

NATIONAL Assessment Centre Services.

[ver 1 Jan'08] **SNR2121000A**

Date In: 01/02/2021 29.07	Job description	Date & Time Completed	Done by
Ref No: NA210015874	SAS e-illing		
Veh No: GBB 5097D	E-mail (by job sheet, A/C sheet)		
D.O.A: 29/01/2021	I-Motor Claim Form		
OD (T) Reporting Only	I-Motor W/O (With/In OD sheet, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Visor		

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

TP Particulars: Vch No: **PC9334Y** 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 ()

() 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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

NA21000969			
Driver/Owner:	1) All Accident Reporting (\$30)		
Contact No:	2) DA + Demer Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP + Towing Fee \$120		
QC Checked by (Engr-In-Charge):	4) PT + Follow Through Survey \$120		
	5) TP + Follow Through Survey (Resurvey) For all minor repairs INC Only (ver 10 Jan 2008) \$75		
	6) TP + Resurveillance \$160		
	7) NI + ID + DA + SMRT Survey		
	8) NFUC Additional Services		
	OD:		
	* NS: Courtesy Car / Tpl Allowance \$3		
	* NG: Repairs Coordination \$10		
	* NT: Post Repair Inspection \$25		
	* ND: DV / Collect Excess Coordination \$3		
	* TP (NI) / TP (S+INC) or last ENG \$25		
	* NI: Idea 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	01/02/2021 20:07 (SGT)
Date of Accident	29/01/2021 17:45 (SGT)
Exact Location of Accident	Bishan Flyover, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5097D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JWS BUILDERS
Company Reg No	5XXXX386K
Email Address	jwsbuilder@gmail.com
Mobile Phone No	(Phone) +65-93828711
Alternative Phone No	(Office) +65-64814881

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2900
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00104462003
Cover Note Number	-

DRIVER

Name of Driver	LI YONGBING
Passport No/FIN	GXXXX325U

Date Of Driving Pass	18/08/2009
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93828711
Alt. Phone Number	-
Email Address	giareporting@gmail.com
Address	8B ADMIRALTY STREET #08-19
Address complement	-
Postcode	757440
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	MOLLA MD SODMUN
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

PLEASE REFER TO SKETCH PLAN

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	PC9334Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

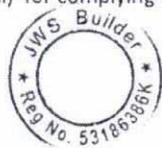
SKETCH PLAN

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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.
- (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:



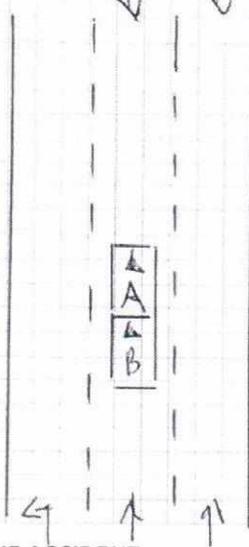
Reporting Centre Personnel's Signature
Name: Reda Mohamed
NRIC/FIN No.:

SKETCH PLAN

Lor 6
Teapayeh

CTE

UPD
Serangau



V: A) GBB5097D

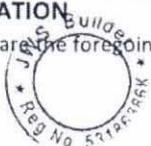
V: B) PC9334y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on
 the stated venue. I was travelling straight in my lane,
 slowed down my vehicle and stopped as the vehicle
 in front jam brake. As such I applied my brakes too.
 Moments later, I felt an impact against my vehicle
 rear portion.

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.:

Signature 01/02/2021
Redi Wastoni

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29/01/2021 (dd/mm/yy) Time of Accident: 17 : 45 (24-HR-FORMAT)
Vehicle No.: GBB 5097 D Vehicle Make & Model / Engine (cc): KIA K2900 2902 cc Private Hire: (Y / N)
Exact location of Accident: BISHAN FLYOVER TOWARDS CTE
Policyholder's Name / IC No.: JWS BUILDER 53186386K
Driver's Name / IC No.: LI YONGBING G7283325U (As Above)
Driver's Contact No.: 9382 8711 Company Contact No / Owner Contact No: 6481 4881
Driver's Address: 8B ADMIRALTY STREET #08-19 S1 757440.
Owner Email address: JWSBUILDER@GMAIL.COM Insurance Company:
Driver Email address: giureporting@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: EMPLOYEE

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) Indoor/ Outdoor

Private use / Work purpose

***No. of Passengers (Including Driver):** 02

*Passenger Name: co worker MOLLA MD SODMUN

Gender: Male

*Passenger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: PC 9334 Y

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



Motor Commercial

MZ300/C

R SN

AN0056A

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.	DMCVSNW00104462003	Engine No.: J39326462 Cha. No.:KNCSE014297385011
1. Index Mark and Registration Number of Vehicle	GBB5097D	
2. Name of Policy Holder	JWS BUILDER	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/11/2020	
4. Date of Expiry of Insurance	06/11/2021	
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.	

HIRE PURCHASE CO. : ABWIN PTE LTD 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



Issued By: _____
DAGLEN G PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory