

NATIONAL Assessment Centre Services. [Part 1 Jan 2021] MAH 20070473

Date In: 18/08/2020 16:46	Job description	Date & Time Completed	Done by
Ref No: MAH 20070473	SAS e-filing		
Veh No: GR 444C	E-mail (Update Bill, AIC Bill)		
D.O.A: 15/08/2020 14:20	I-Motor Claims 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/VLH32		

Preferred Wkep / INC Assign Wkep / OW: (Tel: (Fax: (
TP Particulars:	Veh No: SMQ 23024	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Dates: ()	Times: ()
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 repair.

() 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: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
IC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$110	
Additional Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
_____	For claim against INC Only (see 10 Jan 2021)	
_____	6) TR: Re-inspection \$75	
_____	7) RI: 1 Day DA + 5 Mins Survey \$160	
_____	8) NTUC Additional Services:	
_____	ON:	
_____	*N5: Courtesy Car / Trip Allowance \$3	
_____	*N6: Repair Coordination \$10	
_____	*N7: Post Repair Inspection \$25	
_____	*N8: DV / Collect Excess Coordination \$3	
_____	TP (RI) / TP (SAS INC) against LRG \$10	
_____	*N12: 1 Day 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	18/08/2020 16:46
Date Of Accident	15/08/2020 14:00
Exact Location Of Accident	BLOCK 230D TAMPINES ST 24 LOADING/UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4414L
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	2XXXXX755G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97696133
Alternative Phone No	OFFICE-88157066

Vehicle Particulars

Manufacturer	KIA
Model	K2500
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNA00029462000
Cover Note Number	

Driver

Name of Driver	SIRAN BIN SIRON
NRIC No	SXXXX459H
Date Of Birth	07/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97696133
Fax Number	
Contact Number	OTHERS-88157066
Email Address	NOEMAIL

Address	BLK 333 KRETA AYER ROAD #15-21
Postcode	080333
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	COLLIDED INTO PARKED VEHICLE
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	SMQ2302Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

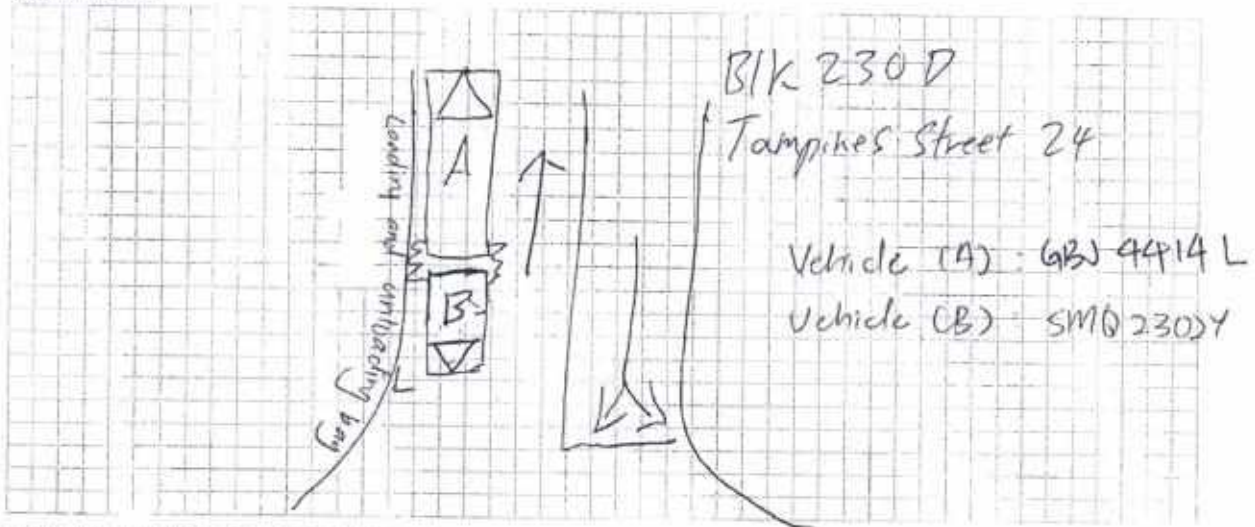


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Resli*
NRIC/FIN No.: *1810812020*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my lorry vehicle (B) at the loading / unloading bay when I proceed to reverse my vehicle to exit the parking lot, I was not able to see the blind spot of my high bot lorry. I accidentally felt an impact on my rear of my lorry. I came down from my lorry and notice that my lorry have collided on the vehicle (B) rear portion. I also notice that there was no driver in the car. The area is meant for loading and unloading only.

DECLARATION

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

Policyholder's Signature
Date & Time: 17/08/2020

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

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 15/08/2020		TIME: 1400 HRS		(HH:MM) 24 hrs Format	
LOCATION: BLK 230 D TAMPINES STREET 24					
VEHICLE NUMBER: GRJ4414L					
INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD					
NRIC/FIN: 201710755G		CONTACT: 9769 6133			
MAKE: KIA		MODEL: K2500			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes, If No, Pls Select: () Third Party (<input checked="" type="checkbox"/>) Reporting Only					
INSURANCE COMPANY: CHINA TAIPING					
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER: DMCVSNA00029462000					
NAME DRIVER: SRAN BIN SIRON					() SAME AS INSURED
NRIC/FIN: 57330959H		CONTACT: 5815 7066			
DATE OF BIRTH: 07 AUG 1973					
DRIVING PASS DATE: 12 MAY 2009					
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR					
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE					
EMAIL ADDRESS: () NO EMAIL					
ADDRESS OF DRIVER: ADT BLK 333 KRETA AYER ROAD # 15-21 S (050333)					
Number Of Passenger Include Driver: DRIVER ONLY					
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO					
If No, Relationship Of The Driver With The Insured					
() Owner () Spouse () Friend () Relative () Children () Sibling () Others					
Does The Driver Own Any Other Vehicle? () YES (<input checked="" type="checkbox"/>) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others					
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO					
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO					
If YES, Injured details:					
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO					
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO					
Was There Any Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report					
Police Report Number (If any)					
Details Of 3rd Party		Name	NRIC	Contact	No. of Paxs (incl'driver)
Veh B		SMQ 2302 Y			() /Not Sure (<input checked="" type="checkbox"/>)
Veh C					() /Not Sure ()
Veh D					() /Not Sure ()
Veh E					() /Not Sure ()
Veh F					() /Not Sure ()
Veh G					() /Not Sure ()



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:F

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.

DMCVSNA00029462000

Engine No.: D4CBK762608

Chs. No.:KNCSJK76LK7350209

1. Index Mark and Registration
Number of Vehicle

GBJ4414L

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

23/04/2020
(11:19:00)

Excess Sect. II \$52,000.00

4. Date of Expiry of Insurance

22/04/2021

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.: CYCLE & CARRIAGE FULCO MTR DEALER P L AS HP OWNER

* Limitations rendered inoperative by Section 3 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



Issued By: Lim Lee Chao
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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

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