

# NATIONAL Assessment Centre Services

Date In: 06/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT721000221/12	SAS e-filing		
Veh No: GB437374	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/01/21 1850	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: 5LQ4549B 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

Customer's Particulars	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est. Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	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: Idno 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	06/01/2021 12:12 (SGT)
Date of Accident	05/01/2021 18:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TUAS B4 ENG NEO AVE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3737Y
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WALL IMAGE PTE LTD
Company Reg No	2XXXXX661N
Email Address	wallimagepteld@yahoo.com
Mobile Phone No	(Phone) +65-82013606
Alternative Phone No	+65-82013606

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	DMCVSNW00027252001
Cover Note Number	-

### DRIVER

Name of Driver	TAN KHIM SENG(CHEN QINCHENG)
NRIC No	SXXXX479I
Date Of Birth	31/05/1972
Occupation	Outdoor

Date Of Driving Pass .....	28/03/2006
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82013606
Alt. Phone Number .....	-
Email Address .....	wallimagepteltd@yahoo.com
Address .....	BLK 293A BUKIT BATOK ST 21
Address complement .....	#15-500
Postcode .....	651293
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 .....	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) .....	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 .....	SLQ4549B
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 ..... TAN KHIM SENG(CHEN QINCHENG)  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... GBH3737Y  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

### IMPORTANT NOTICE

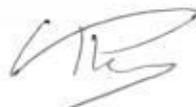
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

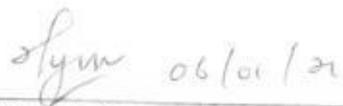
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature  
Date & Time:

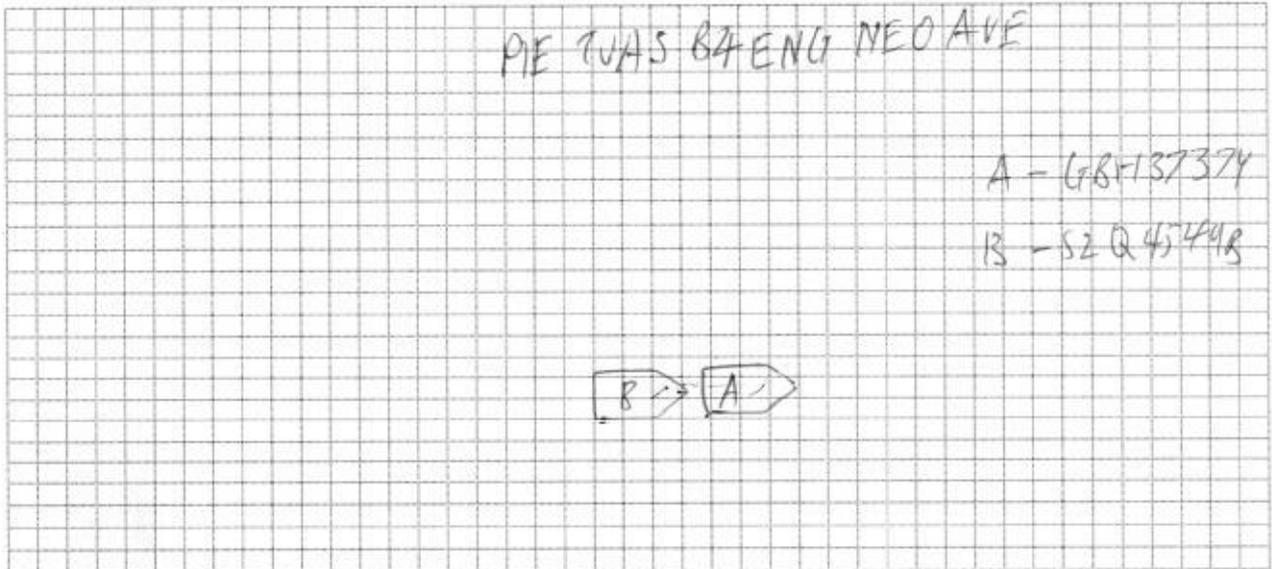


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TUAS BEFORE ENG NEO AVE. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED SUIT. MOMENT LATER VEH 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:

 06/01/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC / FIN No.:

## Accident Reporting Draft

VEHICLE NO: GBH3737Y

MODEL: TOYOTA HIACE

AUTO/MANUAL

DATE OF ACCIDENT	5/1/2020	C.C: 2982
TIME OF ACCIDENT	1850	HRS AM/PM
LOCATION OF ACCIDENT	PIE TUAS BEFORE ENG NEO AVE	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	WALL IMAGE PTE LTD	
CONTACT NO.	82013606	EMAIL: WALLIMAGEPTELTD@YAHOO.COM
NRIC	201117661N	
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 KHIM SENG (CHEN QINGCHENG)	
NRIC	S7219479I	ANY PASSENGER: 0
DATE OF BIRTH	31/5/1972	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	82013606	EMAIL: WALLIMAGEPTELTD@YAHOO.COM
ADDRESS	998 TOA PAYOH NOTRH #01-01/02	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY/ WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: YES	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	SLQ4549B	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 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		

Motor Commercial

MZ300/C

R SN

AN0450A

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. DMCVSNW00027252001

Engine No.: 1KD2681734  
Cha. No.:KDH2015025647

1. Index Mark and Registration Number of Vehicle GBH3737Y

2. Name of Policy Holder WALL IMAGE PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04/05/2020

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

4. Date of Expiry of Insurance 03/05/2021

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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTDAS 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: INXPURE N SOLUTIONS  
Authorised Officer



Authorised Signatory