

NATIONAL Assessment Centre Services.

[ver 1 Jan 00] **NA20062833**

Date Ins: 29/01/2006 10/43	Job description	Date & Time Completed	Done by
Ref No: NBA/CT2000804/4	SAS e-filing		
Veh No: GBC 6552J	E-mail (by date time, AIC time)		
D.O.A: 28/01/2006 14:20	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD time, TP time)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Victim		

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

TP Particulars: () Veh No: **GBC 192B** 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 rapalior.

() 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 > \$9000) ()

Injury: ()

NA2003933

Driver/Owner:	1) AIC 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
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2000)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NIUC Additional Service	
	ON:	
	* NI: Courtesy Car / Tpl Allowance	\$5
	* NI: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Documents Coordination	\$5
	TP (NIUC) / VP (NIUC) against INC	\$20
	9) NI: Ideal 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	29/07/2020 10:43
Date Of Accident	28/07/2020 14:20
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6552J
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	-
Email Address	NERA798019@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93848748
Alternative Phone No	OFFICE-93848748

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	DMCVSNA00057092000
Cover Note Number	

Driver

Name of Driver	ANEL BIN KAMALUDIN
NRIC No	SXXXX723C
Date Of Birth	16/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93848748
Fax Number	
Contact Number	OFFICE-93848748
Email Address	NERA798019@GMAIL.COM

Address	BLK 832 WOODLANDS STREET 83 #02-65
Postcode	730832
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	GBC1792B
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM KOK YEONG
NRIC/Passport Number	SXXXX425J
Contact Number	92761710
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:



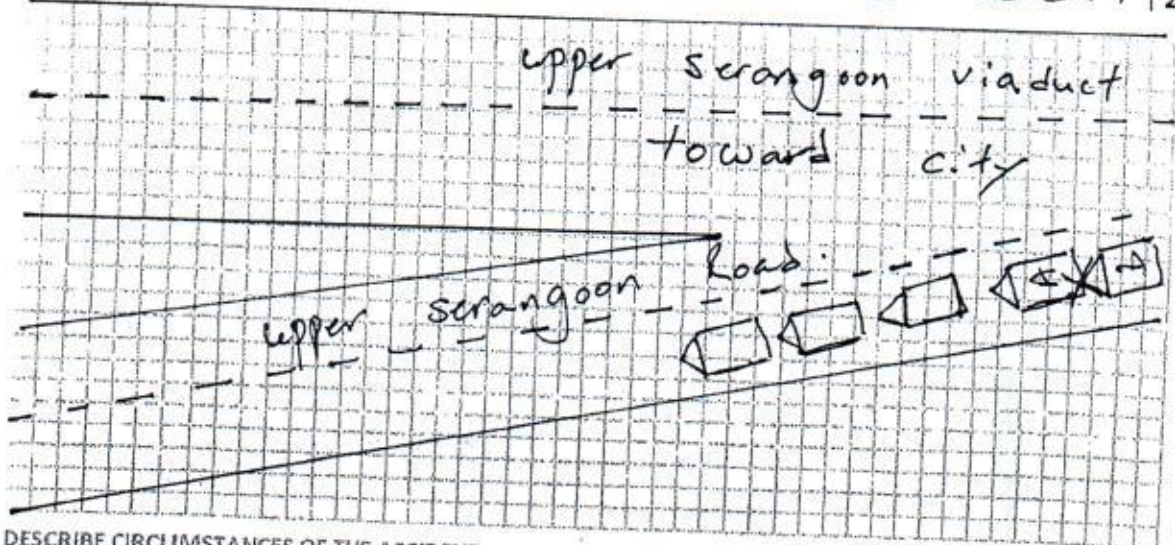
Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/7/20 1525hr.

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

A - GBE6552J

B - GBC1792B

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/7/2020 at around 2.20pm, I was driving vehicle A. GBE 6552 J along Upper serangoon Rd towards CITY. Upon reaching the split junction where I was on the left most lane, the front 3 vehicle stop and I also completely stop. After a while vehicle B GBC 1792 B could not stop in time and collide onto my vehicle rear left portion. After the accident we exchange particulars and proceed to do the accident reporting.

DECLARATION

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

Policyholder's Signature
Date & Time:

SRMNC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/7/20 @ 1535h.

