

NATIONAL Assessment Centre Services. part 1 Jan'03 MNA 12010 2860-01

Date In: 19/11/20 17:22	Job description	Date & Time Completed	Done by
Ref No: MNA CT220012770144	SAS e-filing		
Veh No: GBT 2151H	E-mail (within 2hrs, AIC 2hrs)		
IPDA: 18/11/20 19:15	I-Motor Claim Form		
OT: (TD) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
IP Particulars:	Veh No: GV 8632A	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 repolier.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Contract / INC / Other Conditions	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

MA 200 6236	
Driver/Owner:	1) AR: Accident Reporting (\$30); INC (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (w/c 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OP*
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NJ: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$5
	TE (NI): TP (NI) INC) against INC \$20
	9) NI2: 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	19/11/2020 17:22
Date Of Accident	18/11/2020 19:15
Exact Location Of Accident	CTE TWDS SLE B4 AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2151H
Insured/Policyholder	
Name Of Registered Owner	E-SIN PLASTERCEIL PTE LTD
Co Reg No	2XXXXX014Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90050295

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	DMCVSNW00009882001
Cover Note Number	

Driver

Name of Driver	FAIZUL
NRIC No	GXXXX173X
Date Of Birth	22/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-87991910
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	39 WOODLANDS CLOSE #02-63
Postcode	737856
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	4
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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	GV8632A
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKH1019T
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBB5549S
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

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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:

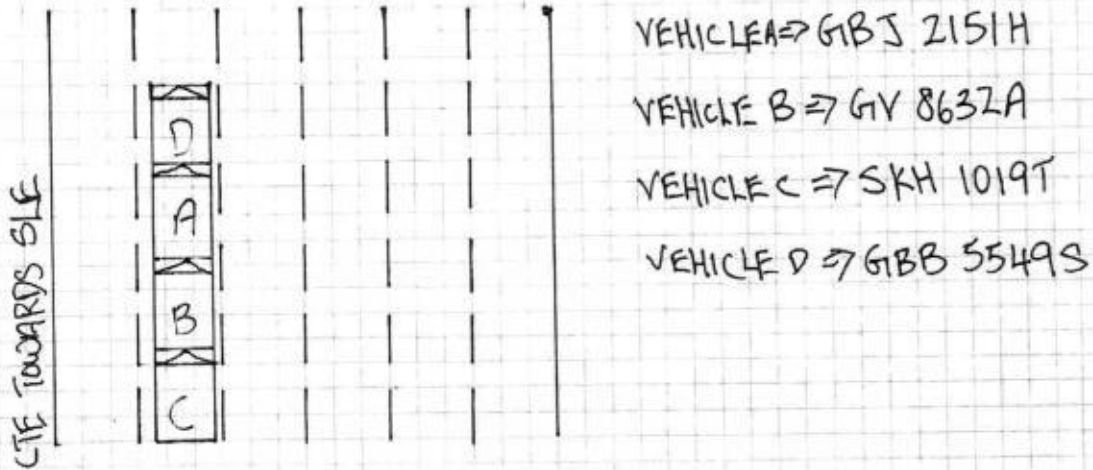


*

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

AS I WAS driving along the mention road, it was heavy traffic.
 All my infront cars slow and stop so I ~~be~~ follow suit. As my
 vehicle is in a stationary position, I feel a huge impact from my
 vehicle rear. and the impact forces my vehicle to surge forward
 and hit onto vehicle 'D'. I alight and I realise I was ~~retarded~~
 in a chain accident of 4 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]

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120102860 Vehicle Registration No: G1B321514
Name (as shown in NRIC) : Faizul NRIC/FIN/Passport No : G12858173X
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 39, Woodlands Close, #02-63 Mega @ Woodlands Singapore (737054)
Contact (Tel) : _____ Mobile No. : 8799 1910
Email Address : esinplasterceil@gmail.com
Date of Accident : 18/11/2020 Time of Accident : 1915hrs
Place of Accident : CTE TOWARDS SLE BEFORE ANG MO KIO AVE 1 EXIT
Insurance Company: CHINA TAIPING


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Kindly change the third party vehicle number to GBB55495



Policyholder / Driver's Signature
Date:



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



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

AN0633A

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.

DMCVSNW00009882001

Engine No.: 1KD2842324

Cha. No.: KDY2318037129

1. Index Mark and Registration
Number of Vehicle

GBJ2151H

AUTOSAFE

2. Name of Policy Holder

E-SIN PLASTERCEIL PTE LTD

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

19/02/2020

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

4. Date of Expiry of Insurance

18/02/2021

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.: 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: SKYLINK INSURANCE AGENCY 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

Date of Accident

: 18/11/2020 Accident Time: 1915 (24-HR-FORMAT)

Accident Place

: CTE TOWARD SLE BEFORE ANGI MO KIO AVE1 EXIT.

Vehicle Reg. No (Car plate No.)

: 9BJ2151H Vehicle Make/Model: Toyota Dyna

Insurance Company

: China Taiping Policy No. DM CVS NW0000988 2001

Name of Registered Owner

: Company / Individual E-SIN PLASTERCEIL PTE. LTD

ID of Registered Owner

: Co Reg No: 201831014Z Owner's NRIC No: -

: Co Contact No: 9005 0295 Owner's Contact No: -

DRIVER'S Name

: Faizul DRIVER'S NRIC No: 92658173X

DRIVER'S Date of Birth

: 22 Jan 1997 DRIVER'S License Pass Date 09 Nov 2018

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -

DRIVER'S Address

: 39, Woodlands Close, #02-63 mega@woodlands, Singapore 737856

DRIVER'S Contact No./ Alt No.

: 1) 8799 1910 2) -

DRIVER'S Occupation

: INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address

: esinplasterceil@gmail.com

Weather & Road Surface

: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type

: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (including Driver): 02

Passenger Name: Gender: M/F

Was the accident reported to the police? YES NO

Passenger Name: Gender: M/F

Was there any video Captured by car camera: YES NO

Any Injuries: YES NO Injured Name: -

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: GV 8632A

Vehicle Reg No: SKH 1019T

Vehicle Make/Model: -

Vehicle Make/Model: -

Name DRIVER: -

Name DRIVER: -

IC No. DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

DRIVER'S Contact & add: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: 9BB5495

Vehicle Reg No: -

Vehicle Make/Model: -

Vehicle Make/Model: -

Name DRIVER: -

Name DRIVER: -

IC No. DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

DRIVER'S Contact & add: -