

# NATIONAL Assessment Centre Services.

(wef 1 Jan 05) MNA12009374

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 2/11/22 - 10:06 | Job description                          | Date & Time Completed | Done by |
| Ref No: NA12009374       | SAS e-filing                             |                       |         |
| Veh No: 4865642          | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 30/10/22-23:05   | 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: 4865642 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

## Invoice Preparation Checklist

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) FT : 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:-

ON\*

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11) : TP (N-on INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

NA12009374

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:



## 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             | 02/11/2020 10:06                        |
| Date Of Accident           | 30/10/2020 20:05                        |
| Exact Location Of Accident | JUNC WOODLANDS AVE 12 & WOODLANDS AVE 5 |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                  |
|-----------------------------|------------------|
| Vehicle Registration Number | GBG564D          |
| <b>Insured/Policyholder</b> |                  |
| Name Of Registered Owner    | J COOL PLUS      |
| Co Reg No                   | 5XXXX566W        |
| Email Address               | NOEMAIL          |
| Mobile Phone No             |                  |
| Alternative Phone No        | OFFICE-899999999 |

### Vehicle Particulars

|  |                                    |
|--|------------------------------------|
| Manufacturer   | NISSAN                             |
| Model  | NV350 PANEL VAN 2.5 5MT 5DR EURO V |
| 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             | DMCVSNW00086812001                            |
| Cover Note Number         |   |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | YAW CHUN MENG        |
| Passport No/FIN      | GXXXX819Q            |
| Date Of Birth        | 16/02/1994           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 24/02/2017           |
| Driving Experience   | 3 YEARS AND 8 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-82628096 |
| Fax Number           |                      |
| Contact Number       | OFFICE-82628096      |
| EMail Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | 3014 BEDOK INDUSTRIAL PARK E<br>#03-2158 BEDOK INDUSTRIAL PARK E |
| Postcode  | 489980   |
| 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?   | 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)   | 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         | YM2842J            |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |



## 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 (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.

J-COOL PLUS

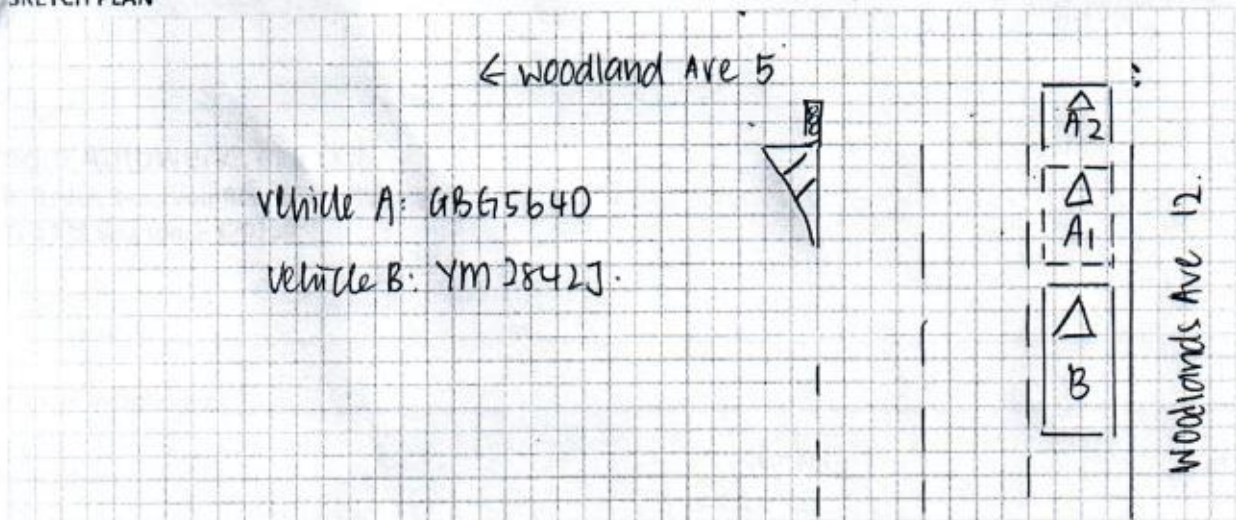
Policyholder's Signature  
Date & Time:

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 the stated date & time, I, vehicle 'A',  
 GBG564D, was stationary along the stated venue  
 due to red light. About 3 seconds later, vehicle  
 'B', YM2842J, hit onto my vehicle's rear portion

DECLARATION

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

J-COOL PLUS

*[Signature]* 38

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.:

*[Signature]*



## SINGAPORE ACCIDENT STATEMENT

### Accident Details

Date of Accident:

30/10/2020

Time of Accident:

8:06 PM

(AM / PM)

Location of Accident:

Junction of Woodlands Ave. 12 X Ave 5.

Country/State of Loss:

SG

Type of Accident:

Head to Rear

Weather Condition:

Clear / Raining / Not in List

If Not in List, please specify

Road Surface:

Dry / Wet / Not in List

If Not in List, please specify

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No:

Type of Vehicle:

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

Was notice of Prosecution given?

Yes / No

If yes, against whom?

### Details of Own Vehicle

Vehicle Registration No: GBG564D

Vehicle Category: Commercial

Vehicle Manufacturer: Nissan Vehicle Model: NV350

Transmission: Manual / Auto Cc:

No. of passengers (including driver) 1 driver

Passenger Name:

Gender: Male / Female

Passenger Name:

Gender: Male / Female

Passenger Name:

Gender: Male / Female

### Own Vehicle Policy

Handling Insurer: China Taiping

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: L J COO PLUS

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID:

Email:

Mobile No:

Alt. No Type: Home / Office / Not in List

If Not in List, please specify

Owner Alt Phone No:



### Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: YAN Chun Meng

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: \_\_\_\_\_

Date of Birth: 16/02/1994

Driving Pass Date: \_\_\_\_\_

Mobile No: 8262 8096

Email: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Occupation: Indoor / Outdoor

Driver Owner Relationship Employee

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

### TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: YM2842J

(ii) Vehicle Category: \_\_\_\_\_

(iii) No. of passengers (including driver) UNKNOWN



Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

### Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

### Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No





Motor Commercial

MZ300/C

R SN

AN0679A

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. DMCVSNW00086812001

Engine No.: YD25416862A

Cha. No.: JN1MC2E26Z0008002

1. Index Mark and Registration Number of Vehicle GBG564D

2. Name of Policy Holder J COOL PLUS

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 27/09/2020

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

4. Date of Expiry of Insurance 27/09/2021

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

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. : ABWIN PTE LTD 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: ABWIN PTE LTD  
Authorised Officer

Authorised Signatory