

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 19/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 21010760/13	SAS e-filing		
Veh No: QBH4163X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 18/10/21 1500	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:	Veh No: SLR667P	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

NA2104266	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N: n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	19/10/2021 17:33 (SGT)
Date of Accident	18/10/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 5 SLIP RD TWDS AMK AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4163X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAOHAN INDUSTRY PTE LTD
Company Reg No	2XXXXX349K
Email Address	haohanindustry888@gmail.com
Mobile Phone No	(Phone) +65-90073305
Alternative Phone No	+65-90073305

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
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	DMCSNW00059742100
Cover Note Number	-

DRIVER

Name of Driver	NG CHUN BENG(HUANG JUNMING)
NRIC No	SXXXX134E

Date Of Birth	20/08/1978
Occupation	Outdoor
Date Of Driving Pass	10/10/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-96914437
Alt. Phone Number	-
Email Address	haohanindustry888@gmail.com
Address	BLK 105 JALAN BUKIT MERAH
Address complement	#06-1936
Postcode	160105
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 - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR667P
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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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.



19/10/2021

sgm 19/10/21

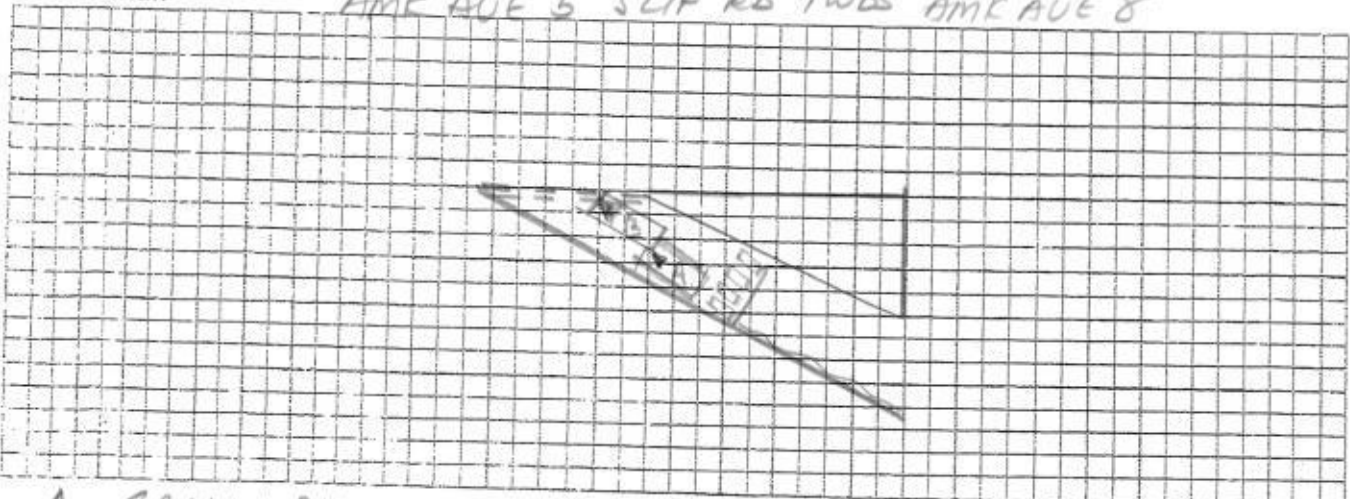
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AMK AVE 5 SLIP RD TWDS AMK AVE 8



A-GBH4163X
B-SLR667P

Describe Circumstances of the Accident

Pls refer to the attached statement.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 19/10/2021

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

[Signature] 19/10/21

Witnessed by Reporting Centre Personnel

INCIDENT REPORTING

Date of incident: 18 Oct 2021

Vehicles involved:

- 1) Toyota Hi-Ace, vehicle plate number GBH4163X (under company Haohan Industry Pte Ltd)
- 2) Toyota Wish, vehicle plate number SLR667P (personal vehicle)

Time of incident: Between 3pm to 3:15pm

Location of incident: At exit of Ang Mo Kio Avenue 5 filter lane towards Ang Mo Kio Avenue 8

Video evidence: Yes, available

Photographs of incident: Yes, available

3rd party eye witness: No

Summary of incident:

Vehicle SLR667P was in front of vehicle GBH6143X and was preparing to move off. Seeing vehicle SLR667P beginning to move off, driver of vehicle GBH6143X decided to follow suit, but while checking for blindspots, the vehicle SLR667P came to a stop and due to this, the van could not stop in time and resulted in a minor collision. At the time, due to the raining condition, visibility was slightly reduced and the road condition was not optimal (road was wet and slippery).

The company wish to state that after a discussion with the driver of SLR667P, we will proceed with the insurance claims made against us and allow our insurers China Taiping to exercise just adjudication in the claims.

Regards,

Reporting Name: Yang Zhirong Kevin
Designation: Warehouse Manager
Company: Haohan Industry Pte Ltd



DriverName: Ng Chun Beng
Designation: Goods driver
Company: Haohan Industry Pte Ltd



ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 10 / 2021) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: A.M.K Ave 5 filter lane towards A.M.K Ave 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 4163 X
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMCVSNW00059742100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: HAOHAN INDUSTRY PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 90073303
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG CHUN BEN (HUANG JUNMIN) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 578161346 CONTACT: 96914437
 c) ADDRESS: BLK 105 JLN BUKIT MERAH
 #06-1936 (160/05)

* d) DATE OF BIRTH: (20 / 08 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 / 10 / 2002

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: DRYING)

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 667P 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)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = Hao Han Industry 888@gmail.com

fax =

video = yes, with driver



中国太平
CHINA TAIPIING

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

Motor Comprehensive

MC200C

2014 104

7200004

Gov. 7 year

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risk and Comprehensive Policyholders Only)
Motor Vehicles (Third Party Risk and Comprehensive Policyholders Only)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risk) Reg. 1559 (Malaysia)

CERTIFICATE No.

OMCV000000591-1101

Engine No.: 1G0000000

Chassis No.: 0000000000000000

1. Policy Holder's Signature
Name of Vehicle

08H1153A

AUTOSAFE

2. Name of Policyholder

HADHAN INDUSTRIES PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations.
Onwards or placement

01/06/2015
(00.00.00)

Excess: \$400

\$500.00

EX ON VENDOR'S

\$500.00

4. Date of Entry of Insurance

01/06/2015

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 at that time from driving the Motor Vehicle.

6. Description of 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 hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: THINK ONE CREDIT PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Comprehensive) Act (Chapter 189) and Section 15 of the Road Transport Act 1987 (Malaysia), and not to be included under these headings

I/We hereby Certify that this policy, to which this Certificate relates, is issued in accordance with the provisions of the Motor Vehicles (Third Party Risk and Comprehensive) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Tan Mingte

Authorized Officer

杨亚美

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200108384E)
#3 Anson Road #16-00 Springleaf Tower Singapore 079909

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