

NATIONAL Assessment Centre Services

Date In: 16/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21003445/13	SAS e-filing		
Veh No: GBK 8687J	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 15/03/21 1045	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMY10734	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

NA2102369	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bil
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	16/03/2021 17:23 (SGT)
Date of Accident	15/03/2021 10:45 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	JUNC MAXWELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8687J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BEST FLORIST
Company Reg No	2XXXX000D
Email Address	CHRIS@BESTFLORIST.COM.SG
Mobile Phone No	(Phone) +65-96312434
Alternative Phone No	+65-96312434

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	DMCVSNW00125852000
Cover Note Number	-

DRIVER

Name of Driver	TAN SONG PHOR
NRIC No	SXXXX655A
Date Of Birth	29/01/1968
Occupation	Indoor

Date Of Driving Pass	16/04/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98784900
Alt. Phone Number	-
Email Address	CHRIS@BESTFLORIST.COM.SG
Address	BLK 101 BEDOK RESERVOIR ROAD
Address complement	#11-466
Postcode	470101
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VIVIENNE
Gender	Female

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	SMY1073Y
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

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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.

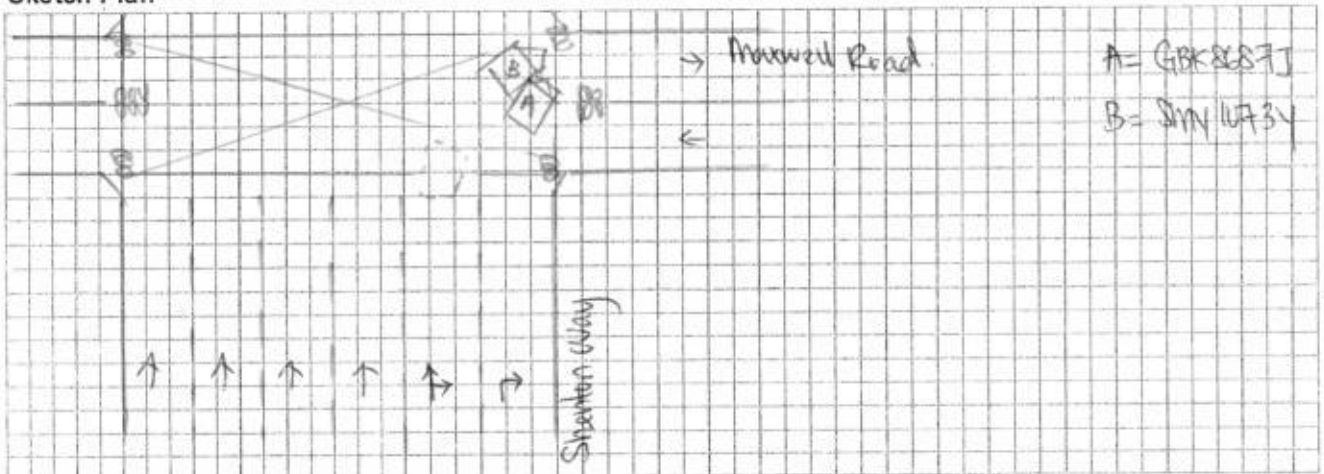
BEST FLORIST
25 Kaki Bukit Road 4 #01-13 Synergy@KB
Singapore 417900
Tel: 6292 6128 (5 Lines) Fax: 6296 3033
Email: bestflorist@synergynet.com.sg

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 15/3/2021, I was travelling along Shenton Way.

I was on the first lane. When the traffic light turned green, I started to turn right into Maxwell Road. Vehicle B drive very fast from my left lane and turn to Maxwell Road. While she was making the right turn, her vehicle has scratched on my vehicle. As a result my car sustained damages on the front and left portion.

As there're no serious damages, I decided not to make a third party claim. I'm making this report for recording purpose.

Declaration

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

BEST FLORIST
25 Kold Brook Road #01-48 Synergy@KB
Singapore 6295 3033
Tel: 6292 8128 Email: bestflorist.com.sg
bestflorist.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: GPX8687JMAKE & MODEL: Toyota Hiace

AUTO / MANUAL

DATE OF ACCIDENT	<u>15 / 03 / 2021</u>		*C.C.
TIME OF ACCIDENT	<u>10-45</u> <u>AM</u> / PM		
LOCATION OF ACCIDENT	<u>Junction of Shenton Way & Maxwell Road.</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	<u>Best Florist</u>	Email:	<u>chris@bestflorist.com.sg</u>
TELEPHONE NO.	<u>Mobile: 9631 2434</u>	Office:	<u>Home:</u>
NRIC	<u>248000000</u>		
CLAIM TYPE	<u>OD</u> / THIRD PARTY / <u>REPORTING ONLY</u>		
FLEET POLICY	<u>YES</u> / <u>NO</u> ?		
INSURANCE CO.	<u>China Taiping Insurance Singapore Pte Ltd.</u>		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>DMCVSNW00125852000</u>		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO. <u>Tan Song Phor</u>		
NRIC	<u>S6849655A</u>		
DATE OF BIRTH	<u>29 / 01 / 1968</u>		
ANY PASSENGER	<u>YES</u> / <u>NO</u> : <u>1</u>		
NAME OF PASSENGER	<u>Vivienne</u>		
GENDER OF PASSENGER	<u>MALE</u> / <u>FEMALE</u>		
OCCUPATION	<u>Outdoor</u> / <u>Indoor</u>		
DATE OF DRIVING PASS	<u>16 / 04 / 1993</u>		
GENDER	<u>Male</u> / <u>Female</u>		
CONTACT NO.	<u>Mobile: 98784900</u>	Office:	<u>Home:</u>
EMAIL	<u>chris@bestflorist.com.sg</u>		
ADDRESS	<u>Apt B1K 101 Bedok Reservoir Road #11-466 S' 470101</u>		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	<u>INSURER.</u>	
RELATIONSHIP	<u>Employee</u> / If No. <u>Owner</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other,		
ROAD SURFACE	<u>Dry</u> / Wet / Other,		
ANY INJURIES	<u>No</u> / If yes, <u>Who?</u>		
CONTACT NO.			
POLICE REPORT	<u>No</u> / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?			<u>NO/IF YES, WHO?</u>
VEHICLE B NO.	<u>Smy1073Y</u>	<u>Any Passenger</u> : <u>0</u>	
NAME			
CONTACT NO.			
VEHICLE C NO.	<u>Any Passenger</u> :		
VEHICLE D NO.	<u>Any Passenger</u> :		
VEHICLE E NO.	<u>Any Passenger</u> :		
VEHICLE F NO.	<u>Any Passenger</u> :		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / <u>NO</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			
			<u>YES</u> / <u>NO</u>

Motor Commercial

MZ300/C

N SN

AN0633A

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.

DMCVSNW00125852000

Engine No.: 1GD8612882

Cha. No.: GDH2011048447

 1. Index Mark and Registration
 Number of Vehicle

GBK8687J

AUTOSAFE

=====

2. Name of Policy Holder

BEST FLORIST

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

 28/12/2020
 (00:00:00)

Excess Sect I.

S\$500.00

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

27/12/2021

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

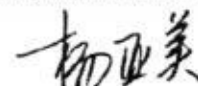
 * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Chua Suat Lay Sally
 Authorised Officer


 Authorised Signatory