

NATIONAL Assessment Centre Services, [print / fax / email] Sub 82190002

Date In: 21/09/2021 17:12	Job description	Date & Time Completed	Done by
Ref No: NANOCT10098774	SAS e-Milling		
Veh No: SIX 2342E	E-mail (by date time, A/C time)		
D.O.A: 21/09/2021 10:45	1-Motor Claim Form		
(1) TP Reporting Only	1-Motor W/O (within 30 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax / Hand to Owner / Voucher		

TP Insurer:

Preferred Wreck / INC Assessor Wreck / OW: ()

TP Referral/Agent: () Veh No: GBC 6758T 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%, P: 80-100%]

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

Process: () 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: VRS () / NO () Towing Co: ()

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

2) QO Check / Post Repair Inspection ()

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

Injury: ()

NANO3962

Driver/Owner:	1) All Accident Support (30%)	INC ()
Contract No:	2) DA/Driver Allowance (\$100)	\$100
Damaged Portion:	3) PFI Follow Up	\$130
	4) PFI Follow Through Survey	\$30
	5) PFI Follow Through Survey (Recovery)	\$30
	6) PFI Follow Through Survey (W/Follow Up)	\$30
	7) PFI Follow Through Survey (W/Follow Up)	\$30
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	100) PFI Follow Through Survey (W/Follow Up)	\$30

Q.C. Checked by (Engin-Chicago):

Invoice dated: ()

Per Client: ()

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	21/09/2021 17:12 (SGT)
Date of Accident	21/09/2021 10:45 (SGT)
Exact Location of Accident	13 Kaki Bukit Rd 4, Singapore
Additional Location Information	INFRONT OF #03-29
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2342E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE AUTOLUTION PTE. LTD.
Company Reg No	2XXXXX869W
Email Address	admin@aceauto.com.sg
Mobile Phone No	(Phone) +65-98229907
Alternative Phone No	+65-98229907

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00105182100
Cover Note Number	-

DRIVER

Name of Driver	YEO SHU WEN
NRIC No	SXXXX984D

Date Of Birth	01/02/1997
Occupation	Indoor
Date Of Driving Pass	02/07/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98229907
Alt. Phone Number	-
Email Address	admin@aceauto.com.sg
Address	BLK 702 BEDOK RESERVOIR ROAD #08-3536
Address complement	-
Postcode	470702
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	GBC6758T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KANG WEE HAN
NRIC No	SXXXX980A
Contact Number	(Phone) +65-98506485
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)

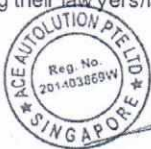
I understand, acknowledge, agree and consent that:

(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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

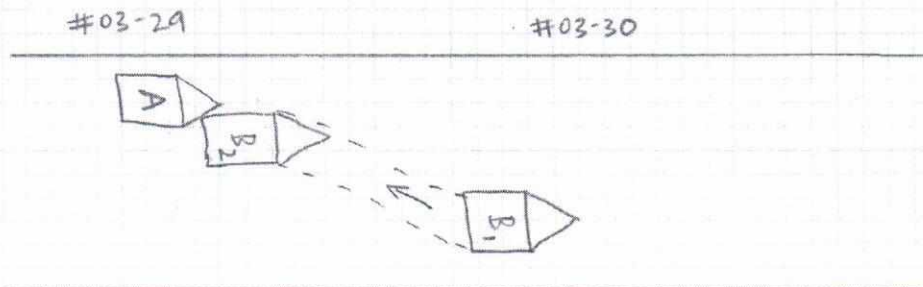
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

13 KAKI BUKIT ROAD 4 NEAR OF #03-29

Vehicle A: SJX2342E
Vehicle B: GBC6758T



Describe Circumstances of the Accident

On 21/9/2021 at around 10.45 AM, my vehicle (SX 2342 E) was parked stationary at 13 Kaki Bukit Rd 4, Bartley Biz Centre, in front of Unit number #03-29 when vehicle B (GBC 6758T) reversed and collided onto the front right hand portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

yeo

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

Witnessed by Reporting Centre Personnel

[Signature] 21/09/2021

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21 / 9 / 2021 (dd/mm/yy) Time of Accident: 10 : 45 (24-HR-FORMAT)
Vehicle No.: SJX 2342 E Vehicle Make & Model: Toyota Vios
*Transmission : ☐ Manual ☒ Auto *C.c.: 1.5
Exact location of Accident: 13 Kaki Bukit Rd 4 in front of #03-29
Policyholder's Name: Ace Autoduction Pte Ltd NRIC/FIN/REG No.: 201408369 W
*Policyholder's email address : admin @ aceauto . com . sg
Driver's Name: Yeo Shu Wen NRIC/FIN/REG No.: S9703984 D
*Driver's email address : admin @ aceauto . com . sg
Driver's Contact No.: 9822 9907 Company Contact No (If any): -
Date of birth: 01 / 02 / 1997 Driving Pass Date: 02 / 07 / 2020
Driver's Address: Blk 702, Bedok Reservoir Rd # 08-3436 (S) 470702
Insurance Company: China Taiping
Policy No.: DMP CSN W00105182100 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative (Employee) / Hirer or Others specify: -
What do you wish to claim? (Please **TICK** one only)
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 0 person
*Passanger Name: _____ Gender: Male / Female
*Passanger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes / ☐ No
Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person' Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: Kang Wee Han / S 8022980 A Vehicle No: GBC 6758 T
Driver's Contact No: 9850 6485 Insurance Company: _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company: _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____

Motor Private Car

MX4F

N SN

AN0716A

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.

DMPCSNW00105182100

Engine No.: 1NZY091196

Cha. No.:MR053HY9305165679

1. Index Mark and Registration
Number of Vehicle

SJX2342E

AUTOSAFE

2. Name of Policy Holder

ACE AUTOLUTION PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment25/05/2021
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

24/05/2022

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:*


Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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: STRAITS EURO MOTORS PTE LTD
Authorised Officer
Authorised SignatoryChina 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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08219L0002 Vehicle Registration No: S3X 2342 E
Name (as shown in NRIC) : Yeo Shu Wen NRIC/FIN/Passport No : S9703984D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 702, Bedok Reservoir Rd #08-3536 Singapore (470702)
Contact (Tel) : 9822 9907 Mobile No. : -
Email Address : admin @ acauto . com . sg
Date of Accident : 21/9/2021 Time of Accident : 10.45 AM
Place of Accident : 13 Kaki Bukit Rd 4 in front of #03-29
Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Company Reg No. 201403869 W

yeo
Policyholder / Driver's Signature
Date:

22/09/2021
Reporting Centre Personnel's Signature
Name: Red. Watan
NRIC/FIN No.:
Date: