

NATIONAL Assessment Centre Services. part 1 Jan 2003 **NA12004888**

Date In: 05/05/2020 13:32	Job description	Date & Time Completed	Done by
Ref No: NA/C120005599/Y	SAS e-filing		
Veh No: QBD 8979D	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 05/05/2020 08:50	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/Whse		

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

TP Particulars: Vch No: **SC1447C** 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 repolar.

() 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: ()

Location: ()

By: ()

NA2002849

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
Architect's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Date: 2/2/20	For claiming against INC Only (waf 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI2: Idas Mobile	\$0
	Invoice dated	
	Invoice dated	

Fee Charged

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	05/05/2020 13:32
Date Of Accident	05/05/2020 08:50
Exact Location Of Accident	BRADDELL ROAD TOWARDS CTE (CITY) TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8979D
Insured/Policyholder	
Name Of Registered Owner	KIM TIONG ENTERPRISES PTE LTD
Co Reg No	1XXXXX901G
Email Address	SAM.RP266@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97946851
Alternative Phone No	OFFICE-97946851
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4AA-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMCVSN1527811904
Cover Note Number	
Driver	
Name of Driver	SHAMSER BIN SAPOAN
NRIC No	SXXXX090A
Date Of Birth	28/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97946851
Fax Number	
Contact Number	OTHERS-97946851
EMail Address	SAM.RP266@YAHOO.COM.SG

Address	41 BRIGHT HILL DRIVE #04-07
Postcode	573893
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	SHC1447C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG CHUNG KIONG
NRIC/Passport Number	SXXXX639J
Contact Number	92377697
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

KIA TIANG ENTERPRISES PTE LTD

Policyholder's Signature

Date & Time:

KIA TIANG ENTERPRISES PTE LTD

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/5/2020
10.35am

Reporting Centre Personnel's Signature

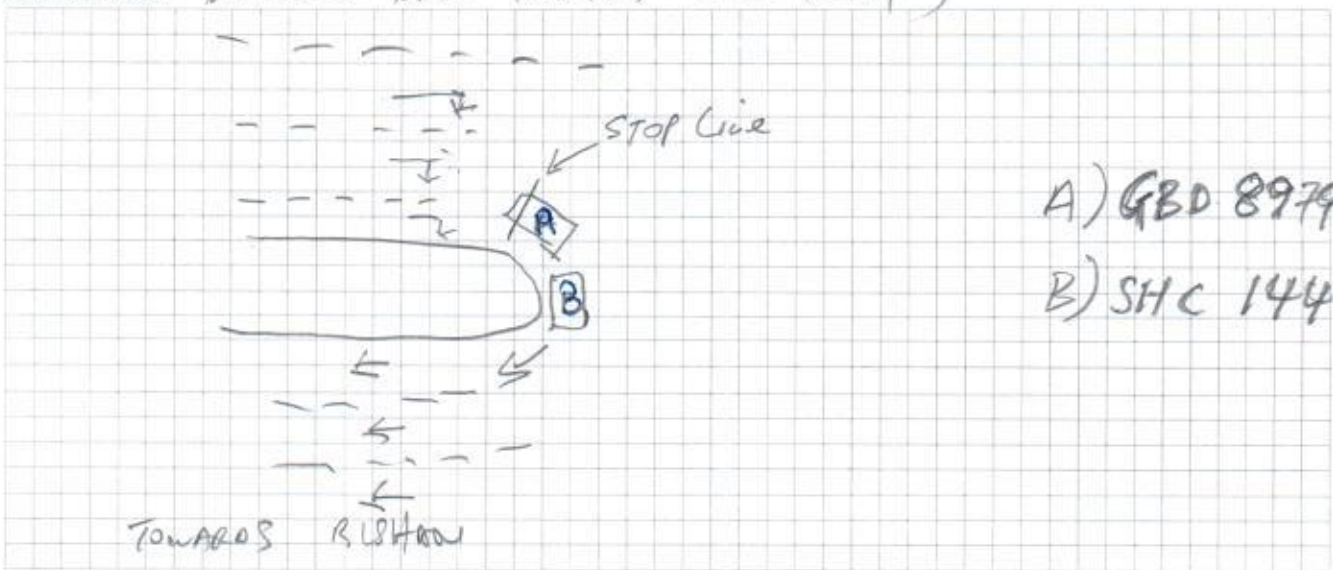
Name:

NRIC/FIN No.:

05/05/2020
ROSELI WAPAR

SKETCH PLAN

BRADDELL ROAD TOWARDS CTE (CITY)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/5/2020 at 08.51am. I was at Braddell road stop and wait for the green light to turn to cte (city). In front of me was a taxi SHC1447C. When the light turn green I horn once because the taxi not moving. But he move so slow the vehicle behind me horn at me. When I look at the rear mirror suddenly the taxi brake and I also brake but still hit the rear of the taxi. I was shock cos the taxi driver was making a U-turn, the road was clear and there's no ~~rest~~ pedestrian crossing. There's no reason for the taxi driver to stop cos there's no incoming vehicle and passed the stop line.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

KIM TONG ENTERPRISES PTE LTD

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.:

18:35am

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 5 / 2020) (DD/MM/YYYY), TIME: (08 : 51) (HH:MM)

LOCATION: BRADDIE Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 8777 D
b) INSURANCE COMPANY: Kim Tiong Ent. P/C
c) POLICY NUMBER: DMCUSN1527811504
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ISUZU NHK 8.5AUB 4AA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work on the way to work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SHAMSER BIN. SAPOM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S710090A CONTACT: 97946851
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kim Tiong Enterprise P/C (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 198301901G CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (28 / 3 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 7 Jan 2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 1447C MODEL:
b) DRIVER'S NAME: LEONG CHUNG KIONG
c) NRIC/FIN/PASSPORT: S1496639J CONTACT: 9237 7697

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = sam.rp266@yahoo.com.sg

VIDEO

ORIGINAL

THE SCHEDULE

Agency	AN0236A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	DMCVSN1527811904
Account	AN0236A	Issued on	13/06/2019 in SINGAPORE	Replacing Policy no.	DMCVSN1527811803
Client	3175174	Acceptance Date	13/06/2019		

Period of Insurance from 25/06/2019 to 24/06/2020 , both dates inclusive

Insured's Name	M/S KIM TIONG ENTERPRISES PTE LTD
Address	BLK 803 KING GEORGE'S AVENUE #02-194 SINGAPORE 200803

Business/Occupn... DRIVER
Financial interest MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Premium	Base Annual Premium	\$3,302.00		
	Less 20% Loyalty Discount	\$660.40-		
	Less 20% Autosafe Scheme	\$528.32-		
	No Claim Discount 10.00%	\$211.33-		
	Windscreen @ \$1,000	\$50.00		
	Total Annual Premium	\$1,951.95	Premium Due	\$1,951.95
			Premium GST	\$136.64
			Total Due	\$2,088.59

* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE *
* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. *

Risk No. 001	MOTOR COMMERCIAL VEHICLE		
	ORIGINAL REGISTRATION DATE: 25.06.2015		
1. Registration	GBD8979D	Make/Model	ISUZU NHR85AUE4AA
Type of Cover	Comprehensive	No. of seats	2 Body Type LORRY
Engine No.	4JJ1-1W3146	Capacity cc's	0 Yr of Manuf/Regn 2015/2015
Chassis No.	JAANHR85EF7100086		
	Tonnage	1.69	Certificate Ref. MZ300/C
Sum Insured..Market value at the time of loss			
Excess Sect I	\$500.00		
EX ON WINDSCREEN	\$100.00		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$1,000.-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

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