

# NATIONAL Assessment Centre Services

NA 100374

20

Date In: 18/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/CTI2004120/r3	SAS e-filing		
Veh No: GBE87935	E-mail (within 3hrs, AOC 2hrs)		
D.O.A: 17/12/20 1915	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:

YP6008J

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Car 1:

Car 2/3:

## Invoice Preparation Checklist

Am't (\$)  
In Bill

Am't (\$)  
Add Bill

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

2) DA: Damage Assessment (\$100); INC (\$30)

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) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

\*N5: Courtesy Car / Tp 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 Submission	18/12/2020 17:59 (SGT)
Date of Accident	17/12/2020 19:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS TUAS B4 STEVEN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8793S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE LTD
Company Reg No	2XXXXX814Z
Email Address	general@cce.com.sg
Mobile Phone No	(Phone) +65-63634289
Alternative Phone No	+65-93856897

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00019692004
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHOON MONG
NRIC No	SXXXX944E
Date Of Birth	31/07/1957
Occupation	Outdoor

Date Of Driving Pass .....	08/05/1980
Driving experience .....	40 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93856897
Alt. Phone Number .....	-
Email Address .....	general@cce.com.sg
Address .....	BLK 439 CHOA CHU KANG AVE 4
Address complement .....	#05-441
Postcode .....	680439
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP6008J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
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.



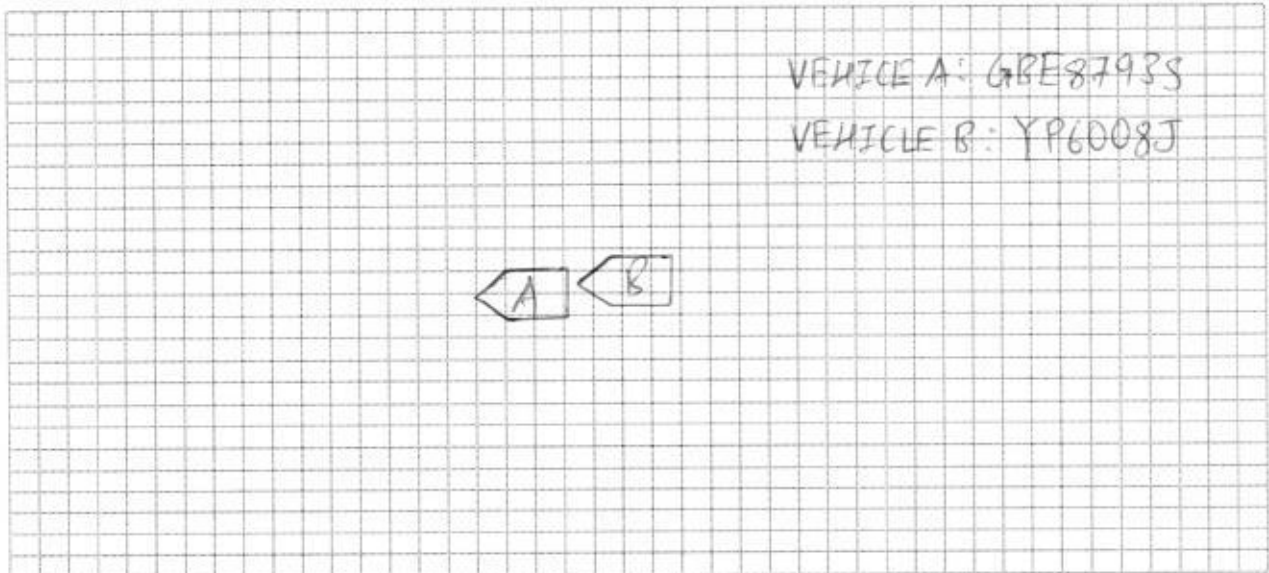
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN:

PIE TOWARDS TUAS BEFORE STEVEN ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE STEVEN ROAD ON LANE 2. THERE WAS AN ACCIDENT AHEAD OF US AND A FEW VEHICLES AHEAD OF ME SLOWED DOWN AND STOPPED AND I FOLLOWED SUIT. WHILE MY VEHICLE WAS STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