Reporting Centre Personnel's Signature
Name: Resi
NRIC/FIN No.: 188888888

ACCIDENT REPORT

SECTION A - TO BE COMPLETED BY DRIVER WHO INVOLVED IN THE ACCIDENT

DATE & TIME OF ACCIDENT: DATE 28/7/2020 TIME 1420
DATE & TIME OF REPORTING: DATE 28/7/2020 TIME 1525
PLACE OF ACCIDENT: 788 Upper Perangosa Rd. S(534658).
VEHICLE REG NO: GBE 652J MAKE/MODEL: NISSAN NV200.
PURPOSE OF USE AT TIME OF ACCIDENT: GOODS TRANSPORTATION/PRIVATE USAGE (OTHER: on duty).
NAME: Anel Bin Kamaludin NRIC/FIN NO: S7920723C.
ADDRESS: Blk 832 Woodlands St 83 #02-65
POSTCODE: 730832 DATE OF BIRTH: 16/7/1979.
CONTACT: HOME 69171392 OFFICE _____ HANDPHONE 93848748.
EMAIL: nera798019@gmail.com. GENDER (MALE) / FEMALE
OCCUPATION: Field Engineer (OUTDOOR) / INDOOR
YEARS OF DRIVING EXPERIENCE: 11 LICENCE DATE OF ISSUE: 14/3/2009.
TYPE OF CLAIM: (THIRD PARTY) / OWN DAMAGE / REPORTING ONLY
DRIVER STATUS: OWNER (NON - OWNER)

IF YOU NOT THE OWNER, THE OWNER'S NAME & TEL: _____
OWNER'S ADDRESS: _____
RELATIONSHIP WITH OWNER: _____ OWNER'S NRIC / COMPANY REG NO: _____
INSURANCE COMPANY: _____ INSURANCE POLICY NO: _____
FLEET: YES / NO TYPE OF POLICY: COMPREHENSIVE / THIRD PARTY FIRE & THEFT / THIRD PARTY ONLY

MY INSURANCE COMPANY: _____ INSURANCE POLICY NO: _____
TYPE OF POLICY: COMPREHENSIVE / THIRD PARTY FIRE & THEFT / THIRD PARTY ONLY

DRIVER'S DECLARATION: I DECLARE THAT THE INFORMATION GIVEN IN THIS REPORT ARE TRUE AND CORRECT AND I UNDERTAKE TO ASSUME FULL RESPONSIBILITIES FOR ALL CONSEQUENCES SHOULD ANY PART GIVEN BE UNTRUE.

SIGNATURE: 

DATE & TIME: 28/7/20 @ 1525hrs.

SECTION B - TO BE COMPLETED BY DRIVER WHO INVOLVED IN THE ACCIDENT

- TYPE OF ACCIDENT: Head to rear.
- WEATHER CONDITION: CLEAR / CLOUDY / LIGHT RAINS / HEAVY RAINS
- ROAD CONDITION: DRY / WET
- WAS ANYONE INJURED IN THE ACCIDENT? YES NO
- WAS ANY INJURED CONVOY BY AMBULANCE? YES NO
- POLICE REPORTED? YES NO
- POLICE REPORT REFERENCE NO: _____
- WAS NOTICE OF INTENDED PROSECUTION GIVEN? YES NO
- OTHER VEHICLE OR PROPERTY DAMAGE? YES / NO
- COMPANY'S VEHICLE? YES NO
- DO YOU HAVE WITNESS? YES NO
- WAS THERE ANY VIDEO CAPTURED BY CAR CAMERA? YES NO
- NUMBER OF PASSENGERS (INCLUDING DRIVER): (1)

THIRD PARTY'S DETAILS


DETAILS	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
VEHICLE REG NO	GBC 1792 B.		
VEHICLE MAKE / MODEL	NISSAN NV200.		
NAME OF DRIVER	HM KOK YEONG		
NRIC NO	S 1756 4 25 J		
INSURANCE COMPANY			
HANDPHONE	9276 1710.		

WITNESS DETAILS

DETAILS	WITNESS NO. 1	WITNESS NO. 2	WITNESS NO. 3
NAME OF WITNESS			
NRIC NO			
HANDPHONE			

DESCRIBE HOW ACCIDENT HAPPENED PLEASE USE SKETCH PLAN FOR ACCIDENT DISCRPTION & SKETCH OF ACCIDENT SCENE

DRIVER'S DECLARATION: I DECLARE THAT THE INFORMATION GIVEN IN THIS REPORT ARE TRUE AND CORRECT AND I UNDERTAKE TO ASSUME FULL RESPONSIBILITIES FOR ALL CONSEQUENCES SHOULD ANY PART GIVEN BE UNTRUE.

SIGNATURE: 

DATE & TIME: 28/7/20 1535 hrs



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.

Motor Commercial

MZ407/C

N SN

AN0478A

Cov. Type:C

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)

CERTIFICATE No.

DMCVSNA00057092000

Engine No.: K9KC400D055223

Cha. No. VSKYBAM20Z0083578

1. Index Mark and Registration
Number of Vehicle

GBE8552J

AUTOSAFE

2. Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

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

08/07/2020

Excess Sect. I

SS\$2,000.00

Excess Sect. II

SS\$2,000.00

4. Date of Expiry of Insurance

22/04/2021

EX ON WINDSCREEN

SS\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: DBS BANK 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:



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com