

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA 120073946**

| | | | |
|---------------------------------|--|-----------------------|---------|
| Date In: 28/12-14:43 | Job description | Date & Time Completed | Done by |
| Ref No: NA 120073946 | SAS e-filing | | |
| Veh No: YN 4833 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A 1987-07:30 | 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: 43JB1605 | 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% F: 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 : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA 120073946 | Invoice Preparation Checklist | Am't (\$) Est Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 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* | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$5 | | |
| Dat. 1: | TP (N11): TP (N-in INC) against INC \$20 | | |
| Dat. 2 / 3: | 9) N12: Idac Mobile 30 | | |
| | 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 | 28/08/2020 14:43 |
| Date Of Accident | 18/08/2020 07:30 |
| Exact Location Of Accident | 288D BUKIT BATOK ST 25 LOADING/ UNLOADING BAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | YN487J |
| Insured/Policyholder | |
| Name Of Registered Owner | ABS LEASING SERVICES PTE LTD |
| Co Reg No | 2XXXXX528D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92966056 |
| Alternative Phone No | OFFICE-92966056 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | ISUZU |
| Model | NPR85UH5A |
| 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 | 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 | DMCVSNW00025752000 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | TAN KOK TAY (CHEN GUODI) |
| NRIC No | SXXXX488G |
| Date Of Birth | 15/09/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/04/2000 |
| Driving Experience | 20 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82181771 |
| Fax Number | |
| Contact Number | OFFICE-82181771 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 288E BUKIT BATOK STREET 25 #02-60 |
| Postcode | 654288 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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? | NO |
| 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

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 | GBJ8160S |
| 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) | |

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.



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.:

28/08/2020



VEHICLE

A: VN 4873

B: 6B381605

088 D BUKT BATAK ST 25

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE, TIME & LOCATION, I WAS MOVING FORWARD GOING STRAIGHT. VEHICLE "B" WAS STATIONARY AT THE LEFT LANE OF ONE LANE TWO DIRECTION ROAD. I STOPPED AND HONK BUT THE VEHICLE IS NOT MOVING, SO I PROCEED MOVING FORWARD BY OVERTAKING FROM THE RIGHT. ALL OF A SUDDEN I HEARD A BANG ON MY VEHICLE "A" LEFT REAR. I ALIGHT AND SAW VEHICLE "B" COLLIDED ONTO MY LEFT REAR PORTION. WE EXCHANGE DETAILS AND MOVE OFF.

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/08/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 18/08/2020 Accident Time: 0730HRS (24-HR-Format)
Accident Place : 888D BUKIT BATOK ST 25 LOADING & UNLOADING BAY
Vehicle Reg. No. (Car Plate No.) : YN487J
Vehicle Make/Model : ISUZU WRRY
Insurance Company : CHINA TAIPING Policy No. DMCV3N W80025752000
Owner or Company Name /IC No. : ABS LEASING SEAH SERVICES PTE LTD
Owner or Company Contact No. : _____ Owner's Hp 92966056 Company Tel _____
DRIVER'S Name / IC No. : TAN KOK TAY 876294886
DRIVER'S Date Of Birth : 15091976 DRIVER'S License Pass Date 03 04 2000
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: DRIVER
DRIVER'S Address : 2882 BUKIT BATOK STREET ST #02-60 5654288
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 8218 1771
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : JOHN.PYJ@HOTMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: 6BJ8160S

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



Motor Commercial

MZ407/C

N SN

AN0597A

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.

DMCVSNW00025752000

Engine No.: 4JJ1791961

Cha. No.: JAANPR85H97100297

1. Index Mark and Registration
Number of Vehicle

YN487J

AUTOSAFE
=====

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

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

08/04/2020
(14:09:37)

Excess Sect. I, S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

07/04/2021

EX ON WINDSCREEN, S\$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.

Authorised Signatory

Issued By: SG MOTOR TRADER PTE LTD
Authorised Officer