

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA0004213

Date In: 7/4/12-09:15	Job description	Date & Time Completed	Done by
Ref No: 12/10722004989/14	SAS e-filing		
Veh No: 6B439026	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 6/4/12-14:05	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: 6B439026	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: ( )
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Date/Time	Actions

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	In Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QD*				
*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		\$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	07/04/2020 09:19
Date Of Accident	06/04/2020 14:05
Exact Location Of Accident	BARTLEY RD AFTER MOUNT VERNON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3990G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PUI WEI TRADING
Co Reg No	5XXXX129E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98178938
Alternative Phone No	OFFICE-98178938

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	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	DMCVSN1816031901
Cover Note Number	

### Driver

Name of Driver	TAN EUGENE
NRIC No	SXXXX175Z
Date Of Birth	15/04/1996
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98178938
Fax Number	
Contact Number	OFFICE-98178938
EMail Address	NOEMAIL

Address	BLK 791 WOODLANDS AVENUE 6 #12-613
Postcode	730791
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)	2
Passenger 1	NAME: : TAN WILGENE 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

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	SKE5443R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THAM FOOK LOCK DAVID
NRIC/Passport Number	SXXXX834I
Contact Number	96312738
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	





## 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.



**Thomas Sim & Co. Pte. Ltd.**  
No. 11 Yishun Industrial Street 1  
North Spring Bizhub  
#04-105 Singapore 768089  
Email: wcl\_sim@ymail.com  
Phone: 63234129E

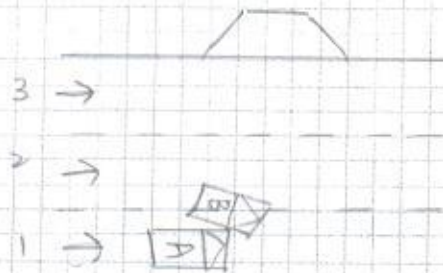
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

A-GBH3990G  
B-SKE5443R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lane 1 of Bartley Road after MountVernon Road before  
Bartley MRT on 06-04-2020 @ 1405 hours. Traffic was heavy on that time.  
Suddenly, Vehicle B cut into my lane and collided onto front left portions  
of my vehicle.

**DECLARATION WEI TRADING**  
I/We declare the foregoing particulars are true in every respect.  
No. 11 Yishun Industrial Street 1  
North Spring Bizhub  
604-105 Singapore 760089  
Email: wei\_sim@yahoo.com  
Reg. No. 532341266

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 6BH39906 MAKE & MODEL Toyota Dyna  
DATE OF ACCIDENT 06/04/2020 TIME OF ACCIDENT 1405 AM / PM  
LOCATION OF ACCIDENT Bartley Road after Mount Vernon Road before Bartley MRT

### OWNER DETAILS

NAME OF OWNER Pui Wei Trading  
NRIC / ROC # 53234129E  
CONTACT NO. 98178938  
CLAIM TYPE OD / THIRD PARTY / REPORTING ONLY  
INSURANCE CO. China Taiping  
TYPE OF COVERAGE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
POLICY NO. DMCVSN/816031901

### DRIVER DETAIL

NAME OF DRIVER Tan Eugene ANY PASSENGERS: 1 pax  
NRIC S 9612175Z (m) Tan Wilgene  
DATE OF BIRTH 15/04/1996  
OCCUPATION OUTDOOR / INDOOR / BOTH  
DATE OF DRIVING PASS 27/05/2016  
GENDER MALE / FEMALE  
CONTACT NO. 98178938 OFFICE HOME  
ADDRESS Blk 791 Woodlands Avenue 6 # 12-613 S (730791)  
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 INJURY NO / IF YES: WHO? 1.  
2.  
3.  
4.  
POLICE REPORT NO / IF YES: WHERE?

VEHICLE B SKE 5443 R (Volkswagen Touran) ANY PASSENGER: 2 pax  
NAME Tham Fook Lock David (S 1396834I)  
CONTACT 96312738  
VEHICLE C ANY PASSENGER:  
VEHICLE D ANY PASSENGER:  
VEHICLE E ANY PASSENGER:  
VEHICLE F ANY PASSENGER:

### ANY WITNESS

CONTACT NO

Have you been approach by unknown person(s) soliciting/offering accident claims assistance YES / NO

PARTICULAR WORKSHOP

huameng@live.com.sg

CONTACT PERSON

TEL

FAX



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. 200208384E

MZ300/C

R SN

AN0597A

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.

DMCVSN1816031901

Engine No :1KD2801257

Chano:JTFAT35Y10K210582

1. Index Mark and Registration  
Number of Vehicle

GBH3990G

2. Name of Policy Holder

PUI WEI TRADING

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

16 May 2019

Excess Sect I ..... S\$350.00

EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance

15 May 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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

\* 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).

**SG MOTOR TRADER PTE LTD**

Reg. No. 201537467C

Please see reverse

172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 (Fax: 6456 0678)

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ..... SG MOTOR TRADER PTE LTD .....  
Authorised Officer

Authorised Signatory