

# NATIONAL Assessment Centre Services

SN09ZPM0001

Date In	22/7/21 09:45	Job description	Date & Time Completed	Done by
Ref No	NAICTI21007831/V	SAS e-filing		
Veh No	YQ29335	E-mail (w, dae, slas, APC 2hrs)		
DOA	21/7/21 10:00	i-Motor Claim Form		
OD	<input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 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: Vch No: SMN 5902L 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)

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

	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) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: (dae 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 Charge	
Invoice dated	Fee Charge	

## 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	22/07/2021 09:45 (SGT)
Date of Accident	21/07/2021 10:00 (SGT)
Exact Location of Accident	Irrawaddy Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2933J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AGAPE LOGISTICS PTE LTD
Company Reg No	-
Email Address	SAM@AGAPELOGISTICS.SG
Mobile Phone No	(Phone) +65-97405775
Alternative Phone No	+65-97455775

### VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4000

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00119742000
Cover Note Number	-

### DRIVER

Name of Driver	TEE TIAN HAW
Work Permit No	GXXXX744R

Date Of Birth	05/12/1982
Occupation	Outdoor
Date Of Driving Pass	09/06/2011
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96742825
Alt. Phone Number	-
Email Address	SAM@AGAPELOGISTICS.SG
Address	BLK 447 CHOA CHU KANG AVE 4 #13-375
Address complement	-
Postcode	680447
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 vehicle 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	-
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

#### REFER TO 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	SMN5902L
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)	-

VEHICLE NO:	YQ2933J	VEHICLE MODEL:	Hino
DATE OF ACCIDENT	21 / 07 / 21	AM/PM	
TIME OF ACCIDENT	10.00		
LOCATION OF ACCIDENT	Irrawaddy Road		
Contact Purpose use during accident			
NAME OF OWNER	AGAPE Logistics Pte Ltd	Sam@agape Logistics.sg	
TEL NO	97405775		
NRIC	200814279G		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
INSURANCE CO	CHINA TAIPIING		
TYPE OF COVERAGE	Comprehensive / Third party / third Party Fire & Theft		
POLICY NO	DMCVSNW00119742000		
NAME OF DRIVER	As above / (if no) TBE TAN HAW No admit ambulance	Any passengers: (1)	
NRIC	97713744R		
DATE OF BIRTH	05 / 12 / 1982		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	09 / Jun / 2011		
GENDER	Male / Female		
CONTACT NO	96742825 Office:	Home:	
ADDRESS	13-375 447 Choa Chu Kang Ave 4		
DRIVER HAVE ANY OWN Vehicle	No / if yes: Reg No:		
RELATIONSHIP	Employee / if No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Others:		
ANY INJURIES	No / if yes: Who?		
CONTACT NO	96742825		
POLICE REPORT	No / if yes: Where?	Any passengers: (Nil)	
VEHICLE B NO	SMN5902L		
NAME	ANITA CHB Pek Hwa		
CONTACT NO	Nil	Any passengers:	
VEHICLE C NO		Any passengers:	
VEHICLE D NO		Any passengers:	
VEHICLE E NO		Any passengers:	
VEHICLE F NO		Any passengers:	
ANY WITNESS			
WITNESS CONTACT NO			
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE		
TEL NO	26 KAKI BUKIT ROAD 4		
CONTACT PERSON	#01-49 SYNERGY @ KB		
FAX NO	SINGAPORE 417800		
	TEL: 9748 9940 FAX: 63467213		
	Reg. No. 53293624L		
	Shawn 7530@hotmail.com		

## 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.

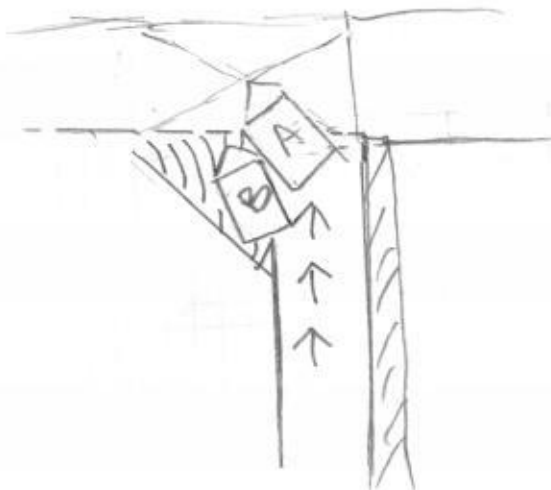


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



(A) YQ2933J

(B) SMN5902L

Irrawaddy road



**Describe Circumstances of the Accident**

On 21.07.21 at about 10.00am hours, I was driving YQ2933J along Irrawaddy Road towards the direction of Thomson Road I would like to state that before reaching the T-junction of Irrawaddy Road and Thomson Road, Irrawaddy Road merges from two lanes to a single lane whilst I was making a left turn from Irrawaddy Road to Thomson Road, motor car SMN5902L attempted to squeeze through from my left hand side As a result YQ2933J Collided with 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

Witnessed by Reporting Centre Personnel



中国太平  
CHINA TAIPING

陳保險經紀私營有限公司  
TAN INSURANCE BROKERS PTE LTD

3A/5A Alhwal Street, Chenn Leonn Building  
Singapore 199896

www.tib.com.sg

Tel: (65) 6742 6766 Fax: (65) 6742 6669

中国太平保險 (新加坡) 有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ301/C

N SN

BR0057A

Cov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1993  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.	DMCVSNW00119742500	Engine No.: N04CWN11285	Chs. No.: JHHCV3F50K036015
1. Index Mark and Registration Number of Vehicle	YQ2933J		
2. Name of Policy Holder	AGAPE LOGISTICS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/11/2020 (11.29.20)	Excess Sect I	\$500.00
		EX ON WINDSCREEN	\$5100.00
4. Date of Expiry of Insurance	29/11/2021		
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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.</p>			
<p>6. Limitations as to use:</p> <p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic or pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward.</p>			
<p>HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA &amp; ASIA PACIFIC LTD</p> <p>*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.</p>			

**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

Tan Jia Heng  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 206208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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