

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA20050324**

Date In: <b>21/9/12-16:20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C220016102/24</b>	SAS e-filing		
Veh No: <b>JK4965W</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>19/9/12-17:10</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: <b>SM754MR</b>	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>NA20050324</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) In Bill	Amt (\$) 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) RT : 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:-		
	OD*		
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		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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	21/09/2020 16:20
Date Of Accident	19/09/2020 17:10
Exact Location Of Accident	PIE TWDS CHANGI BEFORE LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9652L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUTRITIONPARK.COM PTE LTD
Co Reg No	2XXXXXX487W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97568176
Alternative Phone No	OFFICE-97568176

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNA00006352005
Cover Note Number	

### Driver

Name of Driver	TAN ZHONG KAI
NRIC No	SXXXX450G
Date Of Birth	11/04/1982
Occupation	INDOOR
Date Of Driving Pass	11/08/2003
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97568176
Fax Number	
Contact Number	OFFICE-97568176
Email Address	NOEMAIL

Address	1 BUKIT BATOK STREET 25 #04-24
Postcode	658882
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE

#### 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	SMT5442R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG JIN
NRIC/Passport Number	
Contact Number	90615784
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMT308D

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) 2



## 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 (POPA)**

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.

NUTRITIONPARK.

COM P/L

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



PTE towards Changi

Veh A: SKH9652L  
Veh B: SMT5442R  
Veh C: SMT308D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I driving my vehicle A (SKH9652L) traveling along PTE towards Changi on first lane of a 4-lanes, expressway. Somewhere before Lor 6 Tei Payah exit, vehicle ahead slowed down & stopped due to the heavy traffic flowed. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SMT5442R) came from rear and collided onto the rear portion of my vehicle. After accident, I alighted and realised I was involved in a 3 car chain accident. vehicle C (SMT308D)

## DECLARATION

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

 **NUTRITIONPARK.COM P/L**

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.:



<b>Vehicle No.</b>	SKH9652L		Model / Make	Jaguar XF
Date of Accident	19/9/2020			
Time of Accident	1710 HRS			
Location of Accident	Along PIE towards Changi before Lor 6 Toa Payoh			
Exact purpose use during accident	Private use			
<b>Name of Owner</b>	Nutritionpark.com Pte Ltd			
Telephone No.	H/P : 97568176		Home :	Office :
NRIC	200710487W			
Address	214 Marsiling Lane #07-802 S(730214)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	China Taiping			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	DMPCSNAD00006352005			
<b>Name of Driver</b>	As Above If No, Tan Zheng Kai			
NRIC	S8270450G		Any Passengers :	1 (F)
Date of birth	11/4/1982			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	11/8/2003			
Gender	Male	/	Female	
Contact No.	H/P : 97568176		Home :	Office :
Address	1 Bukit Batok Street 25 #04-24 S(658882)			
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No	If Yes, Where?		
<b>Vehicle B No.</b>	SMT5442R		Any Passengers :	-
Name of Driver	Wang Jin		Contact No. :	90615784
<b>Vehicle C No.</b>	SMT308D		Any Passengers :	1
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E no.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
Witness Name			Witness Contact :	
<b>Accident Portion</b>	Rear portion			
<b>Camera Recorder</b>	Yes / (No)			
<b>Email Address</b>	colinandsherylweat@gmail.com			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Brandon			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			



Motor Private Car

MX4E

R SN

AN0421A

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.

DMPCSNA00006352005

Engine No.: 4021866224DT

Cha. No.: SAJAC0565DDS72925

 1. Index Mark and Registration  
 Number of Vehicle

SKH9652L

2. Name of Policy Holder

NUTRITIONPARK.COM PTE LTD

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

31/01/2020

Named Drivers Ex Sect. I

S\$1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

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.

 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:\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

 The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of  
 goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

 Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time  
 Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our  
 Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MALAYAN BANKING BERHAD AS HP OWNER

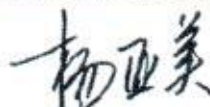
 \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: Chua Suat Lay Sally  
 Authorised Officer



Authorised Signatory