

NATIONAL Assessment Centre Services. (wef 1 Jan'05) SNO921450006

Date In: 28/4/21 14:19	Job description	Date & Time Completed	Done by
Ref No: NA 12120052421U	SAS e-filing		
Veh No: YQ22 YQ299U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/4/21 0850	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 535 3363 G	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%; IP: 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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:-	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

NA2102729	Invoice Preparation Checklist:	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Tr Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) N1: Idao 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		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	28/04/2021 14:19 (SGT)
Date of Accident	28/04/2021 08:50 (SGT)
Exact Location of Accident	Bartley Rd East, Singapore
Additional Location Information	JUNCTION OF UPPER PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ299U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT SUPPLIER
Company Reg No	-
Email Address	COMFORTSUPPLIER@GMAIL.COM
Mobile Phone No	(Phone) +65-98768494
Alternative Phone No	+65-98768494

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00005132101
Cover Note Number	-

DRIVER

Name of Driver	VELIUS BIN DAKULA
Work Permit No	GXXXX612P

Date Of Birth	24/12/1980
Occupation	Outdoor
Date Of Driving Pass	21/02/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83128653
Alt. Phone Number	-
Email Address	COMFORTSUPPLIER@GMAIL.COM
Address	353B ANCHORVALE LANE #03-77
Address complement	-
Postcode	542353
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
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

REFER TO 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	SBJ3363G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car


Name of Driver	ONG YING CHOON
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident


On 28/04/2021 at about 08:50 hrs, I was driving my vehicle (4Q299U) on Bartley Road East. At ~~the~~ the junction of Bartley Road East and Upper Paya Lebar Road, my vehicle was stationary at the extreme left lane due to traffic light for quite some time. Suddenly I felt an impact from the rear and I alighted to realise that vehicle B (SRJ3363G) had collided into the rear portion of my vehicle.


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

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

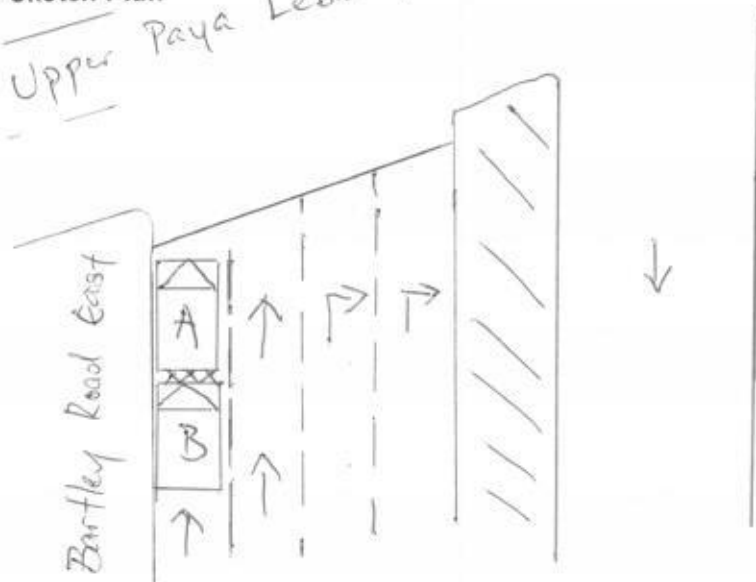
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: YQ299U

B: SBJ3363G

Motor Commercial

MZ301/C

R SN

AN0576A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00005132101

Engine No.: 6M60240384

Cha. No.: FK62FMA40008

1. Index Mark and Registration
Number of Vehicle

YQ299U

AUTOSAFE

=====

2. Name of Policy Holder

COMFORT SUPPLIER

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment28/01/2021
(00:00:00)Excess Sect I : S\$1,000.00
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

27/01/2022

5. Persons or Classes of Persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes
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 racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED 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:

I MARKETING AGENCY
Authorised Officer

Authorised Signatory

VEHICLE NO:	YQ299U	MAKE & MODEL:	Mitsubishi Fuso	AUTO / MANUAL
DATE OF ACCIDENT:	28/04/2021	CC:		
TIME OF ACCIDENT:	08:50 HRS			
LOCATION OF ACCIDENT:	Bartley Road East, Junction of Upper Paya Lebar Rd			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Comfort Supplier			
TEL NO:	H/P: 98768494	OFFICE:	HOME:	
NRIC:	51016000W			
ADDRESS:	6 Yishun Industrial Street 1 #04-01 S(768090)			
EMAIL:	Comfortsupplier@gmail.com			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	DMCVSNW00005132101			
NAME OF DRIVER:	AS ABOVE / IF NO: Velius Bin Dakula			
NRIC:	G8723612P	ANY PASSENGER: Yes (1M)		
DATE OF BIRTH:	24/12/1980	LICENCE PASSED DATE: 06/02/2020		
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 83128653	OFFICE:	HOME:	
ADDRESS:	353B Anchorvale Lane #03-77 S(542353)			
EMAIL:				
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?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SB73363G	ANY PASSENGERS: No		
NAME OF DRIVER:	Ong Ting Cheon	CONTACT NO: -		
VEHICLE C REG NO:		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 / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	benard			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			