

NATIONAL Assessment Centre Services [Ref: J0100] 2

Date In: 05/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/CTI21000154/13	SAS e-filing		
Veh No: GBC777C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/01/21 0910	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 54U1763C 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%. F: 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

NA3101043	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			In Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	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 / Tpl 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: Idno 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	05/01/2021 15:36 (SGT)
Date of Accident	05/01/2021 09:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE SLIP RD TWDS JALAN BAHAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7271C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JENLAT LANDSCAPE PTE LTD
Company Reg No	2XXXXX116W
Email Address	jenlatlandscape@gmail.com
Mobile Phone No	(Phone) +65-67939886
Alternative Phone No	+65-67939886

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	DMCVSNW00099222003
Cover Note Number	-

DRIVER

Name of Driver	CHRISTOPHER BENDICT PAUL
NRIC No	SXXXX158C
Date Of Birth	06/10/1967
Occupation	Indoor

Date Of Driving Pass	21/03/2005
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91451752
Alt. Phone Number	-
Email Address	jenlatlandscape@gmail.com
Address	BLK 938 JURONG WEST ST 91
Address complement	#10-401
Postcode	640938
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	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?	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU1763G
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) -

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

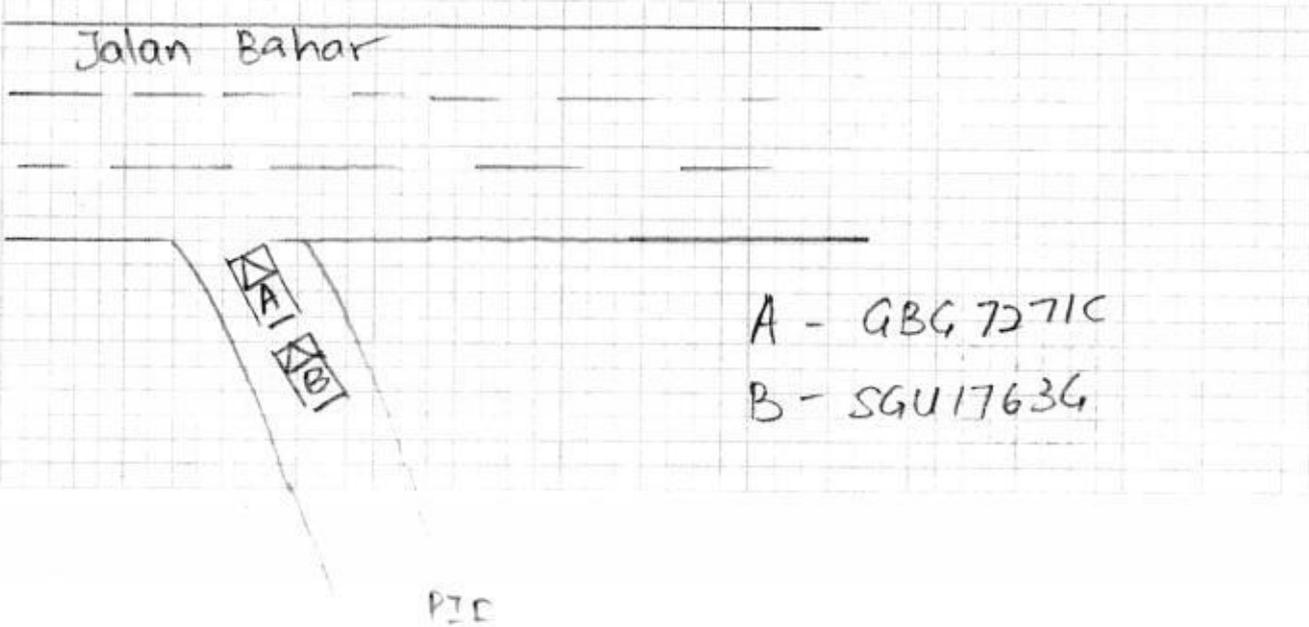
[Handwritten Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature] 05/01/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I Rental PIE to go to jalan Bahan and waiting at the slip road at jalan Bahan. Car number SGV 1763G came and Bang from behind.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time

 05/10/21
Witnessed by Reporting Centre Personnel

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 : SND92115000 Vehicle Registration No: GBL7271C
 Name(as shown in NRIC) : CHRISTOPHER BENDIG DAUL NRIC/FIN/Passport No : SXXXX158C
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 938 JURONG WEST ST 91 #10-401 Singapore(640928)
 Contact (Tel) : _____ Mobile No.: 91451752
 Email Address : _____
 Date of Accident : 05/01/21 Time of Accident : 09:10
 Place of Accident : PTE SLIP RD TWAS JALAN BAHAR
 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:

ADD IN POLICY NO

Policyholder / Driver's Signature
Date:

S/yan 05/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIA ACCIDENT REPORT

ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

Yes – Claiming Own Insurance

No – Claiming Third Party

No – Reporting Only

Date: 5/1/2021	Time: 0910	Location: PIE Slip road towards Jalan Bohar
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Type of Accident: Head to Rear	In-Car Camera Footage Available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VEHICLE DETAILS

Own Vehicle		Third Party Vehicle or Property	
Vehicle Registration No: GBG 7271C		Vehicle Registration No: SGU1763G	
Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input checked="" type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade		Vehicle Category: <input type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade	
Vehicle Manufacturer: Nissan	Vehicle Model: NV200	Vehicle Manufacturer:	Vehicle Model:
Transmission: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Auto	CC: 1461	Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): ①		Number of passengers (including driver):	
Passenger name:	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F	Passenger name:	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F

INSURANCE DETAILS

Own Vehicle Insurance Policy		Third Party Vehicle Insurance Policy	
Handling Insurer: China Taiping		Handling Insurer: NTUC	
Coverage Type: <input type="checkbox"/> ACT <input checked="" type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: DMCVSNW000992	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number: 22003
Registered Owner Name: Jenlat Landscape Pte Ltd		Registered Owner Name:	
ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.		ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.	
Registered Owner ID: 201409116W		Registered Owner ID:	
Owner Address:		Owner Address:	
Owner Email:		Owner Email:	
Owner Mobile No:		Owner Mobile No.:	
Alternate Phone No. Type: <input type="checkbox"/> Home <input checked="" type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.: 67939886	Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:



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)

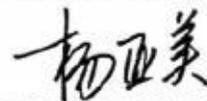
CERTIFICATE No.	DMCVSNW00099222003	Engine No.:	K9KC400D057383
		Cha. No.:	VSKYBAM20Z0146599
1. Index Mark and Registration Number of Vehicle	GBG7271C		
2. Name of Policy Holder	JENLAT LANDSCAPE PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/10/2020	Excess Sect I.	\$\$350.00
		EX ON WINDSCREEN.	\$\$100.00
4. Date of Expiry of Insurance	12/10/2021		
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