

# NATIONAL Assessment Centre Services

[wef: Jan'09] **IN79205000**

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <b>20/12/08 - 18:30</b> | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>WJ/C772014567/24</b>  | SAS e-filing                             |                       |         |
| Veh No: <b>426528A</b>           | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: <b>20/12/08 - 15:00</b>   | i-Motor Claim Form                       |                       |         |
| OD: <b>TP</b> 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: <b>0M79677B</b>                                 | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                       |
|---------------------------------|---|----------------------|-----------------------|
| <b>Claimant's Particulars:</b>  | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>In Bill | Am't (\$)<br>Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                      |                       |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                       |
| Damaged Portion:                | 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 2009) |                      |                       |
|                                 | 6) TR: Re-inspection \$75                       |                      |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                      |                       |
|                                 | 8) NTUC Additional Services:-                   |                      |                       |
|                                 | QD*   |                      |                       |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                       |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                       |
|                                 | *N7: Post Repair Inspection \$25                |                      |                       |
| Auditors' Comments:             | *N8: DV / Collect Excess Coordination \$5       |                      |                       |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                      |                       |
|                                 | 9) N12: Idac Mobile 30                          |                      |                       |
|                                 | 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              | 28/12/2020 18:32 (SGT)    |
| Date of Accident                | 26/12/2020 15:00 (SGT)    |
| Exact Location of Accident      | Tampines Ave 3, Singapore |
| Additional Location Information | twds tampines ave 8       |
| Country/State of Loss           | Singapore                 |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YP6528A |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                              |
|--------------------------|------------------------------|
| Is company?              | Yes                          |
| Name Of Registered Owner | GOURMET SUPPLIES PTE LTD     |
| Company Reg No           | 2XXXXX218M                   |
| Email Address            | sales@gourmetsupplies.com.sg |
| Mobile Phone No          | (Phone) +65-96364348         |
| Alternative Phone No     | +--                          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Isuzu                     |
| Model  | NPR75UH5A                 |
| 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             | DMCVSNW00034632000      |
| Cover Note Number         | -                       |

#### DRIVER

|                 |              |
|-----------------|--------------|
| Name of Driver  | XU GUANGMING |
| Passport No/FIN | GXXXX875K    |
| Date Of Birth   | 23/06/1977   |
| Occupation      | Outdoor      |

|  |                              |
|--|------------------------------|
| Date Of Driving Pass .....   | 18/06/2018                   |
| Driving experience .....   | 2 YEARS AND 6 MONTHS         |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-96364348         |
| Alt. Phone Number .....  | -                            |
| Email Address .....  | sales@gourmetsupplies.com.sg |
| Address .....  | 23 SENOKO AVENUE             |
| Address complement .....   | #01-03                       |
| Postcode .....   | 758313                       |
| 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 .....   | Side Swipe |
| Weather Conditions ..... | Clear      |
| Road Surface .....       | Dry        |

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

#### PASSENGER 1

|              |      |
|--------------|------|
| Name .....   | -    |
| Gender ..... | Male |

#### 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

#### 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 ..... | SMJ9627B    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |
| 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) .....     | - |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |              |
|---|--------------|
| Name of injured person .....                              | XU GUANGMING |
| Address .....   | -            |
| Address Complement .....                                  | -            |
| Post Code .....   | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | BODY         |
| Injured person in which vehicle? .....                    | YP6528A      |
| Were seat belts worn? .....                               | Yes          |
| Was this injured conveyed to hospital by ambulance? ..... | No           |

## 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.

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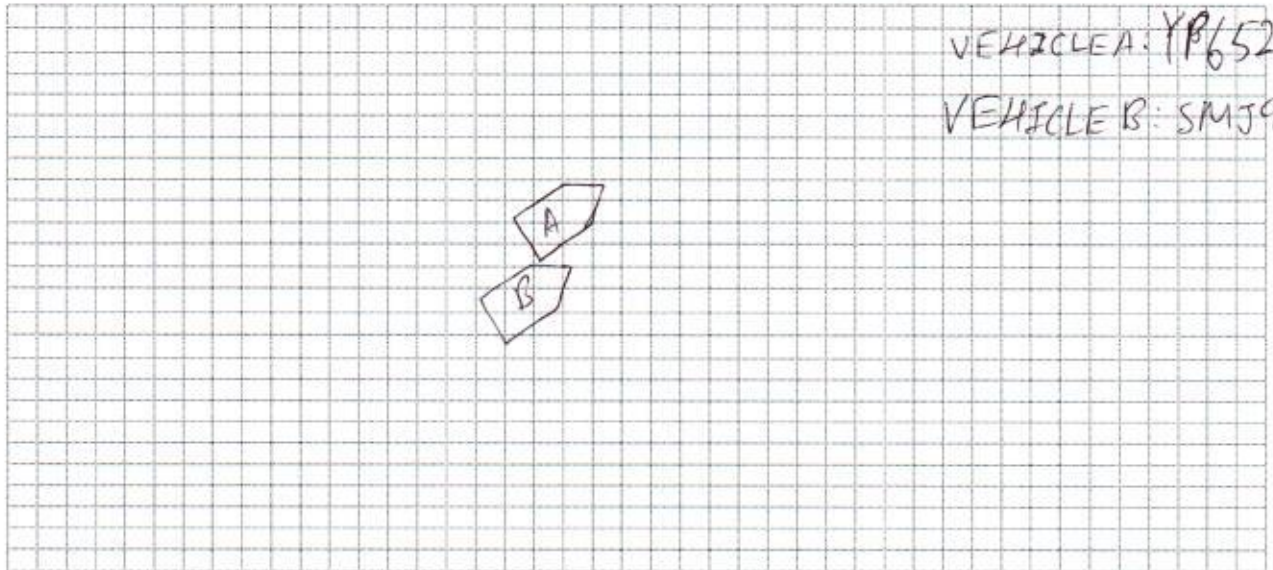
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN:

