

NATIONAL Assessment Centre Services

Date In: 20/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21005995/13	SAS e-filing		
Veh No: 5LZ24974	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 19/05/21 0800	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: 4N77586	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

NA2102960	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	20/05/2021 10:27 (SGT)
Date of Accident	19/05/2021 08:00 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2497H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNICOAT PTE LTD
Company Reg No	2XXXXX424R
Email Address	ADMIN@UNIPL.COM.SG
Mobile Phone No	(Phone) +65-65708311
Alternative Phone No	(Office) +65-65708311

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00050612000
Cover Note Number	-

DRIVER

Name of Driver	CHONG NGUK LOONG
NRIC No	SXXXX000Z

Date Of Birth	18/05/1974
Occupation	Outdoor
Date Of Driving Pass	26/10/1996
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90049130
Alt. Phone Number	-
Email Address	ADMIN@UNIPL.COM.SG
Address	BLK 631 SENJA RD
Address complement	#26-230
Postcode	670631
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	IMAN
Gender	Male

PASSENGER 2

Name	HASAN
Gender	Male

PASSENGER 3

Name	MANTASA
Gender	Male

PASSENGER 4

Name	GOLZAR
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	YN7758G
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)	-

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]

19/5/21

1354/168

[Signature] 20/05/21

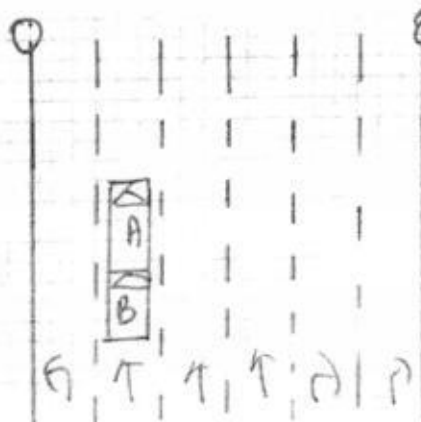
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SLZ 2497H
B: YP7758G



TOH GUAN RO

Describe Circumstances of the Accident

On 19/5/2021 at about 8:00am, my vehicle A (SL2249TH) was stationary along Teh Guan Road due to red traffic ahead. When the traffic turns green, I proceeded. Out of sudden, vehicle B (YN7758G) came from behind and hit into the rear portion of my vehicle A.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

19/5/21

1354/HK

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

[Signature]

20/05/21

Witnessed by Reporting Centre Personnel

From : Premium Carz Services Pte Ltd
Tel : 6636 9100 Fax : 6636 9113

Email : aunteng@premiumcarz.com.sg

Please email the accident report to

20/05/2021
on 27 Feb 2021

ACCIDENT STATEMENT

Date	19/5/2021
Time	8:00am
Location	Toh Guan Road
VEHICLE (A)	SLZ249TH MODEL: Toyota Vios
Name of owner	Unicart Pte Ltd email: admin@unipl.com.sg
NRIC no	200603424R
Date of birth	
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	HP: Tel: 65708311 Fax: 65708322
Address	1 Bukit Batok Crescent, #04-62 Wcega Plaza S(658064)
Driving Passed date	
Email Address	admin@unipl.com.sg
Type of claim	Own Damaged / Third Party / Reporting Only
Insurance Company	China Taiping
Type of Policy	Comprehensive / Third Party, Fire & Theft / Third Party Only
Policy number	DMPGSDW00050612000
Name of driver	Chong Nguk Loong
NRIC no	S74160002
Date of birth	18/5/1974
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	9004 9130
Address	Blk 631 Senja Road, #26-230, S(670631)
Driving Passed date	26/10/1996
Email Address	arvinchong@unipl.com.sg
Relationship with the Insured	Owner / Children / Spouse / Employee / Others:
Does the driver own any other vehicle	No / if Yes : Vehicle no: Ins. Co:
Type of Collision	Head to Rear (TP Hit Insured)
Weather conditions / Road surface	Clear / Raining - Dry / Wet / Others:
Any Police Report lodged	No / Yes : Where?
Notice of Intended Prosecution Given?	No / Yes : Against who?
Anybody injured in the accident?	No / Yes : Who / Vehicle no?
Any other material or property damaged?	No / Yes
Any foreign vehicle involved?	No / Yes : Vehicle no:
Any video captured by car camera?	No / Yes
Number of passengers (including driver)	F: - M: 4
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
VEHICLE (B) - THIRD PARTY	Y17758G
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Number of passengers (including driver)	1
Exact Purpose Use	Private Car / Commercial / Hire & Reward
Insurance Company	
Details of Witness	Name : HP : Email :
Other Vehicles	(C) (D)
Number of passengers (including driver)	



Motor Private Car

MX4F

N SN

AN0678A

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. DMPCSNW00050612000

Engine No.: 1NZX892039

Cha. No.:MR053HY9305108928

1. Index Mark and Registration
Number of Vehicle

SLZ2497H

AUTOSAFE

2. Name of Policy Holder

UNICOAT PTE LTD

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

20/06/2020

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

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:

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRED PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD

* 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: LEE KOK LEONG (LI GUOLIANG)

Authorised Officer

Authorised Signatory