

NATIONAL Assessment Centre Services

1st Jan 2005

NA/120088693

Date In: 10/10/2002 15:22	Job description	Date & Time Completed	Done by
Ref No: NA/CT/20010956/Y	SAS e-filing		
Veh No: GBH 5964 U	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 09/10/2002 20:00	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: GBH 7949R	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

NA2005373	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) N1: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tp Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idao 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	10/10/2020 15:23
Date Of Accident	09/10/2020 20:00
Exact Location Of Accident	ALONG LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5964U
Insured/Policyholder	
Name Of Registered Owner	ASIAN DESIGN PTE LTD
Co Reg No	2XXXXX554W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84265965
Alternative Phone No	OFFICE-84265965

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	MCVSNW00054352002
Cover Note Number	

Driver

Name of Driver	SANTHANAM SETHURAMAN
NRIC No	GXXXX713L
Date Of Birth	06/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2014
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84265965
Fax Number	
Contact Number	OTHERS-84265965
Email Address	NOEMAIL

Address 157 UBI AVENUE 4
#01-01 PAN MALAYAN WAREHOUSE
Postcode 408782
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 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? 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 GBJ7949R
Vehicle Make/Model/Colour TOYOTA HIACE
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ZULKIFLI BIN RAMLI
NRIC/Passport Number SXXXX465A
Contact Number 81194847
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLE801L

Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI JAN
NRIC/Passport Number	SXXXX607Z
Contact Number	93220177
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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:

10/10/2020

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

10/10/2020
K882

SKETCH PLAN

ALONG LAVENDER STREET

A) GBH 59644

B) GBT 7949 R

C) SLE 801 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 09/10/2020 AT ABOUT 20:00HRS. I WAS TRAVELLING
ALONG BACKHUR ROAD & WAS ON CIR LANE. THE FRONT
CAR (C) STOP I ALSO STOP BUT CAR (B) BANG ON
TO THE REAR OF MY LORRY & MY LORRY MOVE FORWARD
& HIT CAR (C)

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: 10/10/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: 09/10/2009 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: Along Lavenex Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G751 596XU
 b) INSURANCE COMPANY: Chia Hui Tai Pnt
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Aygo
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ASIA DESIGN PIA LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 20167554N CONTACT: _____
 c) ADDRESS: 157 UBI AVE C #01-01 PAN MALAYAN WAREHOUSE
(408782)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
 (Including driver)
 ()

- DRIVER SATHANAM (MALE / FEMALE)
 a) NAME: SATHANAM
 b) NRIC/FIN/PASSPORT: 95010715L CONTACT: 84265965
 c) ADDRESS: _____

- * d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: _____
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passengers
 (Including driver)
 ()

- a) VEHICLE NUMBER: G751 7949R MODEL: Toyota Hiace Van
 b) DRIVER'S NAME: LI KIE LI DIN ZAN LI
 c) NRIC/FIN/PASSPORT: P8413465A CONTACT: 81194847

9. THIRD PARTY VEHICLE

* No of passengers
 (Including driver)
 ()

- d) VEHICLE NUMBER: SLK 801L MODEL: Volkswagen
 e) DRIVER'S NAME: LI JIN
 f) NRIC/FIN/PASSPORT: P7882607Z CONTACT: 93220197

Email = chenmotor27@yahoo.com

fax =

VIDEO =

Motor Commercial

MZ300/C

R SN

AN042GA

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00054352002

Engine No.: 1KD2810918

Cha. No.: JTFAT35YX0K210970

1. Index Mark and Registration
Number of Vehicle

GBH5964U

2. Name of Policy Holder

ASIAN DESIGN PTE LTD

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

20/07/2020

Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

19/07/2021

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.

HIRE PURCHASE CO.: MAYBANK 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

*[Signature]*

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Signature]

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer