

# NATIONAL ASSESSMENT Centre Services

Date In: 26/10/2021 15:16	Job description	Date & Time Completed	Done by
Ref No: NIA2104207	SAS e-illing		
Val No: 68735	Emergency (by phone, A&S Unit)		
D.O.A: 15/10/2021 16:45	1-Motor Claim Form		
	1-Motor W/O (Within 30 days, TP (VET))		
	1-Photo Uploaded		
	Assessment/Summary Report		
	Assessment Report by Box/Hand to Owner/Driver		

(1) TP / Reporting Only

TP Insurer

Preferred Wker / NO A&S Unit Wker / QW:	Tel:	Fax:
TP Insurer	NO ( ) / Non-NO ( )	
Owner / Driver	Tel:	
Policy No ( )	Period ( )	Cover Type ( )
Confirmed by ( )	Date:	Time:
Insured/Driver Liability ( )	% (Note: Est. Slows (WO) N10-20%, P121-79%, P180-100%)	
Year of Registration ( )	Warranty YES ( ) / NO ( )	
Excess (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	
( ) Write-In Customer / Customer's information always confidential & solely NO for of report.		
( ) Total Loss Case / to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( )	Involves YES ( ) / 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:

NIA2104207

Driver/Owner	1) All Accident Insurance ( )	
Company No	2) OA / Owns / Insurance ( )	
Damaged Portion	3) TP / Towing ( )	
	4) PT / Follow-up with Survey	
	5) PT / Follow-up with Survey (Recovery)	
	6) PT / Follow-up with Survey (Recovery)	
	7) PT / Follow-up with Survey (Recovery)	
	8) PT / Follow-up with Survey (Recovery)	
	9) PT / Follow-up with Survey (Recovery)	
	10) PT / Follow-up with Survey (Recovery)	
	11) PT / Follow-up with Survey (Recovery)	
	12) PT / Follow-up with Survey (Recovery)	
	13) PT / Follow-up with Survey (Recovery)	
	14) PT / Follow-up with Survey (Recovery)	
	15) PT / Follow-up with Survey (Recovery)	
	16) PT / Follow-up with Survey (Recovery)	
	17) PT / Follow-up with Survey (Recovery)	
	18) PT / Follow-up with Survey (Recovery)	
	19) PT / Follow-up with Survey (Recovery)	
	20) PT / Follow-up with Survey (Recovery)	

QC Checked by (Engin-Chung)

For Owner

For 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	25/10/2021 15:16 (SGT)
Date of Accident	15/10/2021 16:45 (SGT)
Exact Location of Accident	Kitchener Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6973S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	REUNION BBQ GROUP PTE. LTD.
Company Reg No	2XXXXX140E
Email Address	reunion.michelechen@gmail.com
Mobile Phone No	(Phone) +65-81331218
Alternative Phone No	+65-81331218

#### VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	Manual
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00102792101
Cover Note Number	-

#### DRIVER

Name of Driver	CHEN YI
NRIC No	SXXXX752G

Date Of Birth	08/01/1983
Occupation	Indoor
Date Of Driving Pass	24/01/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81331218
Alt. Phone Number	-
Email Address	reunion.michelechen@gmail.com
Address	BLK 1 DOVER ROAD #10-308
Address complement	-
Postcode	130001
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	SHD23T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHIA TECK HO
NRIC No	SXXXX558E
Contact Number	(Phone) +65-96672962
Address	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

AS PER STATED DATE & TIME, I WAS DRIVING ALONG KITCHENER ROAD  
I HAVE PUT ON MY SIGNAL INTEND TO FILTER LEFT TO THE LANE, WHILE  
MY VEHICLE WAS ALMOST IN THE LANE, SUDDENLY VEHICLE INFRONT OF MINE  
E BRAKE AND THEREFORE I HAVE TO BRAKE. SUDDENLY VEHICLE B FROM  
BEHIND HIT ON TO THE LEFT REAR SIDE OF MY VEHICLE, WE BOTH THEN  
WROUGHT FROM OUR CAR TO ACCESS AND EXCHANGE OUR PARTICULAR BEFORE WE  
LEAVE THE AREA.

#### 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

Date of accident: 15/10/21 Time: 1645H  
 Location of accident: ALONG KITCHENER ROAD

## Details of Own Vehicle

Vehicle Number: GBG69735 Make/Model: FIAT 500L  
 Insurer: CHINA TAIPING Passenger (incl. Driver): 2  
 Policy No: DMCLVSN 0009163000 Policy Type: C/ TPFT/ TPO  
 Policyholder: 00102792101  
 Name: REUNION BBQ GROUP PTE LTD NRIC/FIN no.: 201203140E  
 Contact no.: 81331218

## Driver

Name: CHEN YI NRIC/FIN no.: 583727529  
 Contact no.: 81331218 D.O.B: 02/01/1983  
 Email: REUNION.MICHELLECHEN@GMAIL.COM Occupation: DIRECTOR  
 Address: BLK 1 POWER ROAD #10-308 SC 130001  
 Driving pass date: 24/01/2008 Relationship with Policyholder: OWNER

## General Information

Weather conditions: Clear/Raining Road surface: Dry/Wet  
 Police report: Yes/No Video Footage: Yes/No  
 Prosecution Letter: Yes/No If Yes against whom:  
 Injuries: Yes/No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

## Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	SHD23T	
Driver name:	CHIA TECK HO	
NRIC/ FIN no.:	51337558E	
Contact no:	96672962	
Insurance Co:		
Remarks: (Make/Model, Passenger, property info & etc)		

## Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

## Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party Reporting Only  
 Workshop:  

Policyholder/ driver  
 Signature:  





中国太平  
CHINA TAIPING

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

Motor Commercial

MZ300/C

R SN

BR0120A

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.

DMCVSNA00102792101

Engine No.: 263A50008152823

Cha. No.: ZFA26300006H24051

1. Index Mark and Registration  
Number of Vehicle

GBG6973S

AUTOSAFE

=====

2. Name of Policy Holder

REUNION BBQ GROUP PTE. LTD.

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

02/10/2021  
(00:00:00)

Excess Sect I .

S\$450.00

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

01/10/2022

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:\*

- (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 drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED

\* 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: Tan Mingjie  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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