

NATIONAL Assessment Centre Services

Unit 1/2/3/4

SA10821A10004

Date In: 18/10/2021 15:28	Job description	Date & Time Completed	Done by
Ref No: N/A/C7720106224	SAS e-illing		
Val No: YN 1082	Unpaid (by date 18/10/2021)		
U.O.A: 15/10/2021 12:57	1-Motor Claim Form		
	1-Motor W/O (within 90 days TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Tax/Hand to Owner/VV/Rep		

(1) (TP) Reporting Only

TP Insurer:

Preferred Wksp / INO Assgn Wksp / QW:

TP Referral/Ref: YN No: SMU 61435

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 ()

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 Recovery Photo (Repair Cost > \$9,000)

Injury:

NA2104121

Driver/Owner:

Company No:

Damaged Portion:

QC Checked by (Engin-In-Charge):

QC:

QC:

QC:

1) All Additional Work ()	
2) DA / Survey / Assessment ()	
3) TP / Towing ()	
4) PT / Follow through Survey ()	
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PT / Follow through Survey ()

PT / Follow through Survey ()

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	18/10/2021 15:28 (SGT)
Date of Accident	15/10/2021 12:57 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN768Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BLH SERVICES PTE LTD
Company Reg No	2XXXXX629W
Email Address	tomchin@blhs.sg
Mobile Phone No	(Phone) +65-91004537
Alternative Phone No	+65-86537752

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A
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	5193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00089632102
Cover Note Number	-

DRIVER

Name of Driver	HO WEI HAU
Passport No/FIN	GXXXX549W

Date Of Birth	24/07/1991
Occupation	Outdoor
Date Of Driving Pass	31/10/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-86537752
Alt. Phone Number	-
Email Address	tomchin@blhs.sg
Address	71 WOODLANDS AVENUE 10 #03-03
Address complement	-
Postcode	737743
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

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	SMU6143S
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) -

SKETCH PLAN

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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.



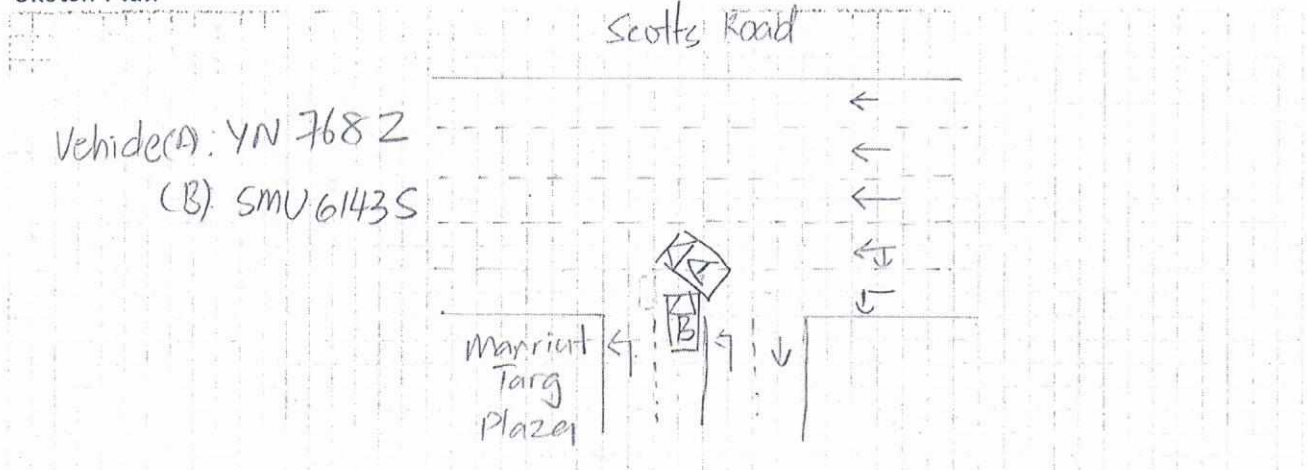
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was traveling along Marriot Tang Plaza turning left into Scotts Road. Suddenly, I felt an great impact from my vehicle left rear portion. After the accident, I alighted and realized that vehicle (B) hit my vehicle rear left 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

 18/10/2021
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 15/10/2021	TIME: 1257 hrs	(hh:mm) 24 hrs Format
LOCATION: MARRIUT TANG PLAZA TURNING LEFT INTO SCOTTS ROAD.		
VEHICLE NUMBER: YN 768 Z		
INSURED NAME: BLH SERVICES PTE LTD		
NRIC / FIN: 21908629 W	CONTACT: 91004537	
MAKE: ISUZU	MODEL: NPR 75 UH5A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: CHINA TRIPING		
TYPE OF POLICY: (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMCUSNW000 896 32102		
NAME DRIVER: HO WEI HAU () SAME AS INSURED		
NRIC / FIN: 96693549 W	CONTACT: 8653 7752	
DATE OF BIRTH: 24-07-1991		
DRIVING PASS DATE: 31-10-2020		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: TOMCHIN@BLHS.SG () NO EMAIL		
ADDRESS OF DRIVER: 71 WOODLANDS RD, #03-03, S (737743)		
Number Of Passenger Include Driver: DRIVER ONLY		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B: SMU 6143 S		
Veh C:		
Veh D:		
Veh E:		
Veh F:		
Veh G:		



Motor Commercial

MZ301/C

R SN

AN0586A

Cov. Type:F

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.

DMCVSNW00089632102

Engine No.: 4HK1745181

Cha. No.: JAANPR75H97101878

1. Index Mark and Registration
Number of Vehicle

YN768Z

2. Name of Policy Holder

BLH SERVICES PTE. LTD.

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

09/09/2021
(00:00:00)

4. Date of Expiry of Insurance

08/09/2022

5. Persons or Classes of Persons entitled to drive*

(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.

(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.

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 racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : HITACHI CAPITAL ASIA PACIFIC PTE LTD 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: GENERAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory