

NATIONAL Assessment Centre Services.

part 1 Jan 03

Date In: 10/02/21	Job description	Date & Time Completed	Done by
Ref No NA/CTI 21092007/13	SAS e-filing		
Veh No GBH97640	E-mail (within 3hrs, AIC 2hrs)		
DDA 09/02/21 1520	I-Motor Claim Form		
OT (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: 8MP5378P	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 repolier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (

Remarks	Site/Status	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

NA2101629	Invoice Breakdown	Amount	Added Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For retaining against INC Only (wa 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: 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	10/02/2021 13:44 (SGT)
Date of Accident	09/02/2021 15:20 (SGT)
Exact Location of Accident	Hougang Ave 1, Singapore
Additional Location Information	BLK 102 OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9764D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YI LENG ELECTRONICS SERVICES
Company Reg No	5XXXX664J
Email Address	yileng.sg@gmail.com
Mobile Phone No	(Phone) +65-94592886
Alternative Phone No	(Office) +65-67844353

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Proace
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	DMCVSNW00109632002
Cover Note Number	-

DRIVER

Name of Driver	LIM GEE AN
NRIC No	SXXXX982C
Date Of Birth	23/07/1970
Occupation	Outdoor

Date Of Driving Pass	17/06/1989
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94592886
Alt. Phone Number	-
Email Address	yileng.sg@gmail.com
Address	BLK 178 EDGEFIELD PLAINS
Address complement	#12-230
Postcode	820178
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	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)	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	SMP5378P
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 LIM GEE AN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBH9764D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.

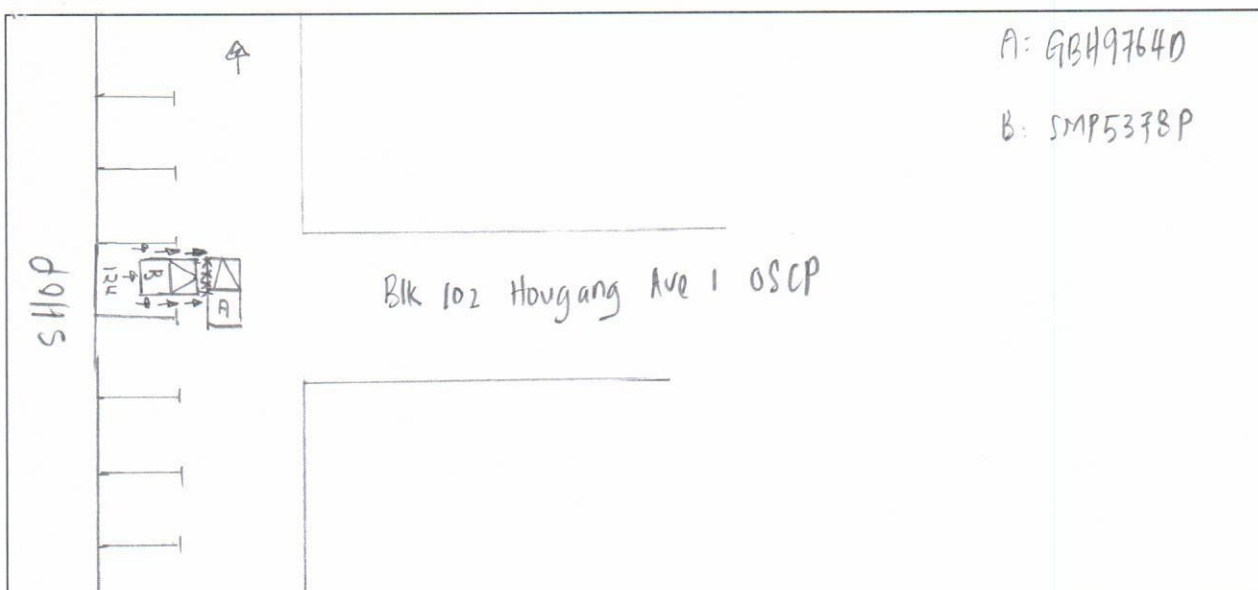


Policyholder's Signature
Date & Time:

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 driving straight along Blk 102 Hougang Ave 1 OSCP to exit.

Suddenly, I felt an impact. Veh "B" drove out from the carpark lot number 124 without checking main road oncoming traffic and collided into the front left portion of my vehicle and caused damages.

DECLARATION

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

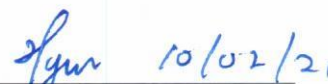


Policyholder's Signature
Date & Time:





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

 10/02/21

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

VEHICLE NO: 9BH9764D	MAKE & MODEL: Toyota Proace	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT	9 / 2 / 2021	*C.C: 1997
TIME OF ACCIDENT	1520 AM / <u>PM</u>	
LOCATION OF ACCIDENT	Blk 102 Hougang Ave 1 OSCP	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Yi Leng Electronics Services Email: yileng.sg@gmail.com	
TELP NO	Mobile: 9459-2886 Office: 6784-4353 Home:	
NRIC	52816664J	
CLAIM TYPE	<u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u>	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00109632002	
NAME OF DRIVER	AS ABOVE / IF NO: Lim Gie An	
NRIC	S7074982C	
DATE OF BIRTH	23 / 07 / 1970	
ANY PASSENGER	YES / <u>NO</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	17 / 06 / 1989	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9459-2886 Office: Home:	
EMAIL	yileng.sg@gmail.com	
ADDRESS	Blk 178 Edgefield Plains #12-230 S(B20178)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: EB8108B INSURER: NTUC	
RELATIONSHIP	Employee / If No: Director	
WEATHER CONDITION	<u>Clear</u> / Raining / Other	
ROAD SURFACE	<u>Dry</u> / Wet / Other	
ANY INJURIES	No / If yes: Who? ① Lim Gie An	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	SMP5378P Any Passenger: NIL	
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.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

I authorized NAC of paya ubi to email the GRT report to admin@nhtmotor.com



NEW HOCK TECK MOTOR PTE LTD

Email: admin@nhtmotor.com / yunli@nhtmotor.com

Tel: 6747 9241

Motor Commercial

MZ300/C

R SN

AN0679A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00109632002

Engine No.: AH014011640

Cha. No.:YARVFAHKHGZ069474

1. Index Mark and Registration
Number of Vehicle

GBH9764D

AUTOSAFE
=====

2. Name of Policy Holder

YI LENG ELECTRONICS SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment14/11/2020
(00:00:00)Excess Sect I . S\$450.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

13/11/2021

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. : TOKYO CENTURY LEASING (S) PTE LTD

* 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: ABWIN PTE LTD
Authorised Officer
Authorised Signatory