F24Z0860228**

1. Index Mark and Registration Number of Vehicle **GBG88885** **AUTOSAFE**

2. Name of Policy Holder **SAFE ENGINEERING SERVICES PTE LTD**

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment **12 October 2019** Excess Sect I ..... **S\$500.00**  
EX ON WINDSCREEN ..... **S\$100.00**

4. Date of Expiry of Insurance **11 October 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. : TAN CHONG CREDIT PTE LTD 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 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 HUB PTE LTD**  
Authorised Officer

Authorised Signatory