

# NATIONAL Assessment Centre Services, [with J. Jones], 808780003

Date In: 27/08/2021 15:26  
 Ref No: N38/CT220090287  
 Vch No: GBH 31539  
 D.O.A: 26/08/2021 19:20

Job description: SAS e-illing  
 E-mail (to/for/alt/other):  
 I-Motor Claim Form  
 I-Motor W/O (with/without OD sheet, TP 4hrs)  
 I-Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Fax/Hand to Owner/Victim

Done by

(1) (TP) Reporting Only

TP Insurer:

Preferred Wksp / INC Ass'n Wksp / QW:

TP Print/submit:

Vch No: 808780003

INC ( ) / Non-INC ( )

Owner / Driver:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability: ( ) % [Note: Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ( \$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's information strictly Confidential & strictly NO Referral of reputation

( ) Total Loss Case: to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3,000] ( )

Injury:

X/192103702

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Date:

1) All Accident Reporting (300)	INC (10)
2) D.A. Survey Assessment (\$100)	\$10/43
3) Towing Fee	\$120
4) PT Follow-up thru Survey	\$30
5) PT Follow-up thru Survey (Resurvey)	\$30
6) PT Follow-up thru Survey (Resurvey) (over 10 days)	\$75
7) PT Follow-up thru Survey (Resurvey) (over 10 days)	\$160
8) PT Follow-up thru Survey (Resurvey) (over 10 days)	\$160
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Fee Charged  
 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	27/08/2021 15:26 (SGT)
Date of Accident	26/08/2021 19:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY AFTER UPPER THOMSON ROAD EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3153G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ATDIO PTE LTD
Company Reg No	2XXXXX998W
Email Address	dylaneng@atdiopl.com
Mobile Phone No	(Phone) +65-92282607
Alternative Phone No	(Office) +65-62653856

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1598

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00035652102
Cover Note Number	-

## DRIVER

Name of Driver	ENG CHIN MIN
NRIC No	SXXXX238I

Date Of Birth	26/05/1987
Occupation	Outdoor
Date Of Driving Pass	22/05/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92282607
Alt. Phone Number	-
Email Address	dylaneng@atdiopl.com
Address	BLK 142 LORONG AH SOO #06-249
Address complement	-
Postcode	530142
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?	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

PLEASE REFER TO SKETCH PLAN

#### 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	SGT4015T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM ZHEN AN
NRIC No	TXXXX315J
Contact Number	(Phone) +65-92254871
Address	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ENG CHIN MIN
Gender .....	Male
Phone No .....	(Phone) +65-92282607
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBH3153G
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.



*Culh*

*Culh*

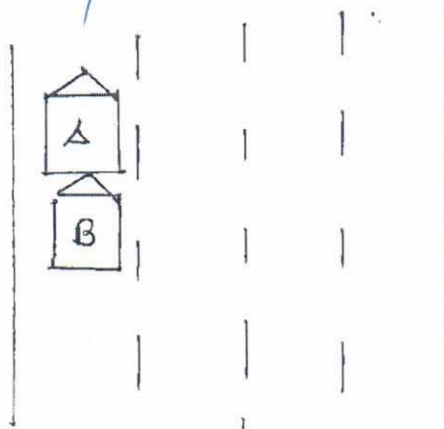
*21/08/2021*  
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

*CNE towards CITY AFTER UPPER THOMSON EXIT*



*A - GRH 3153 G*

*B - SGT 4015T*

### Describe Circumstances of the Accident

AS PER STATED DATE AND TIME, I WAS TRAVELLING ALONG CTE  
TOWARDS CITY, THE TRAFFIC WAS SLOW MOVING AND I WAS IN THE EXTREME  
LEFT LANE. WHILE MY VEHICLE WAS STILL IN SLOW MOVING; SUDDENLY,  
I FELT AN IMPACT AS VEHICLE B FROM BEHIND HAD REAR ENDED MY VEHICLE  
A. AFTER THAT, BOTH ME AND DRIVER FROM VEHICLE B HAD AUGHT TO  
ACCESS OUR VEHICLE DAMAGE AND EXCHANGING OUR PARTICULARS. THE IMPACT  
HAD CAUSED DAMAGES TO THE REAR PORTION OF MY VEHICLE. AFTER THAT,  
BOTH OF US THEN PROCEEDED TO LEAVE THE AREA.

### 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



# ACCIDENT STATEMENT

Date of accident: 26/08/2021 Time: 1920h  
 Location of accident: ALONG CTE TOWARDS CITY AFTER UPPER THOMSON EXIT

## Details of Own Vehicle

Vehicle Number: GBH 3153 G Make/Model: NISSAN NV 200  
 Insurer: CHINA FAIPIN G Passenger (incl. Driver): 1  
 Policy No: DMACVSWN00035652102 Policy Type: C/TPFT/TPO

### Policyholder

Name: ATDIO PTE LTD NRIC/FIN no.: 201615998W  
 Contact no.: 62653856

### Driver

Name: ENG CHIN MIN NRIC/FIN no.: S8782238I  
 Contact no.: 92282607 D.O.B: 26/5/1987  
 Email: DYLANENG@ATDIOPT.COM Occupation: ENGINEER  
 Address: BIK 142 LORONG AH SUD #06-249 (53012)  
 Driving pass date: 22/5/2012 Relationship with Policyholder: EMPLOYEE

### General Information

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Injuries: Yes/NO

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)
ENG CHIN MIN	GBH 3153 G	YES	NO

## Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	SGT 4015T	
Driver name:	LIM ZHEN AN	
NRIC/ FIN no.:	T0106315J	
Contact no.:	92254871	
Insurance Co.:	NTUC	
Remarks: (Make/Model, Passenger, property info & etc)		

## Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

## Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only  
 Workshop:

Policyholder/ driver  
 Signature:



Motor Commercial

MZ300/C

R SN

AN0421A

Cov. Type:C

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00035652102

Engine No.: K9KE628D429453

Cha. No.: VSKYBAM20Z0157617

1. Index Mark and Registration  
Number of Vehicle

GBH3153G

2. Name of Policy Holder

ATDIO PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment16/04/2021  
(00:00:00)

Excess Sect I. S\$350.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

15/04/2022

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.

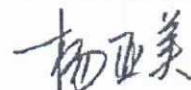
HIRE PURCHASE CO.: MAYBANK AS HP OWNER

\* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com