

NATIONAL Assessment Centre Services

Date In: 16/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI/21009717/13	SAS e-filing		
Veh No: 4B48068S	E-mail (within 5hrs. MP 2hrs)		
DOA: 15/09/21 1150	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within OD 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: Vch No: SBS8820Z 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 (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	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	16/09/2021 16:43 (SGT)
Date of Accident	15/09/2021 11:50 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	TOWARDS KENG LEE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8068S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AGAPE LOGISTICS PTE LTD
Company Reg No	2XXXXX279G
Email Address	sam@agapelogistics.sg
Mobile Phone No	(Phone) +65-97405775
Alternative Phone No	+65-97405775

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NHR85AUE4AA
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	2999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00098692000
Cover Note Number	-

DRIVER

Name of Driver	SONG JIANGTAO
Passport No/FIN	GXXXX829X

Date Of Birth	06/12/1982
Occupation	Outdoor
Date Of Driving Pass	23/01/2013
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87556539
Alt. Phone Number	-
Email Address	shawn7530@hotmail.com
Address	BLK 487 ADMIRALTY LINK
Address complement	#02-135
Postcode	750487
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)	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	SBS8820Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	YEW WING CHOONG
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.



[Handwritten Signature]

[Handwritten Signature] 16/09/21

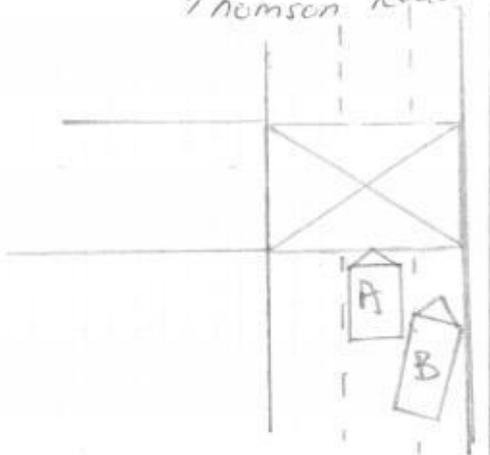
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Thomson Road towards Keng Lee Rd



(A) GBG 8068 S
(B) SBS 8820 Z

Describe Circumstances of the Accident

On 15.09.21 at about 11.50 Am hours, I stopped my Vehicle GBG 8068S along 2nd Lane from the left (centre lane) of Thomson Road towards the direction of Keng LEE Road before Royal Square due to heavy traffic. Suddenly, I felt an impact from the rear right side of my Vehicle. After alighting from my Vehicle to check, I realised that a SBS bus SBS 88202 had collided into my stationary Vehicle whilst changing lane from left to right.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

[Handwritten signature] 16/09/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBG 80688

VEHICLE MODEL: ISUZU NHR85ME4AA-3.0D (M)

DATE OF ACCIDENT	15 / 09 / 2011
TIME OF ACCIDENT	11.50 (AM/PM)
LOCATION OF ACCIDENT	Thomson Road towards Keng Lee Road
Contact Purpose use during accident	
NAME OF OWNER	Agape Logistics Pte Ltd Som@apapelogistics.sg
TEL NO	97405775
NRIC	200814279G
CLAIM TYPE	OD/ THIRD PARTY / REPORTING ONLY
INSURANCE CO	CHINA TAIPING INSURANCE
TYPE OF COVERAGE	Comprehensive / Third party / third Party Fire & Theft
POLICY NO	DMCVSNW00098692000
NAME OF DRIVER	As above / if no: Song JIANGTAO
NRIC	G6906829K Any passengers: Nil
DATE OF BIRTH	06 / 12 / 1982
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	23 / 01 / 2013
GENDER	Male / Female
CONTACT NO	87556539 Office: Home:
ADDRESS	Blk 437 Admiralty Link #02-35 S750487
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	87556539
POLICE REPORT	(No) / if yes: Where?
VEHICLE B NO	SBS88202 Any passengers:
NAME	Yew wing CHOONG
CONTACT NO	
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
	Shawn7530@hotmail.com



中国太平
CHINA TAIPING

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg

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

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

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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

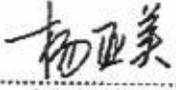
CERTIFICATE No.	DMCVSNV00090882000	Engine No.: 4JJ13A8243	
		Cha. No.: JAANH/R35EH7100232	
1. Index Mark and Registration Number of Vehicle	GBG80685	AUTOSAFE	
2. Name of Policy Holder	AGAPE LOGISTICS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/11/2020	Excess Sect I.	\$52,500.00
		EX ON WINDSCREEN.	\$5100.00
4. Date of Expiry of Insurance	31/10/2021		
5. Persons or Classes of Persons entitled to drive*	<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>		
6. Limitations as to use*	<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>HIRER PURCHASE CO.: UNITED OVERSEAS BANK LIMITED</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 INSURANCE BROKERS PTE LTD
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

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