DECLARATION

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



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.:



## Accident Reporting Draft

VEHICLE NO: GBE8793S

MODEL: ISUZU NHR85AUE4AA

AUTO/MANUAL

DATE OF ACCIDENT	17/12/20		C.C:	2, 9 49
TIME OF ACCIDENT	1916	HRS	AM/PM	
LOCATION OF ACCIDENT	PIE TOWARDS TUAS BEFORE STEVEN ROAD			
EXACT PURPOSE USE DURING ACCIDENT				
NAME OF OWNER	CHAN & CHAN ENGINEERING PTE LTD			
CONTACT NO.	63634289, 93856897 EMAIL: general@cce.com.sg			
NRIC	200407814Z			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P			
INSURANCE CO.	CHINA TAIPING			
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT			
POLICY NO.				
NAME OF DRIVER	AS ABOVE / IF NO: TAN CHOON MONG			
NRIC	S1244944E	ANY PASSENGER:		0
DATE OF BIRTH	31/7/1957			
OCCUPATION	OUTDOOR / INDOOR			
DATE OF DRIVING PASS				
GENDER	MALE / FEMALE			
CONTACT NO.	63634289, 93856897 EMAIL: general@cce.com.sg			
ADDRESS	25 MANDAI ESTATE, INNOVATION PLACE TOWER 1#03-02 S(729930)			
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.			
RELATIONSHIP	EMPLOYEE/ IF NO:			
WEATHER CONDITION	CLEAR / RAINY / OTHER: RAINY			
ROAD SURFACE	DRY / WET / OTHER: WET			
ANY INJURIES	NO / IF YES:			
CONTACT NO.				
POLICE REPORT	NO / IF YES:			
VIDEO RECORDING	NO / YES			
VEHICLE B NO.	YP6008J	ANY PASSENGER:		
NAME				
CONTACT NO.				
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.				
PARTICULAR WORKSHOP	<div style="text-align: center;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: ryderautoworkshop@gmail.com                  Tel: 67418277 Fax: 67468277             </div>			
MOBILE NO.				
CONTACT PERSON				
FAX NO.				



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

Motor Commercial

MZ303.C

R SN

ANC101A

Cov. Type C

### CERTIFICATE OF INSURANCE

China Taiping Insurance (Singapore) Pte Ltd  
32, Foch Road, #03-02, Singapore 118962  
Tel: 6389 6777 Fax: 6222 1031  
Email: [itrust@singnet.com.sg](mailto:itrust@singnet.com.sg)

1. Insured Party

DMCVSNV00019692004

Engine No. 4JJ12H9161

Chassis No. JAANHR85EF710538

2. Motor Vehicle Description  
Type of Vehicle

GBE5793S

AUTOSAFE  
2005/0000

3. Name of Policyholder

CHAN & CHAN ENGINEERING PTE LTD

4. Effective Date of this Certificate of Insurance  
Expiry Date of this Certificate of Insurance

22/04/2020

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

5. Date of Issuance of this Certificate

21/04/2020

6. Conditions of Insurance (as set out in the Policy)

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.

7. Conditions of 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 while towing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. HONG LEONG FINANCE LTD AS HP OWNER

This Certificate is issued in connection with the Motor Vehicle described above and is subject to the terms and conditions of the Policy and the Motor Vehicle Insurance Policy.

**I/We hereby Certify**

that the party to whom this Certificate relates is permitted to use the Motor Vehicle in connection with the business of the Motor Vehicle Insurance Company 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.

Signed and sealed at Singapore

**ITRUST PTE LTD**

32 FOCH ROAD

#03-02

SINGAPORE 118962

Tel: 6389 6777 Fax: 6222 1031

Email: [itrust@singnet.com.sg](mailto:itrust@singnet.com.sg)

Signature of Policyholder

Signature of Insurer

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Signature of Insurer

China Taiping Insurance (Singapore) Pte Ltd (In Reg No. 100208384E)

1 Anson Road #11-00 Springleaf Tower Singapore 079904

Tel: 6389 6777

Fax: 6222 1031

Website: [www.sg.chinataping.com](http://www.sg.chinataping.com)