

# NATIONAL Assessment Centre Services

(wef 1 Jan'08) **NA7201617**

Date In: <b>11/12-12:02</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA7201617</b>	SAS e-filing		
Veh No: <b>6867144</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>71/8/12-14:00</b>	i-Motor Claim Form		
OD : <b>TP</b> 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: **6867144** 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

<b>NA7201617</b>	<b>Invoice Preparation Checklist</b>		<b>Am't (\$)</b> 1st Bill	<b>Am't (\$)</b> 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 2008)			
	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			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile 30			
Dat. 2 / 3:	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	01/09/2020 10:02
Date Of Accident	31/08/2020 14:00
Exact Location Of Accident	BUKIT TIMAH RD TWDS SIXTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6714U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CREATIVE BEVERAGE INGREDIENTS PTE LTD
Co Reg No	2XXXXXX236M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67416638

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
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	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	DMCVSNW00026812002
Cover Note Number	

### Driver

Name of Driver	TANG BOON WHA
NRIC No	SXXXX451H
Date Of Birth	03/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93853294
Fax Number	
Contact Number	OFFICE-93853294
Email Address	NOEMAIL

Address	BLK 448 HOUGANG AVENUE 10 #11-537
Postcode	530448
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?	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)	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	SLP1008X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHSEN MOHD MOHD MAREI ELFAR
NRIC/Passport Number	
Contact Number	92483809
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	TANG BOON WHA
------	---------------

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBC6714U

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.

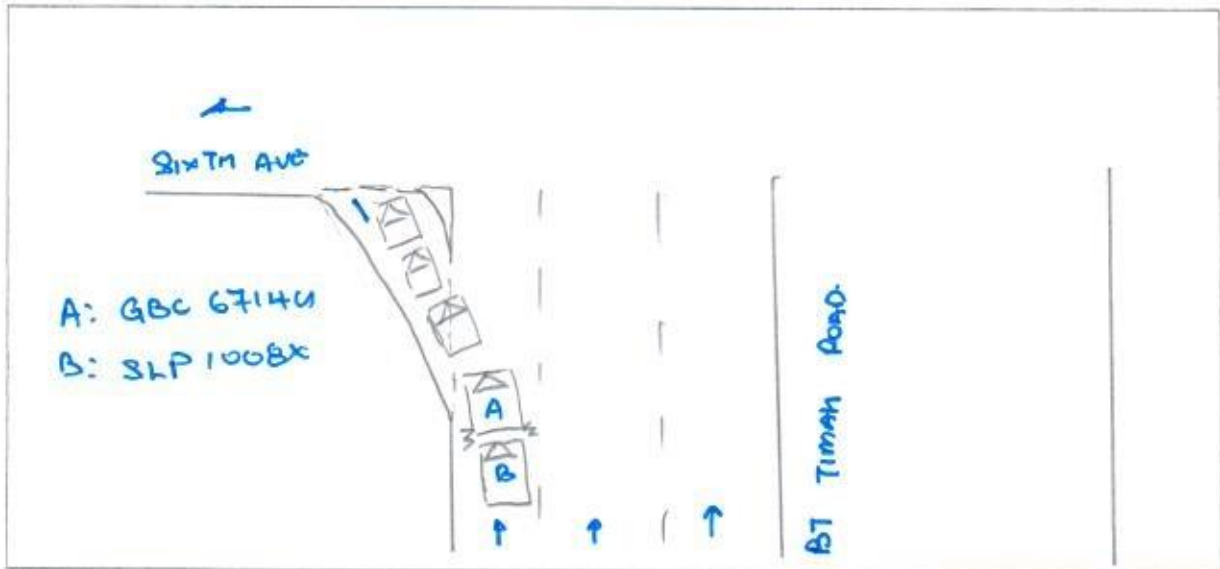


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE LEFT MOST LANE OF 3 LANES ALONG BT TIMAH ROAD AND WAS BEHIND SOME VEHICLES WANTED TO ENTER INTO SIXTH AVE, WHILE TRAVELLING, VEHICLE IN FRONT STOP AND I ALSO STOPPED WHEN SUDDENLY ONE M/CAR SLP 1008X CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Handwritten signature]*

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

*[Handwritten signature]*

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

*[Handwritten signature]*



VEHICLE NO: GBC 67144

MAKE &amp; MODEL: TOYOTA HIACE

DATE OF ACCIDENT	31 / 08 / 2020
TIME OF ACCIDENT	2.00 AM/PM
LOCATION OF ACCIDENT	BT TIMAH ROAD ENTERING TO SIXTH AVE
EXACT PURPOSE USE DURING ACCIDENT	DELIVERY TO SIXTH AVE
<b>NAME OF OWNER</b>	CREATIVE BEVERAGE INGREDIENTS PTE LTD
TEL NO	6741 6638
NRIC	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY
INSURANCE CO	CHINA TAIPING
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft
POLICY NO.	DMCVSNW00026812002
<b>NAME OF DRIVER</b>	As Above / If No: TANG BOON WHA
NRIC	S15574514 Any Passengers: NO
DATE OF BIRTH	03 / 12 / 1962
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor
DATE OF DRIVING PASS	21 / 12 / 1982
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
CONTACT NO.	95853294 Office: Home:
ADDRESS	BLK 448 HOUGANG AVE 10 #11-537 3(530448)
DRIVER HAVE ANY OWN VEHICLE	<input checked="" type="checkbox"/> NO / If yes: Reg No:
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:
ANY INJURIEES	No / If <input checked="" type="checkbox"/> Yes Who? TANG BOON WHA
CONTACT NO.	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?
VEHICLE B NO.	SLP1008X Any Passenger: NO
NAME	MOHSEN MOHD MOHD MARZI ELFAR
CONTACT NO.	9248 3809
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
<b>IN-CAR CAMERA</b>	YES / <input checked="" type="checkbox"/> NO
PARTICULAR WORKSHOP	SM AUTOMOTIVE 1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit Singapore 417883 TEL: 6747 9241 Reena / Sukyi FAX: 6741 7276 reena@nhtmotor.com admin@nhtmotor.com
TEL NO	
CONTACT PERSON	
FAX NO.	
EMAIL	



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

M2300/C

P: SN

AN0843A

Drive Type/D

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules 1990  
Road Transport Act 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules 1985 (Malaysia)

CERTIFICATE No.

DMD/SNW/00008512003

Engine No.: 1FD2265660

Chassis No.: JTFHT02P000116546

1. Under Make and Registration  
Number of Vehicle

GEC8T34U

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

CREATIVE BEVERAGE INGREDIENTS PTE LTD

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

23/06/2020

Excess Sect 1

\$5500.00

EX ON WINDSCREEN

\$3100.00

4. Date of Expiry of Policy/Link

23/06/2021

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 6 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: RADICAL TRADING PTE LTD  
Authorised Officer

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