

NATIONAL Assessment Centre Services

Date In: 07/07/21	Job description	Date & Time Completed	Done by:
Ref No: NAKT510074001/3	SAS e-filing		
Veh No: GBE5195M	E-mail (within 8hrs. Aft 2hrs)		
DOA: 06/07/21 1430	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within 90E 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: (

TP Particulars:	Veh No: 5LB8630B	INC () / Non-INC ()	Tel:	Fax:
Owner / Driver: (
Policy No: (Period: (Cover Type: (
Confirmed by: (
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)

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury :

Date/Time	Actions

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

	Amt (\$)	Amt (\$)
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:-		
O1:		
• 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 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	07/07/2021 09:59 (SGT)
Date of Accident	06/07/2021 14:30 (SGT)
Exact Location of Accident	Bukit Panjang, Singapore
Additional Location Information	SLIP RD INTO BUKIT PANJANG RING RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5195M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STARISE T-SHIRT & UNIFORM TRADING
Company Reg No	5XXXX013C
Email Address	starisetshirt@yahoo.com.sg
Mobile Phone No	(Phone) +65-92381816
Alternative Phone No	+65-92381816

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	H1 STAREX 2.5L CRDI AT ABS A/BAG 5DR
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	Commercial vehicle
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00121462000
Cover Note Number	-

DRIVER

Name of Driver	WONG CHAN PIOW
NRIC No	SXXXX005J

Date Of Birth	30/11/1955
Occupation	Outdoor
Date Of Driving Pass	08/01/1977
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92381816
Alt. Phone Number	-
Email Address	starisetshirt@yahoo.com.sg
Address	BLK 415 SAUJANA ROAD
Address complement	#11-38
Postcode	670415
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE-PROPRIETOR
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 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	SLB8630B
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)		-

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.

Starise T-Shirt And Uniform Trading

Blk 415, Saujana Rd

11-38, Singapore 670415

Email: starise1234@yahoo.com.sg

HP: 9022 1781

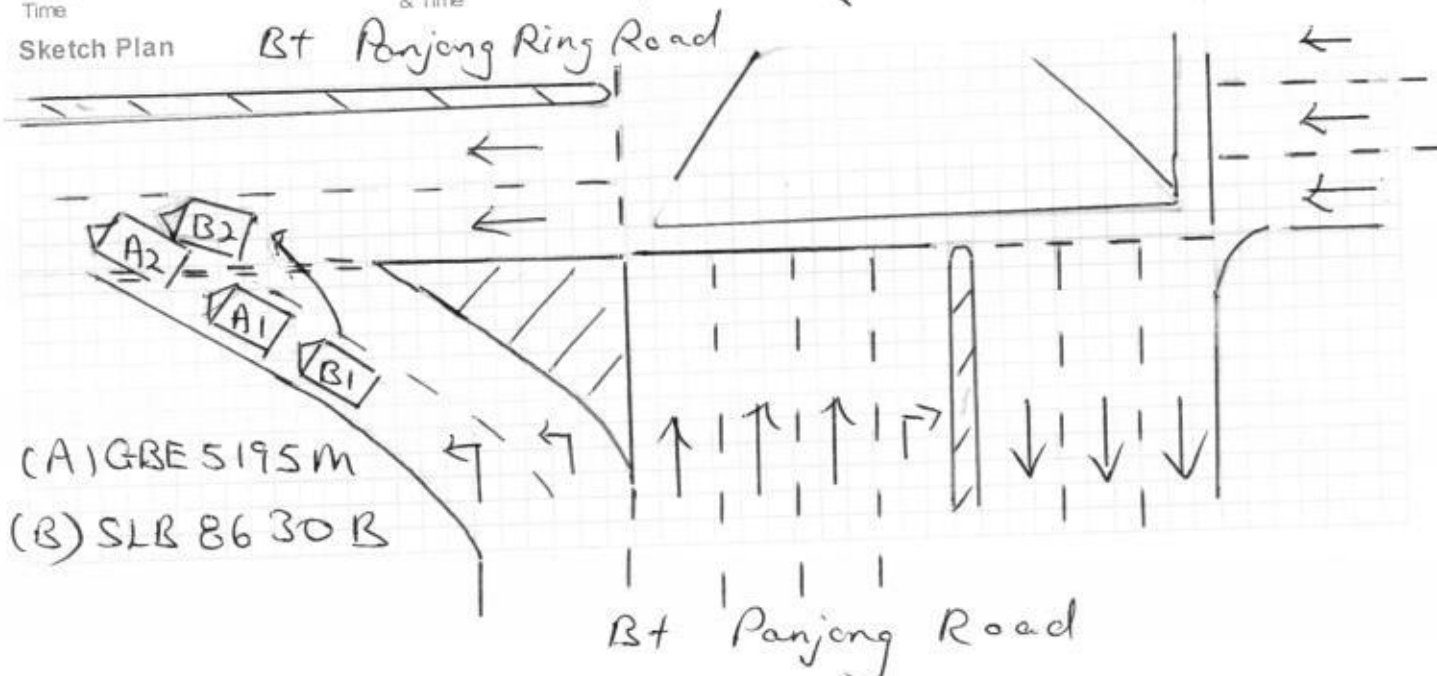
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bt Panjong Ring Road

