

# NATIONAL Assessment Centre Services

Part 1 Jan 2003

SM0921350002

Date In: 5/3/21 09:39	Job description	Date & Time Completed	Done by
Ref No: NA/C7121092959/64	SAS e-filing		
Veh No: GBK 6239H	E-mail (within 3hrs, AIC 2hrs)		
IPFA: 413/21 07:20	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/VK		

Profound Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:	Veh No: SMG 1529U	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: ( )	

NA2101983

Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$43	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$23	
	*NB: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) NI2: 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	05/03/2021 09:39 (SGT)
Date of Accident	04/03/2021 07:20 (SGT)
Exact Location of Accident	Simei Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6239H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROYAL CATERING SERVICES PTE LTD
Company Reg No	-
Email Address	SUAREZ99SAM@GMAIL.COM
Mobile Phone No	(Phone) +65-62460211
Alternative Phone No	+65-62460211

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	DMCVSNW00094202000
Cover Note Number	-

#### DRIVER

Name of Driver	SHAMSULRAHUMAN BIN YUSOP HUSAIN
NRIC No	SXXXX271A
Date Of Birth	09/10/1975
Occupation	Outdoor

Date Of Driving Pass .....	30/06/2005
Driving experience .....	15 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88914483
Alt. Phone Number .....	-
Email Address .....	SUAREZ99SAM@GMAIL.COM
Address .....	BLK 188 BOON LAY DR #06-88
Address complement .....	-
Postcode .....	640188
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) .....	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

REFER TO STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMG1529U
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

### IMPORTANT NOTICE

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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 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.

#### 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**

I was travelling along Simei Ave on the first lane, while approaching a traffic Junction. due to the down slope Rd, My veh cannot stop in time and collided onto Veh B rear portion.

**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

Witnessed by Reporting Centre Personnel



Motor Commercial

MZ300/C

N SN

AN0694A

Gov. 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.

DMCVSNW00094202000

Engine No.: 1KDB042497

Cha. No.: JTFAT35Y70K215432

1. Index Mark and Registration  
Number of Vehicle

GBK6239H

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

ROYAL CATERING SERVICES PTE LTD

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

29/09/2020

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

4. Date of Expiry of Insurance

28/09/2021

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.

\* 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: Zhang YueQiang  
Authorised Officer  
Authorised Signatory

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 4 / 3 / 21 ) (DD/MM/YYYY), TIME: ( 7 : 20 ) (HH:MM)

LOCATION: Simer Ave

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 6239 H  
b) INSURANCE COMPANY: Ching  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Dyna  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Royal Catering Services Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 62460211  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8891 44843  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 1529 U MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Suarez99sam@gmail.com

Email = suarez99sam@gmail.com

fax =

VIDEO = Yes

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )