

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MAH0102237

Date In: 18/11/12-11:42	Job description	Date & Time Completed	Done by
Ref No: NA/022012690/W	SAS e-filing		
Veh No: GCE 877E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 17/11/12-08:30	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: NA/022012690/W

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

Ant (\$)

Ant (\$)

Int Bill

Add Bill

- 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
- 6) TR : Re-inspection \$75
- 7) N1 : Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

OP\*

- \*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

## 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	18/11/2020 11:42
Date Of Accident	17/11/2020 08:30
Exact Location Of Accident	AYE TWDS CITY NEAR EXIT 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3872E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGUAN FOOD TRADING PTE LTD
Co Reg No	2XXXXX374Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91051214
Alternative Phone No	OFFICE-91051214

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00101742002
Cover Note Number	

### Driver

Name of Driver	XU WENTAO
Passport No/FIN	GXXXX517Q
Date Of Birth	14/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2019
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98871286
Fax Number	
Contact Number	OFFICE-98871286
Email Address	NOEMAIL

Address	15 JALAN TEPONG #01-15 JURONG FOOD HUB
Postcode	619336
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	UNKNOWN
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.

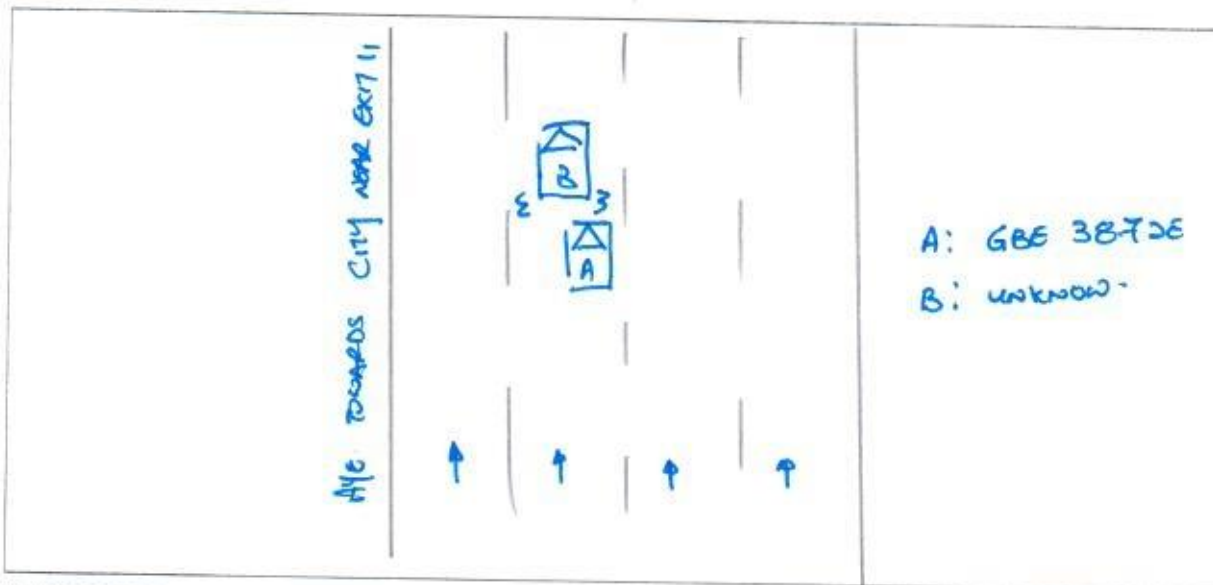


Policyholder's Signature  
Date & Time:

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

I WAS TRAVELLING ALONG A/E TOWARDS CITY ON THE SECOND LEFT LANE OF 4 LANES. AS I WAS TRAVELLING STRAIGHT ONE UNKNOWN LORRY BRAKE AND STOP AND I COULD NOT STOP IN TIME AND COLLIDED ONTO THE REAR OF THE UNKNOWN LORRY. THE SAID UNKNOWN LORRY DID STOP AND LEFT THE SCENE.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

徐清

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

徐清

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

Handwritten signature of the reporting centre personnel.



VEHICLE NO: **GB6 38726**MAKE & MODEL : **ISUZU NH**AUTO / **MANUAL**

DATE OF ACCIDENT	<b>17 / 11 / 2020</b>	*C.C.
TIME OF ACCIDENT	<b>8.30 AM / PM</b>	
LOCATION OF ACCIDENT	<b>A46 TOWARDS CITY NEAR EX17 u</b>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<b>EMPLOYMENT</b> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<b>NGUAN FOOD TRADING PTE LTD</b>	
TELP NO	Mobile: <b>91051214</b> Office: <b>6265 8119</b> Home:	Email: <b>nguan8119@gmail.com</b>
NRIC	<b>2002103742</b>	
CLAIM TYPE	<b>OD</b> / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <b>NO</b> ?	
INSURANCE CO.	<b>CHINA TALPINA</b>	
TYPE OF COVERAGE	<b>Comprehensive</b> / Third Party / Third Party Fire & Theft	
POLICY NO.	<b>DMCV3NN 00101742002</b>	
NAME OF DRIVER	AS ABOVE / IF NO: <b>XU WENTAO</b>	
NRIC	<b>687485170</b>	
DATE OF BIRTH	<b>14 / 01 / 1987</b>	
ANY PASSENGER	YES / <b>NO</b> :	
NAME OF PASSENGER	<b>0</b>	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<b>Outdoor</b> / Indoor	
DATE OF DRIVING PASS	<b>08 / 04 / 2019</b>	
GENDER	<b>Male</b> / Female	
CONTACT NO.	Mobile: <b>98971286</b> Office:	Home:
EMAIL		
ADDRESS	<b>15 JALAN TERONG #01-15 JURONG FOOD HUB S(619336)</b>	
DOES DRIVER OWN OTHER VEHICLES?	<b>NO</b> / If yes, Reg No.	INSURER:
RELATIONSHIP	<b>Employee</b> / If No:	
WEATHER CONDITION	<b>Clear</b> / Raining / Other:	
ROAD SURFACE	<b>Dry</b> / Wet / Other:	
ANY INJURIES	<b>No</b> / If yes, Who?	
CONTACT NO.		
POLICE REPORT	<b>No</b> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<b>unknown</b>	<b>NO</b> / IF YES: WHO?
VEHICLE B NO.		Any Passenger:
NAME		
CONTACT NO.		Any Passenger:
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <b>NO</b>	
WAS THERE ANY AUDIO RECORDED?	YES / <b>NO</b>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <b>NO</b>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <b>NO</b>	

SM AUTOMOTIVE

Email: sm\_automotive@hotmail.com

Tel: 6747 9241



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0650A

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.

DMCVSNW00101742002

Engine No.: 4JJ12E3334

Cha. No.: JAANHR85EF7100339

1. Index Mark and Registration  
Number of Vehicle

GBE3872E

2. Name of Policy Holder

NGUAN FOOD TRADING PTE LTD

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

12/11/2020

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

4. Date of Expiry of Insurance

11/11/2021

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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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:

BELL AUTO PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com