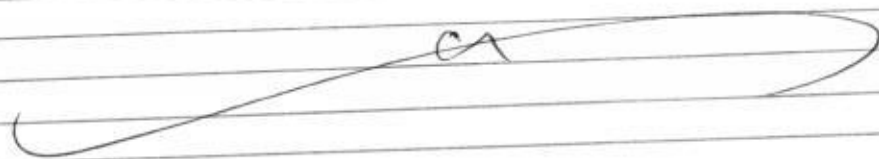


Describe Circumstances of the Accident

On 06/07/2021 at about 1430 hrs at slip road from Bt Panjang Road towards Bt Panjang Ring Road. I was travelling on the extreme left lane along the above mentioned slip road and came to a stop while giving way to the main traffic along Bt Panjang Ring Road and vehicle (B) was stopped behind my vehicle. When the traffic was cleared, as such I started to make my left turn into Bt Panjang Ring Road. While doing so, vehicle (B) overtake my vehicle and made a sharp left turn hence collided onto my Right Portion of my vehicle (A) causing damages to my vehicle.

(A) GBE 5195 M

(B) SLB 8630 B



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Starise T-Shirt And Uniform Trading

Blk 415, Saujana Rd

11-38, Singapore 670415

Email: starisetshirt@yahoo.com.sg

H/P: 90224781

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

31/Jan 07/07/21

pls email to
mg3solution@gmail.com.

SINGAPORE ACCIDENT STATEMENT

Accident Date:	6/7/2021	Time:	1430	(hh:mm) 24 hr format
Location	At Slip Road from Bt Panjang Road & Bt Panjang Ring Road.			
Vehicle Number	GBZ 5195M			
Insured Name	STARIE T-SHIRT			
NRIC / FIN	52930013C	Contact Number		
Make	HYUNDAI	Model	HI STAREX 2.5 CRDI MT ABS AIRBAG 2WD	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	CHINA TAIPING			
Type of Policy (/)	Comprehensive ()	Third Party Fire & Theft ()	() TP Only	
Policy Number	DMCVSNW 0012146 2000			
Name of Driver	WONG CHAN PIOW	() Same as Insured		
NRIC / FIN	S2587005J	Contact Number	92381816	
Date of Birth	30-11-1955			
Driving Pass Date	05-JAN-1977			
Occupation ()	Indoor (/)	Outdoor		
Gender (/)	Male () Female			
Email Address	starisetshirt@yahoo.com.sg () NO EMAIL			
Address of Driver	BLK 415 SANGANA ROAD #11-38 S (670415)			
Was driver an employee of the Insured's Company? (/) Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? () Yes (/) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SLB 8630B			
Veh C				
Veh D				
Veh E				
Veh F				

Include Driver 1 person only.

Motor Commercial

MZ300/C

N SN

AK0444A

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.

DMCVSNW00121462000

Engine No.: D4CBF882555

Cha. No.: KMFWBX7KMGU789655

1. Index Mark and Registration
Number of Vehicle

GBE5195M

AUTOSAFE

2. Name of Policy Holder

STARISE T-SHIRT & UNIFORM TRADING

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment28/12/2020
(00.00.00)Excess Sect I : S\$500.00
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

27/12/2021

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.

B. 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:

META AGENCY PTE LTD

Authorised Officer



Authorised Signatory