

NATIONAL Assessment Centre Services

Ref: NA2005762

Date In: 30/10/20	Job description	Date & Time Completed	Done by
Ref No: NA/CII20011832/13	SAS e-filing		
Veh No: GBF7520P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/10/20 1310	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: (A/- 51	Tel:	Fax:
TP Particulars:	Veh No: GBF9727Y	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	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

<p>NA2005762</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tp Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p> <p>Invoice dated</p> <p>Fee Charged</p>	<p>Amc (\$)</p> <p>Int. Bill</p> <p>Amc (\$)</p> <p>Add Bill</p>
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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	30/10/2020 11:51
Date Of Accident	29/10/2020 13:10
Exact Location Of Accident	ALONG BEDOK NORTH RD/BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7520P
Insured/Policyholder	
Name Of Registered Owner	SG LEASING PTE LTD
Co Reg No	2XXXXX520E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNA00085282003
Cover Note Number	

Driver

Name of Driver	YU TECK HIN
NRIC No	SXXXX819H
Date Of Birth	01/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2016
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97776086
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 725 YISHUN STREET 71 #09-03
Postcode	760725
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 - 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

PLS REFER TO THE ATTACHED 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	GBF9727Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NORLELA BINTE AHMAD YUSOFF
NRIC/Passport Number	
Contact Number	93827959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YU TECK HIN
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBF7520P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

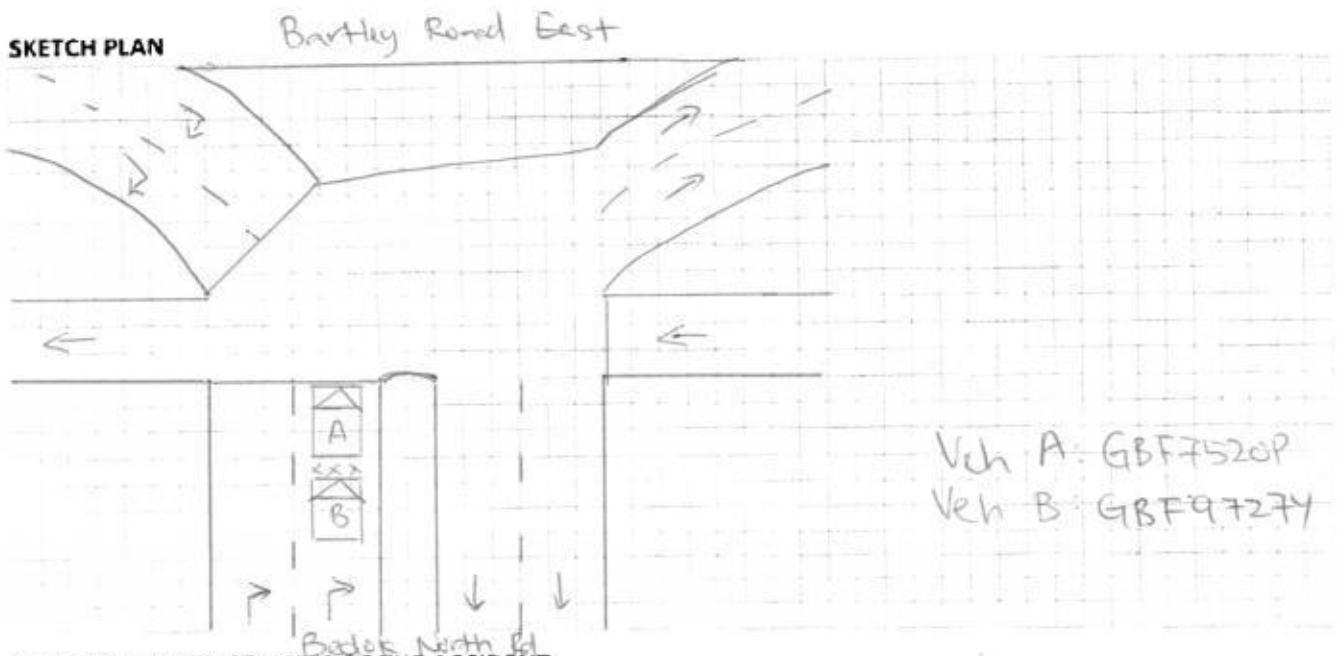


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBF7520P) traveling along Bedok North Road towards Bartley Road East on first lane of a 2-lanes road. When I approach the junction of Bartley Road East, the traffic light was amber, as such, I applied brake and stopped before stop line. Out of sudden, vehicle B (GBF9727Y) came from 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:

[Signature]

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

[Signature] 20/10/20

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

Vehicle No.	GBF 7520P		Model / Make	Toyota Hiace	
Date of Accident	29/10/2020				
Time of Accident	1310		HRS		
Location of Accident	Along Bedok North Rd / Bartley Road East				
Exact purpose use during accident	Work				
Name of Owner	SG Leasing Pte Ltd				
Telephone No.	H/P :	Home :		Office :	
NRIC	201317520E				
Address	55 Serangoon North Avenue 4 #04-11 S (555859)				
Claim type	OD	THIRD PARTY		REPORTING ONLY	
Insurance Company	China Taiping				
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft		
Policy No.	DMCVSNA00085282003				
Name of Driver	As Above If No, Yu Teck Hin				
NRIC	S7463819H		Any Passengers : -		
Date of birth	11/7/1974				
Occupation	Outdoor	/	Indoor		
Driving License Pass Date	16/9/2016				
Gender	Male / Female				
Contact No.	H/P :	97776086		Home : Office :	
Address	BLK 725 Yishun Street 71 #09-03 S (760725)				
Driver have any own vehicle	No,	If yes, Reg No.			
Relationship	Employee,	If no, state Hirer			
Weather condition	Clear	Raining	Other		
Road Surface	Dry	Wet	Other		
Any Injuries	No,	If Yes, Who?			
Name And Contact No.	Yu Teck Hin 97776086				
Name And Contact No.					
Police Report	No,	If Yes, Where?			
Vehicle B No.	GBF 9727Y		Any Passengers : -		
Name of Driver	Norfela Binte Ahmad		Contact No. : 93827959		
Vehicle C No.	Yusoff		Any Passengers :		
Vehicle D No.			Any Passengers :		
Vehicle E no.			Any Passengers :		
Vehicle F No.			Any Passengers :		
Vehicle G No.			Any Passengers :		
Witness Name			Witness Contact :		
Accident Portion	Rear portion				
Camera Recorder	Yes / (No)				
Email Address					
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	Brandon				
FAX NO	6741 0510				
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg				

Motor Commercial

MZ407/C

R SN

AN0663A

Cov. Type:F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNA00085282003

Engine No.: 1KD1659816

Cha. No.: JTFHT02PX00005685

1. Index Mark and Registration
Number of Vehicle

GBF7520P

2. Name of Policy Holder

SG LEASING PTE LTD

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

24/09/2020

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

23/09/2021

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.: UNITED OVERSEAS BANK LIMITED 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

Text size + -


0% 25% 50% 75% 100%**Transfer Of Vehicle Ownership (Acknowledgement)****Vehicle Details**

Vehicle No.:	GBF7520P		
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Scheme:	Normal
Vehicle Make:	TOYOTA	Vehicle Model:	HIACE MANUAL
Chassis No.:	JTFHT02PX00005685	Engine No.:	1KD1659816
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2982 cc	Power Rating:	-
Unladen Weight:	1780 kg	Maximum Laden Weight:	2800 kg
Primary Colour:	White	Secondary Colour:	-
IU Label No.:	1042221977	Maximum Power Output:	-
First Registration Date:	24 Sep 2007	Original Registration Date:	24 Sep 2007
Manufacturing Year:	2007	Open Market Value:	\$24,590.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfer:	5	Actual ARF Paid:	\$0.00

Owner Particulars

Owner Name:	SG LEASING PTE. LTD.
Owner ID Type:	Company
Owner ID:	201317520E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	55
Registered Street Name:	SERANGOON NORTH AVENUE 4
Registered Unit No.:	# 04 - 11
Registered Building Name:	S9
Registered Postal Code:	555859
COE No./Expiry Date:	2007090105000660E / 31 Aug 2022
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$17,920.00

Transaction Details

Business Transaction Ref. No.:	20170830201833119594
Business Transaction Date:	30 Aug 2017
Business Transaction Time:	20:18:33

Message

Vehicle has been successfully transferred to SG LEASING PTE. LTD. (201317520E).