

NATIONAL Assessment Center Services, Inc.

SN0821A10005

Date In: 18/10/2021 15:52	Job description	Date & Time Completed	Done by
Ref No: NBA/CT210100877	SAS Billing		
Val No: SMP 79134	E-mail (Emails sent, also sent)		
D.O.A: 15/10/2021 16:20	1-Motor Claim Form		
	1-Motor W/O (Within 30 days, TP 100%)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Driver		

(1) TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assgn Wksp / OWI	Tel	Fax
TP Handling/Ref	Val No: GBL5202P	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 ()

() Write-In Customer: Customer's Information strictly Confidential & strictly NO Referral of Repolar

() 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:

NBA2104/22

Driver/Owner:

Company No:

Damaged Portion:

QC Checked by (Engin-In-Charge):

1) All Additional Work Done ()	
2) BA Damage Assessment (\$100)	INC (H)
3) TP Towing Fee	\$120
4) PT Follow Through Survey	\$38
5) PT Follow Through Survey (Recovery)	\$38
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For Owner
Per Owner

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 15:52 (SGT)
Date of Accident	15/10/2021 16:20 (SGT)
Exact Location of Accident	Kampong Bahru Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7913G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BOCK YAM @ YEO BOCK YAM
NRIC No	SXXXX637D
Email Address	ricky.bytan@gmail.com
Mobile Phone No	(Phone) +65-93765151
Alternative Phone No	+65-93765151

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00180692000
Cover Note Number	-

DRIVER

Name of Driver	TAN BOCK YAM @ YEO BOCK YAM
NRIC No	SXXXX637D

Date Of Birth	18/04/1951
Occupation	Outdoor
Date Of Driving Pass	14/03/1969
Driving experience	52 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93765151
Alt. Phone Number	+65-93765151
Email Address	ricky.bytan@gmail.com
Address	BLK 528 BEDOK NORTH STREET 3 #08-532
Address complement	-
Postcode	460528
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	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	GBL5202P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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.
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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

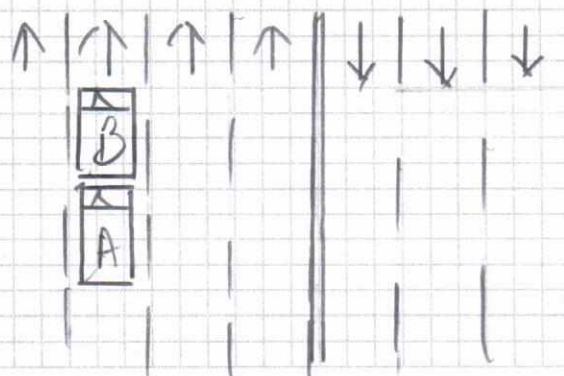
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

KOMPOUNG BAHRU ROAD

A) SMP 7913G
B) GBL 5202P




Describe Circumstances of the Accident

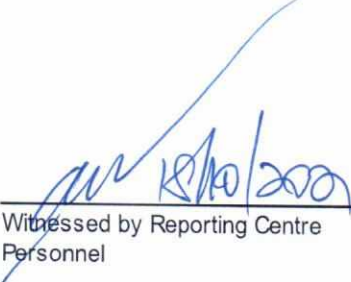
I WAS AT KAMPURU BATHRU ROAD STOP AT TRAFFIC, WHEN THE LIGHT CHANGED TO GREEN I THOUGHT THE FRONT CAR MADE A MISTAKE I MISSED JUDGE & BUMP INTO THE REAR OF VAN GBL5202P. ONLY A SLIGHT BUMP. THEN ALL

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

ACCIDENT DATE: (15/10/2021) (DD/MM/YYYY), TIME: (16:20) (HH:MM)

LOCATION: Kampar Botol Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 7913G
b) INSURANCE COMPANY:
c) POLICY NUMBER: DMPCSNW00180692000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Wish
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAN BOON YIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0775637D CONTACT: 93765757
c) ADDRESS: Bedok North St #08-532

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (18/04/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14/03/1969

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: S424K1

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL5202D MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = lucky.bytan@gmail.com

VIDEO



Motor Private Car

MX1WF

N SN

AN0478A

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.

DMPCSNW00180692000

Engine No.: 3ZRA397418

Cha. No.:JTDGJ20W405001196

1. Index Mark and Registration
Number of Vehicle

SMP7913G

AUTOSAFE
=====

2. Name of Policy Holder

TAN BOCK YAM

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

30/11/2020
(14:59:17)

Named Drivers Ex Sect. I S\$750.00
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

29/11/2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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:


INSURE HUB PTE LTD
Authorised Officer
Authorised Signatory