

NATIONAL Assessment Centre Services

Date In: <u>25/08/21</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/CTIA1008930/13</u>	SAS e-filing		
Veh No: <u>QBC2787C</u>	E-mail (w/for. Mail: AP: 2hrs)		
DOA: <u>24/08/21</u> <u>1610</u>	i-Motor Claim Form		
OD: <u>(IP)</u> Reporting Only	i-Motor W/O (Within: OI: 2hrs; TP: 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: PAB511U 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) i-T: Follow-Through Survey (Resurvey) \$10		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: 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 \$0		
	Invoice date:	Fee Charges:	

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	25/08/2021 15:05 (SGT)
Date of Accident	24/08/2021 16:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS B4 STEVEN RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2787K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RENOBEST BUILDER
Company Reg No	5XXXX530X
Email Address	zhimaxpeng@gmail.com
Mobile Phone No	(Phone) +65-96903393
Alternative Phone No	+65-96903393

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	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00095902100
Cover Note Number	-

DRIVER

Name of Driver	LOH SENG KIANG
NRIC No	SXXXX712H

Date Of Birth	19/12/1962
Occupation	Outdoor
Date Of Driving Pass	23/11/1982
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90105765
Alt. Phone Number	-
Email Address	zhimaxpeng@gmail.com
Address	BLK 676A JURONG WEST ST 64
Address complement	#13-253
Postcode	641676
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	PA8511U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN SENG GUAN
NRIC No	SXXXX862B
Contact Number	-
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS3627E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CHONG WEE YIK
NRIC No SXXXX069D
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

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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

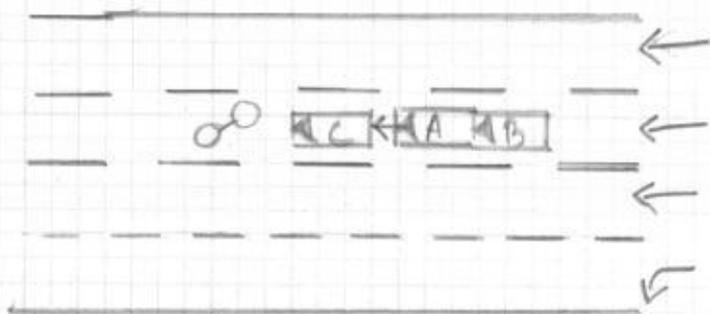
Witnessed by Reporting Centre Personnel

[Signature] 25/8/21

[Signature] 25/08/21

Sketch Plan

PIE TWAS GUAS BY STEVEN RD EXIT



A - GBC2787K
B - DAB511U

C - SLS3627E

Describe Circumstances of the Accident

hit

I was travelling straight along PIC toward Tuas on the 2nd lane. Infront of my veh stop coz to ~~also~~ avoid the motorcyclist that was self skidded earlier. I managed to stop ontime without any contact to the front veh. Suddenly veh B came from behind and hit onto my rear portion of my veh. Due to the impact my veh being pushed forward and hit the rear portion of veh C.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 28/8/21

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

[Signature] 28/8/21

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 08 / 21) (DD/MM/YYYY), TIME: (16 : 10) (HH:MM)

LOCATION: PIE TWDS TWS BX STEVEN RD Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: QBC2787K
b) INSURANCE COMPANY: CHINA
c) POLICY NUMBER: DMCUSNW00095902100
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN CABSTAR (M) 2000
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: RENOBEST BUILDER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 52806530X CONTACT: 96903398
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LOH SENG KIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 52565712H CONTACT: 90105763
c) ADDRESS: BLK 676A JURONG WEST ST 64
#13-253 (641676)

*d) DATE OF BIRTH: (19 / 12 / 1962) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR) _____
f) YEARS OF DRIVING EXPERIENCE: 23/11/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PAB511U MODEL: _____
b) DRIVER'S NAME: TAN SENG GUAN
c) NRIC/FIN/PASSPORT: 51175862B CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLS3627E MODEL: _____
e) DRIVER'S NAME: CHONG WEE YIK
f) NRIC/FIN/PASSPORT: 57671069D CONTACT: _____

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = zhimaxpeng@gmail.com

fax =

VIDE =

Motor Commercial

MZ300/C

N SN

AN0083A

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)

K/175

CERTIFICATE No.	DMCVSNW00095902100	Engine No.:	ZD30293283K
		Cha. No.:	JN1SC2F24Z0850166
1. Index Mark and Registration Number of Vehicle	GBC2787:K	AUTOSAFE	*****
2. Name of Policy Holder	RENOBEST BUILDER		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/06/2021 (11:43:07)	Excess Sect I	S\$500.00
		EX ON WINDSCREEN	S\$100.00
4. Date of Expiry of Insurance	04/08/2022		
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. : GF MOTOR TRADING ENTERPRISE * 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

KCB AGENCY
 Contact No. 63118652C
 100, South Bridge Road
 #04-01, Trade Centre
 Singapore 180018

Issued By: _____ KCB AGENCY
 Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory