

NATIONAL Assessment Centre Services

Date In: 18/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/CIT/21005913/13	SAS e-filing		
Veh No: GW5419P	E-mail (within stat. 2hrs)		
DOA: 15/05/21 2220	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within 2hrs: TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5JT6863M	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

NA2102937	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: 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:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N4: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	Invoice date/	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	18/05/2021 12:45 (SGT)
Date of Accident	15/05/2021 22:20 (SGT)
Exact Location of Accident	324 Ubi Ave 1, Block 324, Singapore 400324
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW5419P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BCS AIRCON ENGINEERING
Company Reg No	5XXXX011J
Email Address	BCSAIRCON@HOTMAIL.COM
Mobile Phone No	(Phone) +65-66897802
Alternative Phone No	(Office) +65-66897802

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00060332006
Cover Note Number	-

DRIVER

Name of Driver	YEONG CHUN KIT
Passport No/FIN	GXXXX701X

Date Of Birth	29/05/1995
Occupation	Outdoor
Date Of Driving Pass	21/08/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83212480
Alt. Phone Number	-
Email Address	BCSAIRCON@HOTMAIL.COM
Address	BLK 528 HOUGANG AVE 6
Address complement	#04-235
Postcode	530528
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	CHONG
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	SJT6863M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car


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


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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:

 18/05/07
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

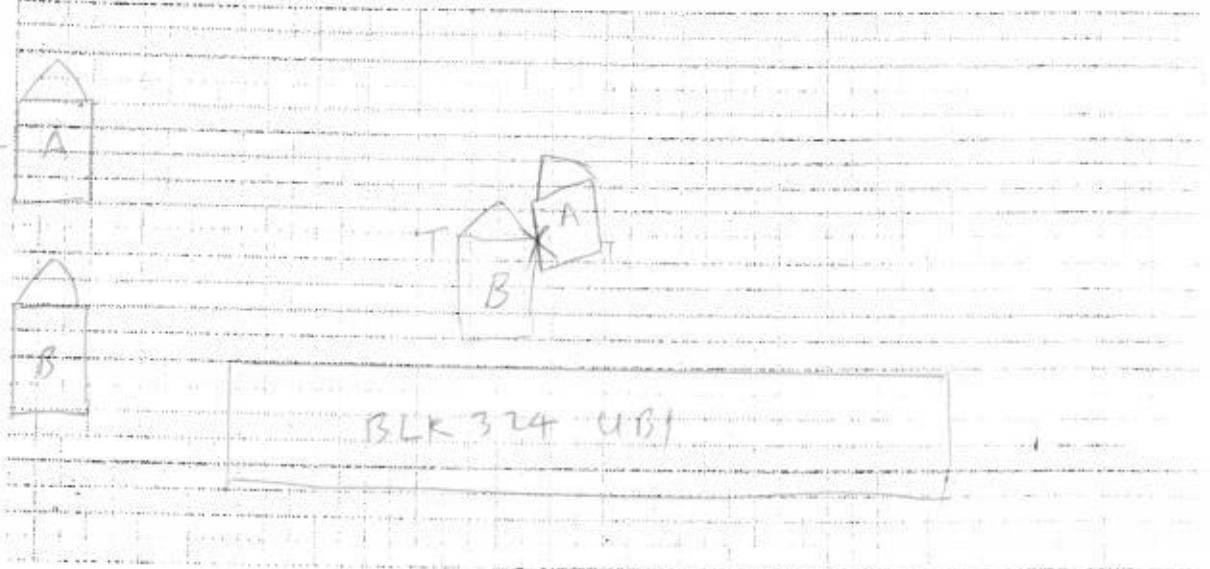
I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
 Yi Heng Motor Workshop via email : yihengmotorworkshop@yahoo.com.sg

Signature : 

SKETCH PLAN

GW5419P

SST6863M

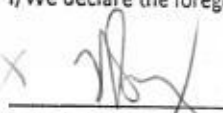



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 15/5/2021 AT ABOUT 10.20PM I WAS ABOUT TO LEAVE THE
 CARPARK, I HIT ONTO VEHICLE B FROM ~~THE~~ RIGHT PORTION.

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:

 18/05/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

VEHICLE NO: 9W5419P

MAKE & MODEL : NISSAN URVAN

AUTO / MANUAL

DATE OF ACCIDENT	15 / 5 / 2021	*C.C. 3000
TIME OF ACCIDENT	10.20 AM / (PM)	
LOCATION OF ACCIDENT	BLK 324 UOI AVE1 CARPARK	
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	BCS AIRCON ENGINEERING	EMAIL: BCSaircon@hotmail.com
TELP NO	Mobile:	Office: 66897802 Home:
NRIC Co. REG NO.	530830113	
CLAIM TYPE	OD / THIRD PARTY	(REPORTING ONLY)
FLEET POLICY:	YES / NO?	
INSURANCE CO.	CHINA TAI PING	
TYPE OF COVERAGE	Comprehensive / Third Party	(Third Party Fire & Theft)
POLICY NO.	DMCVSNW000060332006	
NAME OF DRIVER	AS ABOVE / IF NO: YEONG CHUN KIT	
NRIC	68788701X	
DATE OF BIRTH	29 / 5 / 1995	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	CHANG	
GENDER OF PASSENGER	(MALE) FEMALE	
OCCUPATION	(Outdoor) Indoor	
DATE OF DRIVING PASS	21 / 8 / 2019	
GENDER	(Male) Female	
CONTACT NO.	Mobile: 83212480	Office: Home:
EMAIL:	BCSAIRCON@HOTMAIL.COM	
ADDRESS	BLK 528 HONGANG AVE6 #04-235 S(530528)	
DOES DRIVER OWN OTHER VEHICLES?	(NO) If yes: Reg No.	INSURER:
RELATIONSHIP	(Employee) / If No:	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) Wet / Other:	
ANY INJURIES	(No) If yes: Who?	
CONTACT NO.	NIL	
POLICE REPORT	(No) If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?	
VEHICLE B NO.	55T6863M	Any Passenger:
NAME	SHAZANA BINTE SHAMSUDIN	
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 / (NO)	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / (NO)	

PLEASE EMAIL THE GIA REPORT TO : yihengmotorworkshop@yahoo.com.sg

AUTHORISE BY OWNER :



Motor Commercial

MZ300/C

R SN

AN0450A

Cov. Type:F

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.

DMCVSNW00060332006

Engine No.: ZD30030211

Cha. No.: JN1MG4E25Z0710219

1. Index Mark and Registration
Number of Vehicle

GW5419P

2. Name of Policy Holder

BCS AIRCON ENGINEERING

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

01/08/2020

4. Date of Expiry of Insurance

31/07/2021

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.

* 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:

INXPIRE N SOLUTIONS

Authorised Officer



Authorised Signatory