

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

52082130008

Date In: 30/03/2021 18:09	Job description	Date & Time Completed	Done by
Ref No: N/A/CT22004147	SAS e-filing		
Veh No: 93H 7140 S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/03/2021 11:28	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: 888 83957	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 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

Claimant's Particulars:	Driver/Owner:	Contact No:	Damaged Portion:	QC Checked by (Engr-In-Charge):	Auditors' Comments:	Cat. 1:	Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
								Inc Bill	Add Bill		
								1) AR: Accident Reporting (\$30);			
								2) DA: Damage Assessment (\$100); INC (\$80)			
								3) TF: Towing Fee \$40/\$45			
								4) FT: Follow-Through Survey \$120			
								5) FT: Follow-Through Survey (Resurvey) \$30			
								For claiming against INC Only (ver 10 Jan 2005)			
								6) TR: Re-inspection \$75			
								7) N1: Idao DA + SMRT Survey \$160			
								8) NTUC Additional Services:-			
								OD*			
								*N5: Courtesy Car / Tpl Allowance \$5			
								*N6: Repair Co-ordination \$10			
								*N7: Post Repair Inspection \$25			
								*N8: DV / Collect Excess Coordination \$5			
								TP (N11): TP (N'n 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	30/03/2021 18:09 (SGT)
Date of Accident	29/03/2021 11:25 (SGT)
Exact Location of Accident	Tampines Ave 7, Singapore
Additional Location Information	CROSS JUNCTION OF TAMPINES AVE 4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7140S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SANTINO COFFEE SPECIALISTS PTE LTD
Company Reg No	2XXXXX167G
Email Address	ishareauto@gmail.com
Mobile Phone No	(Phone) +65-91806408
Alternative Phone No	+65-64483607

#### 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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00070652002
Cover Note Number	-

#### DRIVER

Name of Driver	NYA KIM HUN (YANG JIN HAN)
NRIC No	SXXXX772D

Date Of Birth	14/05/1964
Occupation	Outdoor
Date Of Driving Pass	23/01/1998
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91806408
Alt. Phone Number	-
Email Address	ishareauto@gmail.com
Address	BLK 78 BEDOK NORTH ROAD #03-246
Address complement	-
Postcode	460078
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

PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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	SBS8395J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

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.
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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.



*KSH*

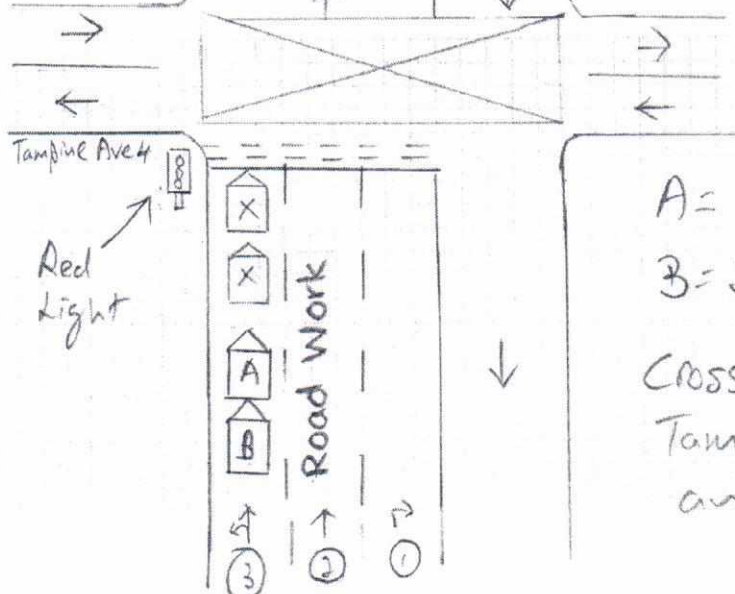
*30/03/2021*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBH 7140S  
B = SBSB395J  
Cross Junction of  
Tampines Avenue 7  
and Tampines Avenue 4

**Describe Circumstances of the Accident**

Refer to Attached

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

*[Signature]* 30/05/2021

On 29.03.2021 at about 11:25 hours at Cross Junction of Tampines Avenue 7 and Tampines Avenue 4. I was stationary on lane 3 at the above mentioned junction (along Tampines Avenue 7 towards Tampines Avenue 9) and waiting for the traffic light to turn green. Lane 2 was occupied by road work construction.

Suddenly, I felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): GBH 7140S

Vehicle (B): SBS 8395J



KGP

an 30/03/2021



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 29/03/2021	Time: 11:25	(hh:mm) 24 hr format
Location Cross Junction of Tampines Avenue 7 and Tampines Avenue 4		
Vehicle Number GBH 71405		
Insured Name Santino Coffee Specialists Pte Ltd		
NRIC /FIN 200005167G	Contact Number 6448 3607	
Make Toyota	Model Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company China Taiping		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number DMCVSNW00070652002		
Name of Driver Nya Kim Hun (Yang Jin Han) ( ) Same as Insured		
NRIC /FIN S1670772D		
Contact Number 9180 6408		
Date of Birth 14/05/1964		
Driving Pass Date 23/01/1998		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address iSHAREAUTO@gmail.com ( ) NO EMAIL		
Address of Driver BLK 78 Bedok North Road # 03-246 S (460078)		
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B SBS 8395J		
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only





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

AN0421A

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.

DMCVSNW00070652002

Engine No.: 1GD8308512

Cha. No.: GDH2012001930

1. Index Mark and Registration  
Number of Vehicle

GBH7140S

AUTOSAFE  
=====

2. Name of Policy Holder

SANTINO COFFEE SPECIALISTS PTE LTD

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

31/08/2020

Excess Sect I. S\$350.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

30/08/2021

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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