

NATIONAL Assessment Centre Services. [part 1 Jan 2005] MMA 120064392

Date In: 30/1/20 15:16	Job description	Date & Time Completed	Done by
Ref No: MMA CTI 2000 7881/14	SAS e-filing		
Veh No: GBE 5927T	E-mail (within 3hrs, AIC 2hrs)		
TPA: 30/1/20 09:30	I-Motor Claim Form		
UI: (1) 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		

Produced Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: GBH 6004J	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 ()	

Comments: () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repoter.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments: () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repoter.	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	Action

MA 2003956		Invoice/Insurance Checklist	Amount (\$)	Amount (\$)
Client/Insurer Particulars:	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	2) N12: Idno Mobile \$0			
	Invoice dated	Fax Charged		
	Invoice dated	Fax 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	30/07/2020 15:16
Date Of Accident	30/07/2020 09:30
Exact Location Of Accident	SLE TWDS CITY B4 EXIT AMK AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE5927T
Insured/Policyholder	
Name Of Registered Owner	YONG SON INTERIOR DECORATION CENTRE
Co Reg No	3XXXX400M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64462709
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSNW00005562000
Cover Note Number	
Driver	
Name of Driver	CHAN BENG CHEONG
NRIC No	SXXXX039C
Date Of Birth	20/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1984
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90069039
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	401 KEW CRES
Postcode	466278
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	2
Passenger 1	NAME: : AH KEONG 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	GBH6004J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	CHAN BENG CHEONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE5927T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	AH KEONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE5927T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

勇勝室內傢俬設計
YONG SON INTERIOR DECORATION CTR.

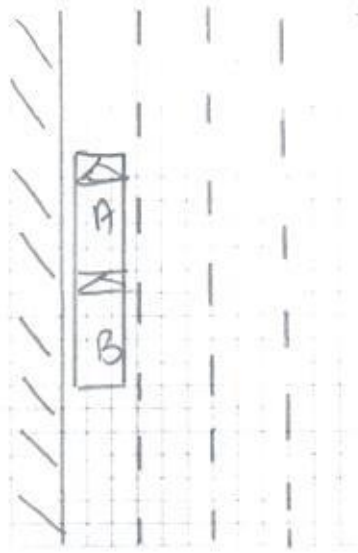
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Vehicle A: GBE 5A27T
B: GBH 6004J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/7/2020 at about 9.28am, whilst travelling straight along SLE towards city before Exit AHK Ave 5 on the extreme left lane, there was slow moving traffic. Vehicle in front slowed down and stop. So, I followed suit. Out of sudden, vehicle B (GBH 6004J) came from behind and hit into the rear portion of my vehicle A (GBE 5A27T).

DECLARATION

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

YONG SON INTERIOR DECORATION CTR.

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.:

Motor Commercial

MZ300/C

N SN

AN0678A

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.

DMCVSNW00005562000

Engine No.: 1KD2577991

Cha. No.: JTFAT35Y60K205717

1. Index Mark and Registration
Number of Vehicle

GBE5927T

AUTOSAFE

2. Name of Policy Holder

YONG SON INTERIOR DECORATION CENTRE

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

22/01/2020

Excess Sect I. S\$1,500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

21/01/2021

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 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: LEE KOK LEONG (LI GUOLIANG)

Authorised Officer



Authorised Signatory

From : Premium Carz Services Pte Ltd

Tel : 6636 9100 Fax : 6636 9113

Email : aunteng@premiumcarz.com.sg

ACCIDENT STATEMENT

Date	30/7/2020		
Time	9.28am		
Location	SLE towards City before Exit AMK Ave 5		
VEHICLE (A)	GBE5927T	MODEL:	Toyota Dyna
Name of owner	Yong Son Interior Decoration Centre		
NRIC no	36859400M		
Date of birth			
Occupation	Indoor / Outdoor		
Gender	Male / Female		
Contact	HP:	Tel: 64462709 Fax: 64462709	
Address	8 Kaki Bukit Ave 4, #07-40, S(415875)		
Driving Passed date			
Email Address	yongsoninterior@yahoo.com.sg		
Type of claim	Own Damaged / Third Party / Reporting Only		
Insurance Company	China Taiping		
Type of Policy	Comprehensive / Third Party, Fire&Theft / Third Party Only		
Policy number	DMCVS2W00005062000		
Name of driver	Chan Beng Cheong		
NRIC no	S16490392		
Date of birth	20/3/1964		
Occupation	Indoor / Outdoor		
Gender	Male / Female		
Contact	90069039		
Address	401 Kew Crescent, S(466278)		
Driving Passed date	13/4/1984		
Email Address	as above		
Relationship with the Insured	Owner / Children / Spouse / Employee / Others:		
Does the driver own any other vehicle	No / if Yes : Vehicle no: Ins. Co:		
Type of Collision	Head to Rear (Third Party Hit Insured)		
Weather conditions / Road surface	Clear / Raining - Dry / Wet / Others:		
Any Police Report lodged	No / Yes : Where?		
Notice of Intended Prosecution Given?	No / Yes : Against who?		
Anybody injured in the accident?	No / Yes : Who / Vehicle no? GBE5927T		
Any other material or property damaged?	No / Yes		
Any foreign vehicle involved?	No / Yes : Vehicle no:		
Any video captured by car camera?	No / Yes		
Number of passengers (including driver)	F: -	M: 2 (Chan Beng Cheong & Ph Keong)	
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		
VEHICLE (B) - THIRD PARTY	GBH6004J		
Name of driver			
NRIC / FIN no. / Passport number			
Contact			
Number of passengers (including driver)			
Exact Purpose Use	Private Car / Commercial / Hire & Reward		
Insurance Company			
Details of Witness	Name :	HP :	
	Email :		
Other Vehicles	(C)	(D)	
Number of passengers (including driver)			