TAMPINES AVE 3 TURNING TO AVE 8



VEHICLE A: YP6528A

VEHICLE B: SMJ9627B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG TAMPINES AVE 3 TURNING TO AVE 8. I WAS ON THE OUTER LANE WHILE VEHICLE B WAS ON THE INNER LANE. WHILE TURNING ON MY LANE, VEHICLE B COLLIDED WITH THE REAR RIGHT-SIDE OF MY VEHICLE.

DECLARATION

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

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Policyholder's Signature  
Date & Time:



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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: YP6528A

MODEL: ISUZU NPR75U

AUTO/MANUAL

|                                   |   |                          |
|-----------------------------------|---|--------------------------|
| DATE OF ACCIDENT                  | 26/12/20  | C.C: 5,193               |
| TIME OF ACCIDENT                  | 1500  | HRS AM/PM                |
| LOCATION OF ACCIDENT              | TAMPINES AVE 3 TURNING TO AVE 8   |                          |
| EXACT PURPOSE USE DURING ACCIDENT |   |                          |
| NAME OF OWNER                     | GOURMET SUPPLIES PTE LTD  |                          |
| CONTACT NO.                       | 96364348, 94480849 EMAIL: Sales@gourmetsupplies.com.sg  |                          |
| NRIC                              | 201322218M  |                          |
| CLAIM TYPE                        | OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P   |                          |
| INSURANCE CO.                     | CHINA TAIPING   |                          |
| TYPE OF COVERAGE                  | <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT   |                          |
| POLICY NO.                        |   |                          |
| NAME OF DRIVER                    | AS ABOVE / IF NO: XU GUANGMING  |                          |
| NRIC                              | G8595875K   | ANY PASSENGER: 1         |
| DATE OF BIRTH                     | 23/6/1977   | <del>23/6/1977</del> DAT |
| OCCUPATION                        | OUTDOOR / INDOOR  | M Dong Tien Dat          |
| DATE OF DRIVING PASS              |   |                          |
| GENDER                            | MALE / FEMALE   |                          |
| CONTACT NO.                       | 96364348, 94480849 EMAIL: Sales@gourmetsupplies.com.sg  |                          |
| ADDRESS                           | 23 SENOKO AVENUE #01-03 S(758313)   |                          |
| DOES DRIVER OWN OTHER VEHICLES    | NO/ IF YES: REG NO.   |                          |
| RELATIONSHIP                      | EMPLOYEE/ IF NO:  |                          |
| WEATHER CONDITION                 | <u>CLEAR</u> / RAINY/ OTHER: CLEAR  |                          |
| ROAD SURFACE                      | <u>DRY</u> / WET/ OTHER: DRY  |                          |
| ANY INJURIES                      | NO / IF YES: <u>Driver</u>  |                          |
| CONTACT NO.                       |   |                          |
| POLICE REPORT                     | NO / IF YES:  |                          |
| VIDEO RECORDING                   | NO / YES  |                          |
| VEHICLE B NO.                     | SMJ9627B  | 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               |  <b>Ryder</b> Auto Pte Ltd<br>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,<br>Singapore 417921<br>Email: ryderautoworkshop@gmail.com<br>Tel: 67418277 Fax: 67468277 |                          |
| MOBILE NO.                        |   |                          |
| CONTACT PERSON                    |   |                          |
| FAX NO.                           |   |                          |

# 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)

N SN

AN0666A

Cov. Type: C

CERTIFICATE No.

DMCVSNW00034632000

Engine No.: 4HK1596274

Cha. No.: JAANPR75H47101681

1. Index Mark and Registration  
Number of Vehicle

YP6528A

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

GOURMET SUPPLIES PTE LTD

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

15/06/2020

Excess Sect I S\$800.00  
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

14/06/2021

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

\* Limitations rendered inoperative by Section 2 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: JUN SHI INSURANCE AGENCY  
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