

NATIONAL Assessment Centre Services. [part 1 Jan 2021] MMA 120099095.

Date In: 9/11/20 17:24	Job description	Date & Time Completed	Done by
Ref No NA/CTI 20012268/44	SAS e-filing		
Veh No GBC 1689S	E-mail (within 3hrs, A/C 2hrs)		
DDA 8/11/20 15:10	I-Motor Claim Form		
(H) (P) 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 Assgn Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SMT 1239 M.	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

General Remarks (INC Routine 6788/6616)	Plt & Int. Estimate by	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Damage	Location

NA 2005912	Invoice Declaration Credit	Am't (\$)	Am't (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (w/c 10 Jan 2021)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt 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	09/11/2020 17:24
Date Of Accident	08/11/2020 15:10
Exact Location Of Accident	CTE TWDS CITY AFTER EXIT AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1689S
Insured/Policyholder	
Name Of Registered Owner	YIN GARMENT
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87772366

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00057832000
Cover Note Number	

Driver

Name of Driver	GERALD CHIA
NRIC No	SXXXX805J
Date Of Birth	25/11/1997
Occupation	INDOOR
Date Of Driving Pass	14/08/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87772366
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 210 AMK AVE 3 #09-1610
Postcode	560210
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : JACELYN TAN LI PING 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	SMT1239M
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)	

DETAILS OF INJURED PERSON 1

Name	GERALD CHIA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBC1689S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JACELYN TAN LI PING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBC1689S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

鄧 服 裝

YIN GARMENT

10 SENGKANG SQUARE, KOPITIAM
SINGAPORE 544829
HP: 9753 4881

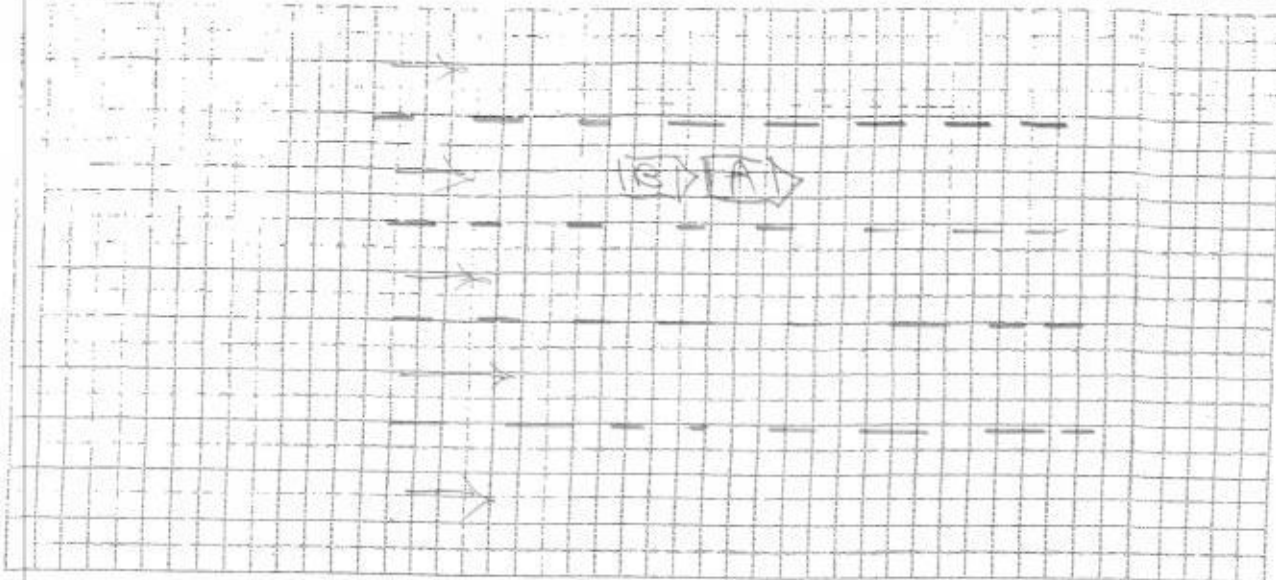
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

1B - SWT1239M
1A - GBC1689S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached statement.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

鄭服裝
YIN GARMENT

10 SENGKANG SQUARE, KOPITIAM
SINGAPORE 541829
HP: 9753 4881

Policyholder's Signature
Date & Time:

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

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

To whom it may concern,

On 08/120, 1510HRS, I Gerald Chia, S9742805J was driving GBC1689S, along CTE highway. I was driving at the speed of 60km/h, upon seeing the front vehicle slowing down and comes to a stop, I began to slow down and come to a stop as well, the next moment vehicle SMT1239M hits the back of the van. Rear door of the van is dented. Landmark to specify the location of the accident, on the left side of the road is Australian International School Singapore.
[CTE towards CITY, after exit Ang Mo Kio Ave 1]

On 08/120, 1510HRS, John Don-Degan Oei Jing, S8943513G, could not brake in time, therefore hits the back of the van GBC1689S. As for the damage of SMT1239M, the car plate was dented.

To add on, on that very date & time it was drizzling.

Yours Sincerely,

Gerald Chia



Motor Commercial

MZ300/C

N SN

AN0689A

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.

DMCVSNW00057832000

Engine No.: K9KF276D123448

Cha. No.: VSKYBAM20U0022937

1. Index Mark and Registration
Number of Vehicle

GBC1689S

AUTOSAFE
=====

2. Name of Policy Holder

YIN GARMENT

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

21/07/2020

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

4. Date of Expiry of Insurance

20/07/2021

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.

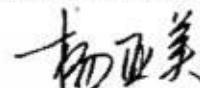
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: AGATHA INSURANCE AGENCY PTE LTD
Authorised Officer


Authorised Signatory

ACCIDENT STATEMENT

Date of accident: 08/11/2020 Time: 1510

Location of accident: CTE towards city after exit Ang Mo Kio Ave 1

Details of Own Vehicle

Vehicle Number: GBC 1689 S

Make/Model: 418821 NV300

Insurer: China Tai Ping

Policy Type: C/TPFT/TPO

Policy No: DMCVSNW00057832000

Policyholder

Name: Yin Garment

NRIC/FIN no.:

Email:

Contact no.:

Driver

Name: Gerald Chia

NRIC/FIN no: 897428053

Email: glenchia.gc@gmail.com

Contact no.: 87772366

Occupation: Indoor / Outdoor

D.O.B: 25/11/1997

Address:

Driving pass date: 14/8/2019

Relationship with Policyholder: Children

General Information

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Passenger (Incl. Driver): 2 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes/No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes/No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
Gerald Chia		Yes/No	Yes/No
Jacelyn Tan K. P. Ing		Yes/No	Yes/No

Details of Third party

Vehicle B

Vehicle C

Vehicle no.: SUT 1239 M

Driver name: John Don - Dejan Oei J. P. Wei

NRIC/ FIN no.: 889435136

Contact no:

Insurance Co:

Remarks:

(Make/Model, Passenger, property info & etc)

鄧 服 裝
YIN GARMENT

10 SENGKANG SQUARE, KOPITAM
SINGAPORE 544822

Claim Type & Acknowledgement

Claim Type: Own Damage/Third Party/Reporting Only

Policyholder/

Workshop: FONG MOTOR

driver

Signature: