

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAA 120104714

Date In: 25/11/05 - 09:38	Job description	Date & Time Completed	Done by
Ref No: MA/CT/2012978/14	SAS e-filing		
Veh No: 629405L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 24/11/05 - 1530	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 499312K	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>MA 120104714</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>At 1:</p> <p>At 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: 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) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt 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: Idac Mobile 30</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Amt (\$)</p> <p>Int Bill</p> <p>Amt (\$)</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	25/11/2020 09:38
Date Of Accident	24/11/2020 10:30
Exact Location Of Accident	BLK 532 AMK AVE 10 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9405L
Insured/Policyholder	
Name Of Registered Owner	OH HUAT HIN FOODSTUFFS PTE LTD
Co Reg No	2XXXXXX380H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96218547
Alternative Phone No	OFFICE-96218547

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 111L M
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNW00099472000
Cover Note Number	

Driver

Name of Driver	OH SEW SENG
NRIC No	SXXXX017E
Date Of Birth	27/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1977
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90260711
Fax Number	
Contact Number	OFFICE-90260711
EEmail Address	NOEMAIL

Address	BLK 173 ANG MO KIO AVENUE 4 #09-707
Postcode	560173
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
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?	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)	0

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 Witness 1

Name	TAN TENG KIAN
Phone Number	90662342
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9312K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FANG SHITAO
NRIC/Passport Number	
Contact Number	84327801
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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.



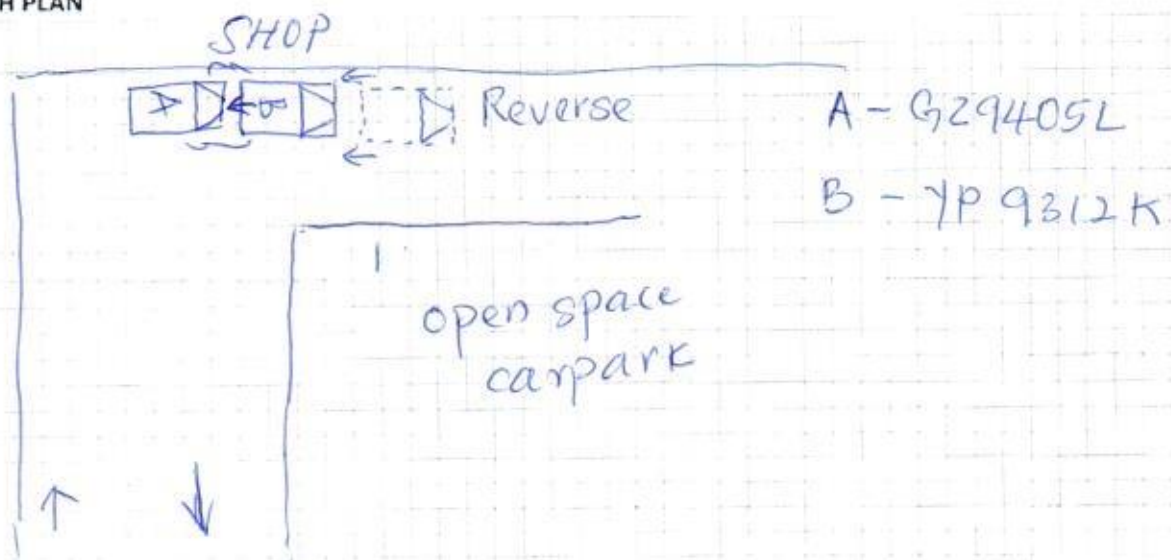
Policyholder's Signature
Date & Time:

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

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

ANG MO KIO BIK 532
AVE 10

SKETCH PLAN



A - G29405L

B - YP 9312K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The date 24/11/2020 time about 10.30am
I had stopped my car at the BIK 532, Ang Mo Kio
Ave 10 open space carpark Nearby BIK 532
Shop House, and I go in to the shop. Suddenly
I heard a lough bang, I quickly come out from
the shop and realised vehicle 'B' YP 9312K
had reversed his lorry and hit onto my car
front portion. I had a witness to saw
all this accident happen.

The driver of the lorry ask to claim against
his car insurance, and admit that he didn't
seeing my car was parked.

DECLARATION

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

2

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.:

VEHICLE NO: GZ 9405L		MAKE & MODEL: MERCE VITO 1116 (AUTO/MANUAL)	
DATE OF ACCIDENT		24 / 11 / 2020 *C.C: 3.0	
TIME OF ACCIDENT		10.30 (AM) PM	
LOCATION OF ACCIDENT		Ang Mo Kio Ave 10 Carpark (B1K532)	
EXACT PURPOSE USED AT TIME OF ACCIDENT		(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER		OH HUAT HAN FOODSTUFFS PTE LTD	
TELP NO		H/P: 96218547 OFFICE: 64815684 HOME:	
NRIC		2010153804	
EMAIL:		ocsh@sinnet.com.sg	
ADDRESS		8A ADMIRALTY ST #04-36, FOOD XCHANGE	
CLAIM TYPE		OD (THIRD PARTY) / REPORTING ONLY ADMIRALTY S'475437	
FLEET POLICY:		YES (NO)?	
INSURANCE CO.		CHINA TAIPING INSURANCE (S) PTE LTD	
TYPE OF COVERAGE		Comprehensive / Third Party (Third Party Fire & Theft)	
POLICY NO.		DMCVSNW00099472000	
NAME OF DRIVER		AS ABOVE / IF NO: OH SEW SENG	
NRIC		S11400176	
DATE OF BIRTH		27 / 02 / 1955	
ANY PASSENGER		YES (NO)?	
NAME OF PASSENGER		NIL	
GENDER OF PASSENGER		MALE / FEMALE NIL	
OCCUPATION		(OUTDOOR) / INDOOR	
DATE OF DRIVING PASS		18 / 08 / 1977	
GENDER		(MALE) / FEMALE	
CONTACT NO.		H/P: 90260711 OFFICE: HOME:	
EMAIL:			
ADDRESS		B1K173, Ang Mo Kio Ave 4 #09-707 S'560173	
DOES DRIVER OWN OTHER VEHICLES?		(NO) / If yes: Reg No: INSURER:	
RELATIONSHIP		(Employee) / If No:	
WEATHER CONDITION		Clear / Raining / Other: AFTER RAINING	
ROAD SURFACE		Dry (Wet) / Other:	
ANY INJURIES		(No) / If yes: Who?	
NAME & CONTACT NO.			
NAME & CONTACT NO.			
POLICE REPORT		(No) / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		(No) / If yes: Who?	
VEHICLE B NO.		YP9312K Any Passenger: 1 (male)	
NAME		FANG SHITAO Contact No.: 84327801	
VEHICLE C NO.		Any Passenger:	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
VEHICLE G NO.		Any Passenger:	
WITNESS NAME YC NO: 982H		TAN TENG KIAN Contact No.: 90662342	
WAS THERE ANY VIDEO CAPTURE?		YES (NO)	
WAS THERE ANY AUDIO RECORDED?		YES (NO)	
SCENE ACCIDENT PHOTOS TAKEN?		(YES) / NO	
ACCIDENT PORTION		FRONT PORTION	
PARTICULAR WORKSHOP		N-51 AUTOMOTIVE PTE LTD	
CONTACT NO.		6842 0051 / 6744 0510	
CONTACT PERSON			
FAX NO		6741 0510	
WORKSHOP EMAIL ADDRESS		sales@n51.com.sg	



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

N SN

AN0646A

Cov. Type:F

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.

DMCVSNW00099472000

Engine No.: 64698250248231

Cha. No.: WDF63960323259576

1. Index Mark and Registration
Number of Vehicle

GZ9405L

2. Name of Policy Holder

OH HUAT HIN FOODSTUFFS PTE. LTD.

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

10/11/2020

4. Date of Expiry of Insurance

09/11/2021

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.

* 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: NET LINK COMMERCIAL PTE LTD
Authorised Officer


Authorised Signatory