

NATIONAL Assessment Centre Services. [part 1 Jan'03]

Date In: 04/03/01	Job description	Date & Time Completed	Done by
Ref No NA/C121002915/13	SAS e-filing		
Veh No GBF3046T	E-mail (within 2hrs, AIC 2hrs)		
ICIA 03/03/01 0720	I-Motor Claim Form		
OP - 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: SKR52885	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 repolar.		
() 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: _____

Date/Time	Action

NA101993	Invoice/Item/Amount/Charge/Status/Remarks/Mod/bill
Claimant's Particulars:	1) AIR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-Inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OP:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	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	04/03/2021 11:13 (SGT)
Date of Accident	03/03/2021 07:20 (SGT)
Exact Location of Accident	106C Punggol Field, Singapore 823106
Additional Location Information	MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3046T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MENG HUAT ELETRICAL & PLUMBING PTE LTD
Company Reg No	2XXXXX562H
Email Address	MENGHUAT228@GMAIL.COM
Mobile Phone No	(Phone) +65-90087678
Alternative Phone No	+65-90087678

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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00079922002
Cover Note Number	-

DRIVER

Name of Driver	TAN SENG KAH
NRIC No	SXXXX633D
Date Of Birth	13/03/1962
Occupation	Outdoor

Date Of Driving Pass	28/06/1984
Driving experience	36 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94745695
Alt. Phone Number	-
Email Address	MENGHUAT228@GMAIL.COM
Address	BLK 174D HOUGANG AVE 1
Address complement	#11-1627
Postcode	539174
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?	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	SLR5288S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AFINDI BIN EUSOPE
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

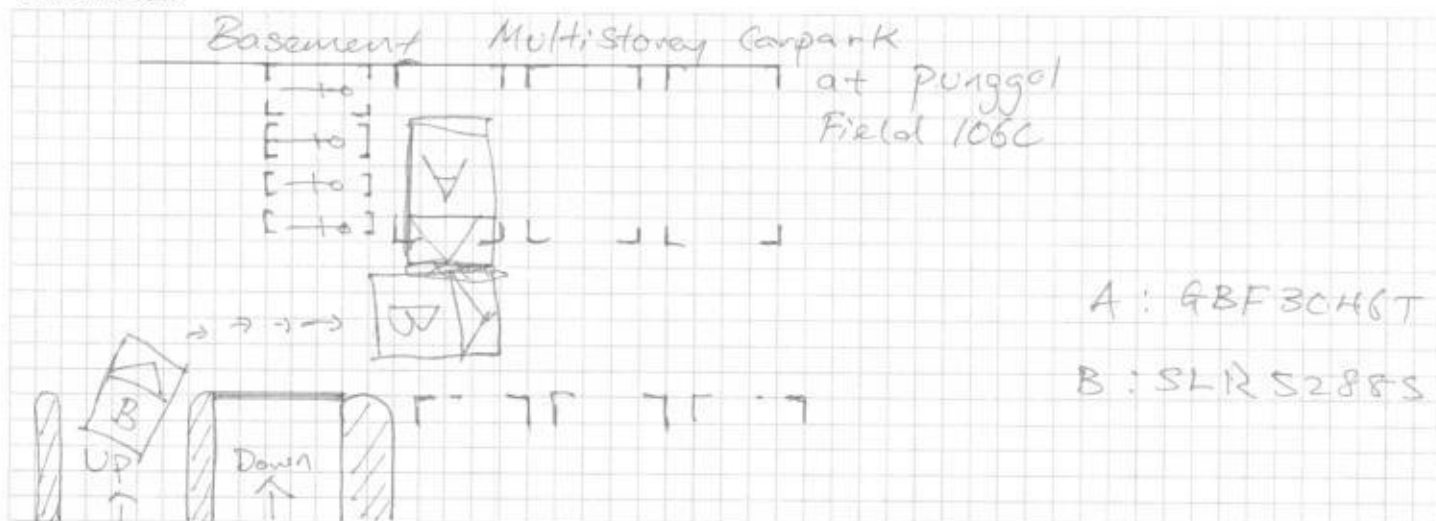
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident


On 03/03/2021 at about 07:20 hrs, I was in my vehicle (GBF3046T) at the multistorey carpark of Block 106C Punggol field. I was about to move off from my parking lot and suddenly ~~Veh B~~ Veh B (SLR5288S) came from ~~the~~ up the slope and our vehicles collided.

Declaration

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

 04/03/21
Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBF3046T		MAKE & MODEL:	Toyota Hiace		AUTO / MANUAL
DATE OF ACCIDENT:	05/03/2021		CC:	3.0		
TIME OF ACCIDENT:	07:20 HRS					
LOCATION OF ACCIDENT:	106C Punggol Field MSCP					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Meng Huat Electrical & Plumbing Pte Ltd					
TEL NO:	H/P: 90087678		OFFICE:	HOME:		
NRIC:	201026562H					
ADDRESS:	67 Ubi Crescent #04-09 Techniques Centre S(408560)					
EMAIL:	menghuat228@gmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO ?					
INSURANCE COMPANY:	* China Turpin Insurance (Singapore) Pte Ltd					
TYPE OF COVERAGE:	* Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	* DMCVSNW00079922002					
NAME OF DRIVER:	AS ABOVE / IF NO: Tan Seng Kah					
NRIC:	S1517633D		ANY PASSENGER:	NO 28/06/1984		
DATE OF BIRTH:	13/03/1962		LICENCE PASSED DATE:	25/04/2003		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 94745695		OFFICE:	HOME:		
ADDRESS:	BLK # 174D Hougang Avenue 1 #11-1627 S(539174)					
EMAIL:	NA.					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Employee.					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	-					
NAME & CONTACT:	-					
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SLR5288S		ANY PASSENGERS:	-		
NAME OF DRIVER:	Afandi Bin Eusope		CONTACT NO:	-		
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Front Portion.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO		
WORKSHOP PARTICULAR:	N-S1 Automotive					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	henand					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0650A

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.

DMCVSNW00079922002

Engine No.: 1KD2597704

Cha. No.: KDH2015021452

1. Index Mark and Registration
Number of Vehicle

GBF3046T

AUTOSAFE
=====

2. Name of Policy Holder

MENG HUAT ELECTRICAL & PLUMBING PTE. LTD.

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

07/09/2020

Excess Sect I . S\$350.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

06/09/2021

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: BELL AUTO PTE LTD
Authorised Officer

杨亚美
Authorised Signatory