

NATION 11 Assessment Centre Services

Date In: 21/04/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI/1004989/13	SAS e-filing		
Veh No: GBL805H	E-mail (within 2hrs: 2hrs)		
DOA: 19/04/21 1740	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within 2hrs: 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:

G8B2280K

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

NA2102628	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	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)			
	6) TR: Re-inspection \$75			
	7) NI: 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			
Cat 1:	Invoice dated	Fee Charged		
Cat 2/3:	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	21/04/2021 10:17 (SGT)
Date of Accident	19/04/2021 17:40 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	B4 ISLAND CLUB RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL805H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HE SHENG ENTERPRISE
Company Reg No	3XXXX800J
Email Address	HESHENGENTERPRISE@GMAIL.COM
Mobile Phone No	(Phone) +65-97391817
Alternative Phone No	+65-97391817

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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00032022100
Cover Note Number	-

DRIVER

Name of Driver	CHEONG POH CHIN
NRIC No	SXXXX428C

Date Of Birth	05/08/1964
Occupation	Outdoor
Date Of Driving Pass	02/12/1988
Driving experience	32 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97391817
Alt. Phone Number	-
Email Address	HESHENGENTERPRISE@GMAIL.COM
Address	9 CASUARINA ROAD
Address complement	-
Postcode	579398
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GBB2280K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	CHEONG POH CHIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBL805H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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. 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:

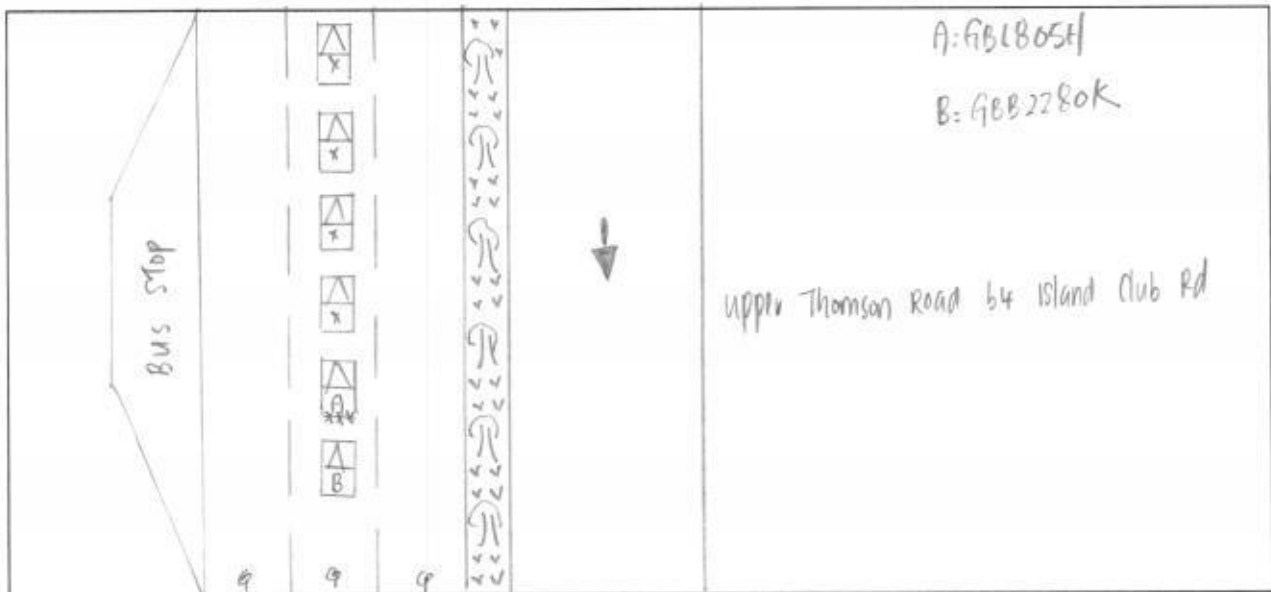
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

HE SHENG ENTERPRISE
H/P: 98152692

I authorized IDAC of paya ubi to email the GIA report to New Hock Teck motor pte ltd.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Upper Thomson Road b4 Island Club Rd at center lane of 3 lanes.

Vehicle in front of me slowed down and stopped, I followed suit.

Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused damages.

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.:

HE SHENG ENTERPRISE
N/P:98152692

VEHICLE NO: <u>G1BL805H</u>	MAKE & MODEL: <u>Toyota Hiace</u>	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT	<u>19 / 04 / 2021</u>	*CC. <u>2982</u>
TIME OF ACCIDENT	<u>1746</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>Upper Thomson Road b4 Island Club Rd</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>He Sheng Enterprise</u> Email: <u>heshengenterprise@gmail.com</u>	
TELP NO	Mobile: <u>9739-1817</u>	Office: _____ Home: _____
NRIC	<u>31058800J</u>	
CLAIM TYPE	<u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	<u>China Taiping</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>DMCVSNW00032022100</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO. <u>Cheong Poh chin</u>	
NRIC	<u>S2361428C</u>	
DATE OF BIRTH	<u>08 / 08 / 1964</u>	
ANY PASSENGER	YES / <u>NO</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	<u>02 / 12 / 1988</u>	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile: <u>9739-1817</u> Office: _____ Home: _____	
EMAIL		
ADDRESS	<u>9 Casuarina Road Singapore 579398</u>	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. <u>SLR2007G</u> INSURER: <u>AGI</u>	
RELATIONSHIP	Employee / If No. <u>Director</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other	
ROAD SURFACE	<u>Dry</u> / Wet / Other	
ANY INJURIES	No / If yes, Who? <u>Cheong Poh chin (F)</u>	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	<u>G8B2280K</u> Any Passenger: <u>01</u>	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger: _____	
VEHICLE D NO.	Any Passenger: _____	
VEHICLE E NO.	Any Passenger: _____	
VEHICLE F NO.	Any Passenger: _____	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
		YES / <u>NO</u>

NEW HOCK TECK MOTOR PTE LTD

Email: admin@nhtmotor.com / yunli@nhtmotor.com

Tel: 6747 9241



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

Motor Commercial

MC300/C

N SN

AN0595A

Gov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1963
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1978 (Malaysia)

CERTIFICATE No. DMCVSNW0003022100

Engine No. TKDB07091
Chassis No. JTFHT029F00251545

1. Index Mark and Registration
Number of Vehicle

GBL805H

2. Name of Policy Holder

HE SHENG ENTERPRISE

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

17/03/2021
(00:00:00)

Excess Sect 1: S\$500.00

EX ON WINDSCREEN: S\$100.00

4. Date of Expiry of Insurance

16/03/2022

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 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
and Section 25 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: Lim Lee Choo
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

www.sg.cntaiping.com