

NATIONAL Assessment Centre Services

Form 1

Date In: 18/06/21	Job description	Date & Time Completed	Done by:
Ref No: NAF/121006814/13	SAS e-filing		
Veh No: GRJ 5860A	E-mail (within 4hrs, MP 2hrs)		
D.O.A: 17/06/21 1110	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: SJ68901C	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

NA2103242

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:			

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	18/06/2021 12:51 (SGT)
Date of Accident	17/06/2021 11:10 (SGT)
Exact Location of Accident	N Canal Rd, Singapore
Additional Location Information	HONG LIM PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5860A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BITESIZE TRADITION PTE LTD
Company Reg No	2XXXXX398K
Email Address	VERTICALACCESS@HOTMAIL.COM
Mobile Phone No	(Phone) +65-89399249
Alternative Phone No	+65-89399249

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00064662100
Cover Note Number	-

DRIVER

Name of Driver	LAI GIM WAH
NRIC No	SXXXX497D

Date Of Birth	01/11/1973
Occupation	Outdoor
Date Of Driving Pass	11/12/1993
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89399249
Alt. Phone Number	-
Email Address	VERTICALACCESS@HOTMAIL.COM
Address	88 MERGUI ROAD
Address complement	#19-06
Postcode	219062
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)	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	SJE8901C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD FIRDAUS BIN ABDUL LAJIS
Contact Number	(Phone) +65-87424658
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

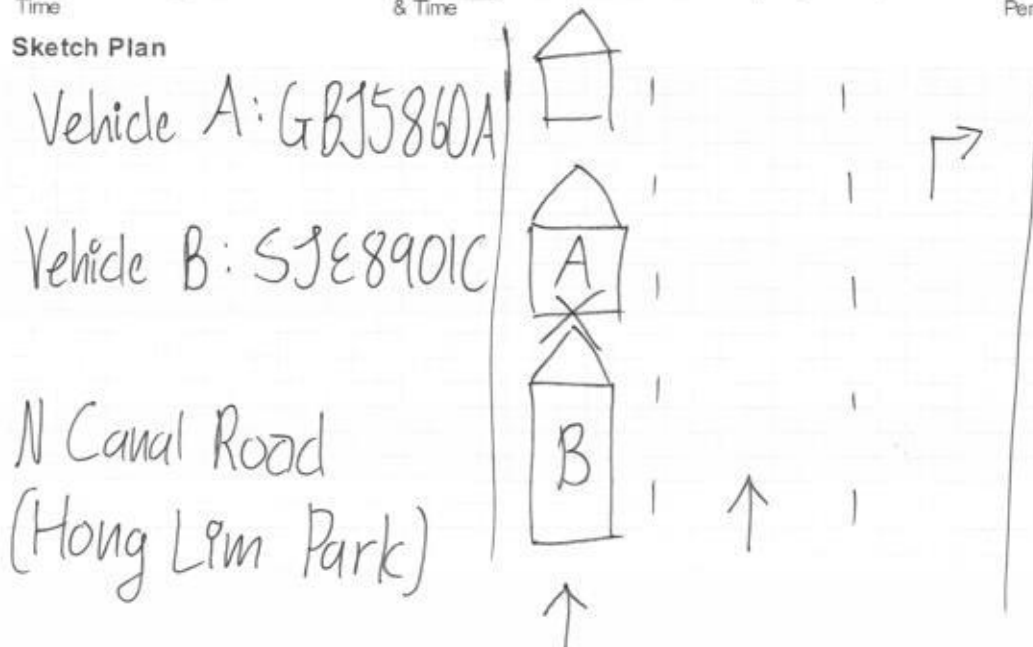


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As I was travelling along N Canal Road (Hong Lim Park), I slowed down my vehicle to a halt as I saw other vehicles in front of me slow down. Suddenly I felt an impact from behind, I stepped out of my vehicle to see that Vehicle B had collided into my vehicle from behind. That's all.

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

Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBJ5860A		MAKE & MODEL:	Fiat Doblo		AUTO / <u>MANUAL</u>
DATE OF ACCIDENT	17 06 21		CC:	1.6		
TIME OF ACCIDENT	11:10		AM / PM	<u>AM</u>		
LOCATION OF ACCIDENT	N Canal Road (Hong Lim Park)					
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER	Bitesize Tradition Pte Ltd					
EMAIL:			Office:	MOBILE:		
NRIC	201817398K					
CLAIM TYPE	OD / <u>THIRD PARTY</u>		REPORTING ONLY			
FLEET POLICY	YES / NO ?					
INSURANCE CO.	China Topping Insurance					
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft					
POLICY NO.	DMCVSNW00664662100					
NAME OF DRIVER	AS ABOVE / IF NO,		Lai Gim Wah			
NRIC	S7338497D					
DATE OF BIRTH	01 / 11 / 1973					
ANY PASSENGER	YES / <u>NO</u> :					
NAME OF PASSENGER						
GENDER OF PASSENGER	MALE / FEMALE					
OCCUPATION	<u>Outdoor</u> / Indoor					
DATE OF DRIVING PASS	11 / 12 / 1993					
GENDER	<u>Male</u> / Female					
CONTACT NO.	Mobile:		89399240		Office: Home:	
EMAIL:	verticalaccess@hotmail.com / verticalaccess@hotmail.com					
ADDRESS	88 Merqui Road #19-06					
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No:		INSURER:			
RELATIONSHIP	<u>Employee</u> / If No:					
WEATHER CONDITION	<u>Clear</u> / Raining / Other:					
ROAD SURFACE	<u>Dry</u> / Wet / Other:					
ANY INJURIES	<u>No</u> / If yes, Who?					
CONTACT NO.						
POLICE REPORT	<u>No</u> / If yes, Where?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?					
VEHICLE B NO.	SJE 8901C		Any Passenger:			
NAME	MUHAMMAD Firdaus Bin Abdul Lajis					
CONTACT NO.	87424658					
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>					
**WORKSHOP:						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						
YES / <u>NO</u>						

Motor Commercial

MZ300/C

N SN

BR0120A

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.

DMCVSNW00064662100

Engine No.: 263A80008179617

Cha. No. ZFA26300006H92149

1. Index Mark and Registration
Number of Vehicle

GBJ5860A

AUTOSAFE

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2. Name of Policy Holder

BITESIZE TRADITION PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment10/06/2021
(00:00:00)

Excess Sect I S\$450.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

09/06/2022

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.

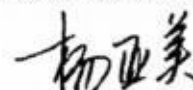
HIRE PURCHASE CO.: GOLDBELL FINANCIAL SERVICES PTE. LTD.

* 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: ACORN INTERNATIONAL NETWORK PTE
Authorised Officer

Authorised Signatory