

# NATIONAL Assessment Centre Services

Date In: 06/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/CYI21007364/12	SAS e-filing		
Veh No: GBA8219T	E-mail (Within 8hrs. Aft. 2hrs)		
DOA: 05/07/21 0850	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: 01-2hrs. 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: 5J556040	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

NA2103348

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill	Add Bill	
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: 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		

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	06/07/2021 12:23 (SGT)
Date of Accident	05/07/2021 08:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	AFT AMK AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8319J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DOR-COM DOORS SPECIALIST PTE LTD
Company Reg No	2XXXXX101K
Email Address	sales@dor-com.com.sg
Mobile Phone No	(Phone) +65-64897609
Alternative Phone No	(Office) +65-64897609

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00057932103
Cover Note Number	-

#### DRIVER

Name of Driver	TAN HOCK LAI
Passport No/FIN	FXXXX912U

Date Of Birth	24/02/1977
Occupation	Outdoor
Date Of Driving Pass	04/07/2017
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-86147272
Alt. Phone Number	-
Email Address	sales@dor-com.com.sg
Address	BLK 532 AMK AVE 10
Address complement	#02-2471
Postcode	560532
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	Raining
Road Surface	Wet

#### 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 vehicle 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	SJS5604G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TAN HOCK LAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBD8319J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 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 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.



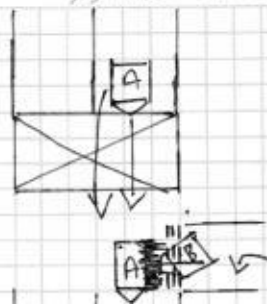
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

AMK AVE 10 AFT AMK AVE 3



Vehicle A: GBD8319T

Vehicle B: STS5604G

### Describe Circumstances of the Accident

I was travelling straight on Ang mo kio Avenue 10 heading towards my office at 4003 ANG MO KIO INDUSTRIAL PARK 1. Traffic light was in my favour at the junction therefore I proceeded straight. Suddenly vehicle B came out from the filter lane on the left without checking for oncoming vehicle. and ~~he~~ collided onto the rear side left 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

2/Jan 06 10/12/

Witnessed by Reporting Centre Personnel



Date of Accident : 05/07/2021 Accident Time: 08:50 (24-HR-FORMAT)  
Accident Place : ANH MO KIO AVENUE 10 AFTER ANH MO KIO AVENUE 3  
Vehicle Reg. No (Car plate No.) : G BD 8319 J Vehicle Make/Model: NISSAN CABSTAR  
Insurance Company : CHINA TAI PING Policy No. DM CVS NJW 000 57 932103  
Name of Registered Owner : (Company) Individual DOR-10M DOORS SPECIALIST PTE LTD  
ID of Registered Owner : Co Reg No: 200806101K Owner's NRIC No: \_\_\_\_\_  
Co Contact No: 64897609 Owner's Contact No: 86147272  
DRIVER'S Name : TAN HOCK LAI DRIVER'S NRIC No: F84279124  
DRIVER'S Date of Birth : 24/02/1977 DRIVER'S License Pass Date 04/07/2017  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: \_\_\_\_\_  
DRIVER'S Address : 532 ANH MO KIO AVENUE 10 #02-2471 55/00532  
DRIVER'S Contact No./ Alt No. : 1) 87553854 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR) (eg. working inside or outside of an ofc)  
Email Address : sales@dor-com.com.sg  
Weather & Road Surface : CLEAR & DRY (RAINING & WET) AFTER RAIN & WET  
Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (including Driver): 1 Name & Gender: TAN HOCK LAI (M)

Was the accident reported to the police? YES \ (NO)

Was there any video Captured by car camera: YES \ (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)

Any injuries, if yes (name of the injured person) Tan Hock Lai

**Other Party Driver's Particulars (if any)**

(b) Vehicle Reg No: SJS5604 G

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_



Motor Commercial

MZ300/C

R SN

AN0655B

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. DMCVSNW00057932103

Engine No.: ZD30348017K

Cha. No.: JN1SC2F24Z0857104

1. Index Mark and Registration  
Number of Vehicle

GBD8319J

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

DOR-COM DOORS SPECIALIST PTE LTD.

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

30/05/2021  
(00:00:00)

Excess Sect I. S\$500.00  
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

29/05/2022

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.: HONG LEONG FINANCE LTD 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

ACEPRO INSURANCE AGENCY PTE LTD  
21 Woodlands Close  
#06-44 Primz Bizhub  
Singapore 737854  
Tel: 6777 8323 Fax: 6776 8323

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: ACEPRO INSURANCE AGENCY PTE LTD  
Authorised Officer