

NATIONAL Assessment Centre Services, [Signature]

Date In: 12/10/2021 17:32	Job description	Date & Time Completed	Done by
Ref No: NAC/CT2210104904	SAS e-tiling		
Veh No: GBK 4762B	E-mail (by date time, A to Z)		
U.O.A: 11/10/2021 13:12	1-Motor Claim Form		
	1-Motor W/O (within 30 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Visit		

(1) (TP) Reporting Only

TP Insurer

Preferred Wksp / INC Asses / Wksp / CW: (

TP Ref/Ref No: SMD 79474, INC () / Non-INC ()

Owner / Driver (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date: (

Time: (

Insured/Driver Liability: () % [Note: Est Stows (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 Repolar

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

Driver-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 > \$9,000) ()

Invoice:

NAC204089

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Sign-In-Check):

Signature

1) All Accident Invoice (WO)	
2) BA Survey Assessment (\$1000)	UND (10)
3) FYI Following	\$1000
4) PT Follow through Survey	\$100
5) PT Follow through Survey (Recovery)	\$100
6) PT Follow through Survey (W/O 10/10/2021)	\$100
7) PT Follow through Survey (W/O 10/10/2021)	\$100
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Fee Charged
Per 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	12/10/2021 17:32 (SGT)
Date of Accident	11/10/2021 13:12 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	TOWARDS YUNG KUANG ROAD BLOCK 138 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4762B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SLK (S) PTE LTD
Company Reg No	2XXXXX965D
Email Address	a6679b@gmail.com
Mobile Phone No	(Phone) +65-90212102
Alternative Phone No	+65-90212102

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Regius
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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00091852101
Cover Note Number	-

DRIVER

Name of Driver	LIM KIAN KAR (LIN JIANJIA)
NRIC No	SXXXX388D

Date Of Birth	26/07/1972
Occupation	Outdoor
Date Of Driving Pass	13/10/1992
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-90212102
Alt. Phone Number	-
Email Address	a6679b@gmail.com
Address	BLK 276 BANGKIT ROAD #11-132
Address complement	-
Postcode	670276
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 - Major/Minor Rd
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

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	SMD7947Y
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)	-

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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 fact 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 insurers 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 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

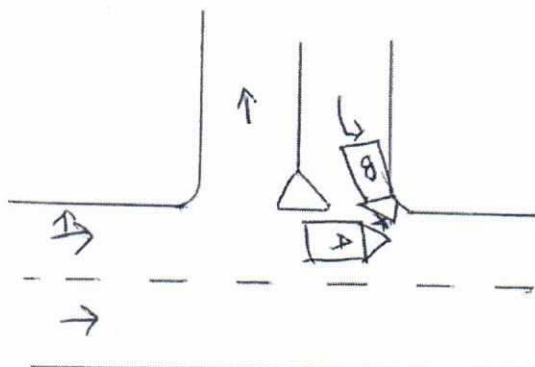
Witnessed by Reporting Centre Personnel

Sketch Plan

CORPORATION DR JAWAROS YUNG KWANG ROAD OUTSIDE

A - GBK 4762 B

B - SMD 7947 Y



on the stated date and time I was travelling along the stated location in my vehicle A suddenly I felt an impact to my vehicle front left portion when I came down to check I realised that vehicle SMD 7947Y had collided into my vehicle left front portion with its vehicle Right front portion, causing the damages to the front left hand portion.

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

12/10/2021
Witnessed by Reporting Centre Personnel



(M)

Date of Accident : 11/10/21 Accident Time: 13 12 (24-HR-Format)
Accident Place : Corporation Dr towards yang Kwang Rd outside blk
Vehicle No. (Car Plate No.) : GBK 4762B Make/Model: Toyota Highace 138
Insurance Company : China Taipeng Policy No: DMCVSNA0009195110 Carpar
Owner or Company Name / IC No. : 20201796510
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name/IC No. : Lim KIAN KAR 9722 53890
DRIVER'S Date of Birth : 16/07/72 DRIVER'S License Pass Date: 13/10/92
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: _____
DRIVER'S Address : 276 BANGKIT RD #11-132
DRIVER'S Contact No./ Alt No. : 1) 9021 2102 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : A 667913 @gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver

Was there any video Captured by car camera: YES / NO

Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose

Any injury (If YES, Please state): nil

Other Party Driver's Particular (if any):

Vehicle No	: <u>SMD 7947Y</u>	Vehicle No	: _____
Vehicle Make/Model	: _____	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender:





Motor Commercial

MZ407/C

R SN

BR0095A

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.

DMCVSNA00091852101

Engine No.: 1GD8504025

Cha. No.: GDH2011034829

1 Index Mark and Registration
Number of Vehicle

GBK4762B

AUTOSAFE

2. Name of Policy Holder

SLK (S) PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

30/07/2021
(00:00:00)

Excess Sect. I . S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

29/07/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use.*

- (1) Use in connection with the Policyholder's business and Hirer's Business.
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business
- (3) Use for social, domestic or pleasure purpose.

The policy does not cover:

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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: Ho Li Hwa Irene
Authorised Officer

Authorised Signatory