

NATIONAL Assessment Centre Services

Date In: 16/04/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21004809/13	SAs e-filing		
Veh No: 4N6542T	E-mail (within 8hrs. A/c 2hrs)		
D.O.A: 16/04/21 0720	i-Motor Claim Form		
OD: (IP) 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: 5LV2484	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

NA2102600	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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		
	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	16/04/2021 13:45 (SGT)
Date of Accident	16/04/2021 07:20 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	JUNCTION OF CHOA CHU KANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6542T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Company Reg No	2XXXXX333W
Email Address	ISLOL1884@GMAIL.COM
Mobile Phone No	(Phone) +65-94888856
Alternative Phone No	+65-94888856

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00092932000
Cover Note Number	-

DRIVER

Name of Driver	LEE CHIN WAH
NRIC No	SXXXX165E

Date Of Birth	28/10/1965
Occupation	Outdoor
Date Of Driving Pass	13/02/1988
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93733390
Alt. Phone Number	-
Email Address	ISLOL1884@GMAIL.COM
Address	BLK 764B WOODLANDS CIRCLE
Address complement	#12-206
Postcode	732764
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BRYWYN TOH EN YU
Gender	Male

PASSENGER 2

Name	KOO CHENG WEE
Gender	Male

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	SLV248U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC231D
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	LEE CHIN WAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YN6542T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BRYWYN TOH EN YU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YN6542T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	KOO CHENG WEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YN6542T

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

Signature: _____

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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:

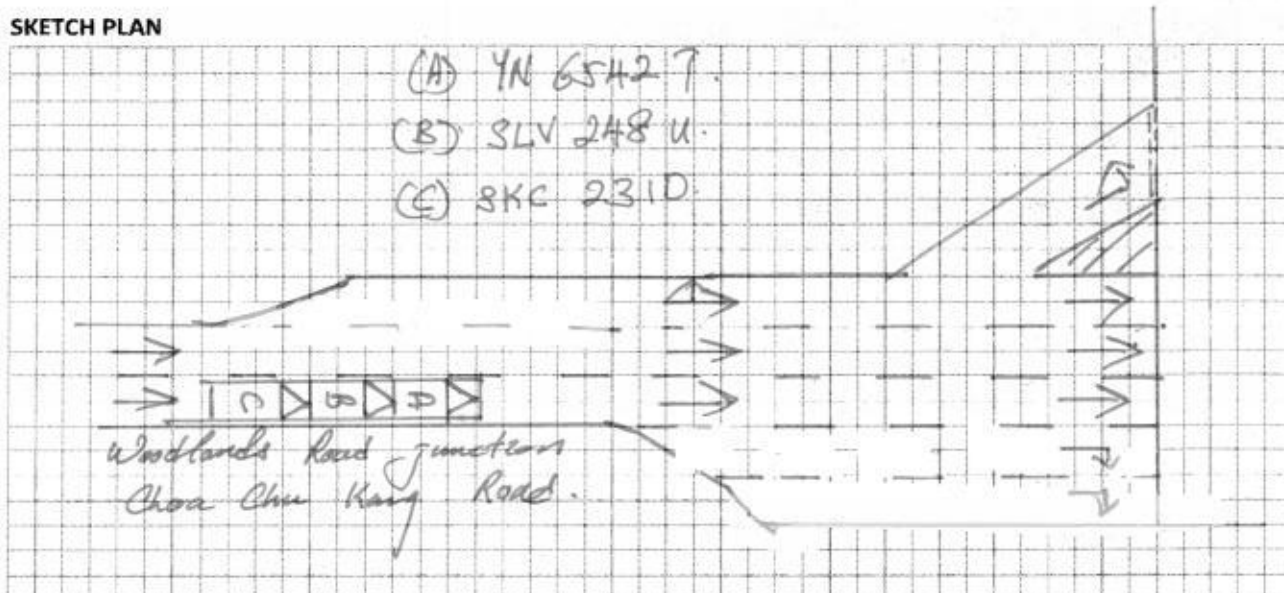
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On 16/04/2021 at @ 0720 hrs, I stopped my vehicle (YN 6542 T) along Woodlands Road junction Choa Chu Kang Road on the extreme right lane due to red light. Suddenly, I felt an a great impact from the rear. I got down from my vehicle and found it was a chain collision involving 3 vehicles.

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:

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

VEHICLE NO:	YN 6542 T	MAKE & MODEL:	Mot. Canter.	AUTO / MANUAL	
DATE OF ACCIDENT:	16 / 04 / 2021	CC:	2998cc		
TIME OF ACCIDENT:	0720 HRS				
LOCATION OF ACCIDENT:	Woodlands Road Junction Choa Chu Kang Road.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	EZY-1 Leasing Pte Ltd				
TEL NO:	H/P: 9488 8856	OFFICE:		HOME:	
NRIC:	201726333W				
ADDRESS:	15 Yishun Industrial St 1 #01-21 Wn 5 (S) 768091				
EMAIL:					
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
FLEET POLICY:	YES / NO ?				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMCUSNA00092932000				
NAME OF DRIVER:	AS ABOVE / IF NO: LEE CHIN WAH				
NRIC:	S 1733165E	ANY PASSENGER:	02 (M)		
DATE OF BIRTH:	28 / 10 / 1965	LICENCE PASSED DATE:	13 / 02 / 1988		
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 9373 3390	OFFICE:		HOME:	
ADDRESS:	BLK 764B Woodlands Circle #12-206 (S) 732764				
EMAIL:	islo1884@gmail.com				
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? (1) LEE CHIN WAH (H/P: 9373 3390)				
NAME & CONTACT:	(2) Brywyn Teh En Yu (H/P: 8892 4533)				
NAME & CONTACT:	(3) Kob Cheng Wee (H/P: 9270 5131)				
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SLV 248 U	ANY PASSENGERS:	N.A.		
NAME OF DRIVER:		CONTACT NO:			
VEHICLE C REG NO:	SKC 231 D	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 / <u>NO</u>				
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Rear Portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					YES / <u>NO</u>
WORKSHOP PARTICULAR:	N-51				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Commercial

MZ407/C

N SN

AN0676A

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. DMCVSNA00092932000

Engine No.: 4P10B37433

Cha. No.: FEB21EA01002

1. Index Mark and Registration Number of Vehicle YN6542T

AUTOSAFE

2. Name of Policy Holder EYZ-1 LEASING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 20/09/2020

Excess Sect. I S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 19/09/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC P.L


* 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: Zhong YueQiang
Authorised Officer


Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.:	201726333W
Owner ID Type:	Company
Owner Name:	EZY-1 LEASING PTE. LTD.
Registered Address:	15 YISHUN INDUSTRIAL STREET 1 #01-21 WIN 5 SINGAPORE 768091
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	YN6542T
Previous Vehicle No.:	-
Effective Date of Ownership:	29 Nov 2018
Original Regn Date:	28 Oct 2014
Registration Date:	28 Oct 2014
Year of Manufacture:	2014
Vehicle Type:	Goods (Closed) Van/Van Panel (Delivery)
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEB (CBU)
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	2
Chassis No.:	FEB21EA01002
Engine No.:	4P10B37433
Engine Capacity /Power Rating:	2998 cc / -
Maximum Power Output:	-
Propellant:	Diesel

Max Unladen Weight:	2300 kg
Maximum Laden Weight:	5000 kg
Open Market Value:	\$30,562.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	1510839070
COE No.:	2014080105000739R
COE Expiry Date:	27 Oct 2024
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$52,010.00 / -
Actual QP Paid:	\$52,010.00
QP (Regn Cat):	\$52,010.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$52,010.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$1,529.00
Vehicle Lifespan Expiry Date:	27 Oct 2034
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	-