

ATIONAL Assessment Centre Services

(wef 1 Jan 05) NA 110083931

Date In: 26/9/22-12:07	Job description	Date & Time Completed	Done by
Ref No: NA 110083931	SAS e-filing		
Veh No: CN 608H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/9/22-16:50	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: Vch No: JKPT9M 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 ()

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:	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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Inc Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Dat 1:	7) N1: Idaho DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Dat 2 / 3:	9) N11: TP (Non INC) against INC \$20			
	9) N12: Idaho 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	26/09/2020 12:07
Date Of Accident	25/09/2020 16:50
Exact Location Of Accident	JUNC SEMBAWANG RD & YISHUN AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY608H
Insured/Policyholder	
Name Of Registered Owner	PARTS PRECISION TECHNOLOGY (S) PTE LTD
Co Reg No	2XXXXX715E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90111095
Alternative Phone No	OFFICE-90111095

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00059322000
Cover Note Number	

Driver

Name of Driver	LEE YONG KUANG
NRIC No	SXXXX458E
Date Of Birth	07/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1987
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97643104
Fax Number	
Contact Number	OFFICE-97643104
EEmail Address	NOEMAIL

Address	BLK 288 YISHUN AVENUE 6 #03-52
Postcode	760288
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	SKP8559M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAURUS YAP ZHI QU
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LEE YONG KUANG
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Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GY608H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.



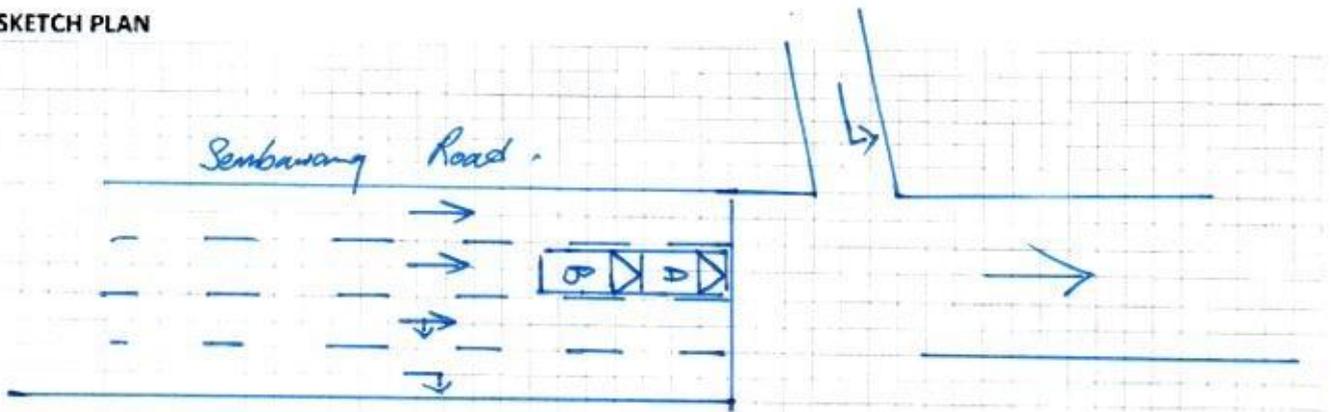
x

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



(A) ~~6Y~~ 6084.

(B) SKP 8559M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/09/2020 at @ 1650 hrs, I was travelling in my vehicle (6Y 6084) along Sembawang Road towards the direction of Garbas Ave before the junction of Yeshun Ave 5 on the 2nd lane from the left. While approaching the junction of Yeshun Ave 5, the traffic light turns amber, and I slow down and stopped. Suddenly, a car (SKP 8559M) from behind collided onto the rear portion of my vehicle.

DECLARATION

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

2



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.:

Vehicle No.	GY 608 H.	Model / Make	Toyota / Ace.
Date of Accident	25/09/2020		
Time of Accident	16:50 HRS		
Location of Accident	Sembawang Road junction Yeshun Ave 5.		
Exact purpose use during accident	Commercial Used.		
Name of Owner	Parts Precision Technology (S) Pte Ltd.		
Telephone No.	H/P: 90111095	Home:	Office: 6368 3060.
NRIC			
Address	7 Gambas Crescent #02-02 Ark @ Gambas (S) 757087		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	China Triping.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	DMCVSNW00059322000		
Name of Driver	As Above If No, Lee Yong Kuang.		
NRIC	S1557458E. Any Passengers: 0		
Date of birth	07/08/1962		
Occupation	<u>Outdoor</u>	Indoor	
Driving License Pass Date	25/08/1987		
Gender	<u>Male</u>	Female	
Contact No.	H/P: 9764 3104	Home:	Office:
Address	BLK 288 Yeshun Ave 6 #03-52 (S) 760288.		
Driver have any own vehicle	<u>No,</u>	If yes, Reg No.	
Relationship	<u>Employee,</u>	If no, state	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.	Lee Yong Kuang (H/P: 9764 3104)		
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
Vehicle B No.	SKP 8559 M.	Any Passengers:	N.A.
Name of Driver	Taurus Yap Zhi Qu.	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	Yes / <u>No</u>		
Email Address	-		
PARTICULAR WORKSHOP	Twencar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsl.com.sg		

Motor Commercial

MZ300/C

N SN

BR0026A

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.

DMCVSNW00059322000

Engine No.: 1KD2863806

Cha. No.: JTFHT02P200249332

1. Index Mark and Registration
Number of Vehicle

GY508H

2. Name of Policy Holder

PARTS PRECISION TECHNOLOGY (S) PTE LTD

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

01/09/2020

Excess Sect I. S\$450.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

31/07/2021

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.

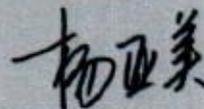
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: INSPRO INSURANCE BROKERS PTE LTD
Authorised Officer



Authorised Signatory