

NATIONAL Assessment Centre Services

Date In: 01/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/CIT/21011151/13	SAs e-filing		
Veh No: GBJ9077T	E-mail (within 5 days, MP 2hrs)		
D.O.A: 30/10/21 1315	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: SFK3018B	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

NA 210371	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) RT : 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:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2/3:	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	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	01/11/2021 18:19 (SGT)
Date of Accident	30/10/2021 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 187 BEDOK NORTH ST 4 MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9077T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXX520E
Email Address	sgleasing@outlook.com
Mobile Phone No	(Phone) +65-84211426
Alternative Phone No	+65-84211426

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00121192102
Cover Note Number	-

DRIVER

Name of Driver	CHOW YONG ZHI(ZHAO YONGZHI)
NRIC No	SXXXX413E

Date Of Birth	10/11/1997
Occupation	Outdoor
Date Of Driving Pass	29/03/2018
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98253197
Alt. Phone Number	-
Email Address	chowyongzhi@yahoo.com.sg
Address	BLK 186A BEDOK NORTH ST 4
Address complement	#06-08
Postcode	461186
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFK3018B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR TSE
Contact Number	(Phone) +65-96341395
Address	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

CHOW YONG ZHI(ZHAO YONGZHI)

Male

-

-

-

-

-

SLIGHT

GBJ9077T

Yes

No

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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. 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

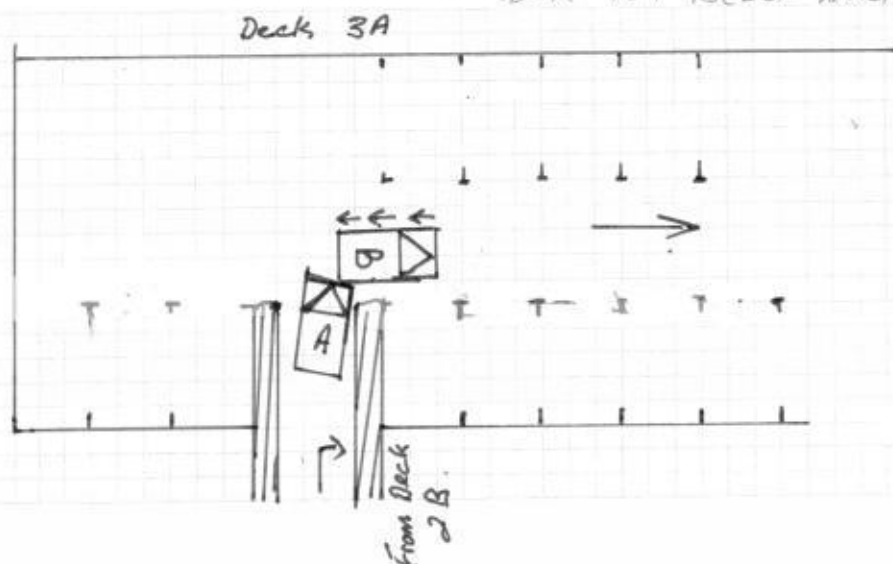
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) GBJ 9077T

(B) SFK 3018B



Describe Circumstances of the Accident

On 30/10/2021 at @ 1315 hrs, I was driving in my vehicle (QBJ 9077T) in the multi-storey carpark of BKK 187 Bedok North Street 4. While I was travelling from Deck 2B to Deck 3A, I saw a car (SFK 3018B) reversed towards my direction. I stopped and horned to alert the said vehicle. However, the said vehicle continue reversing and collided onto the front portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

[Signature] 01/11/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBJ 9077 T		MAKE & MODEL:	Nissan NU200		AUTO	<input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT:	30 / 10 / 2021		CC:	1461			
TIME OF ACCIDENT:	1315 HRS						
LOCATION OF ACCIDENT:	BLK 187 Bedok North Street 4 Multi-Storey Carpark.						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE		<input checked="" type="checkbox"/> PRIVATE HIRE				
NAME OF OWNER:	SG Leasing Pte Ltd.						
TEL NO:	H/P: 8421 1426		OFFICE:	HOME:			
NRIC:	201317520E.						
ADDRESS:	15 Yeshun Industrial St 1 #01-08, Wm 5 GD 768091						
EMAIL:	sgleasing@outlook.com						
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY <input checked="" type="checkbox"/> REPORTING ONLY						
FLEET POLICY:	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO ?						
INSURANCE COMPANY:	China Taiping						
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft						
POLICY NO:	DMCVSNW00121192102.						
NAME OF DRIVER:	AS ABOVE / IF NO:		Chow YONG ZHI				
NRIC:	S 9740413E		ANY PASSENGER:	N.A.			
DATE OF BIRTH:	10 / 11 / 1997		LICENCE PASSED DATE:	29 / 03 / 2018			
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR						
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE						
CONTACT NO:	H/P: 9825 3197		OFFICE:	HOME:			
ADDRESS:	BLK 186A Bedok North St 4 #06-08 (S) 461186						
EMAIL:	chowyongzhi@yahoo.com.sg						
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:		INSURER:				
RELATIONSHIP:	Hire						
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / <input type="checkbox"/> OTHERS:						
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / <input type="checkbox"/> OTHER:						
ANY INJURIES:	<input checked="" type="checkbox"/> NO / <input type="checkbox"/> IF YES, WHO?						
NAME & CONTACT:	Chow YONG ZHI (H/P: 9825 3197)						
NAME & CONTACT:							
POLICE REPORT:	<input checked="" type="checkbox"/> NO / <input type="checkbox"/> IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / <input type="checkbox"/> IF YES, WHO?						
VEHICLE B REG NO:	SFK 3018 B		ANY PASSENGERS:	N.A.			
NAME OF DRIVER:	Mr Lee.		CONTACT NO:	96341395			
VEHICLE C REG NO:			ANY PASSENGERS:				
VEHICLE D REG NO:			ANY PASSENGERS:				
VEHICLE E REG NO:			ANY PASSENGERS:				
VEHICLE F REG NO:			ANY PASSENGERS:				
VEHICLE G REG NO:			ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT:	N.A.			
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO						
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO						
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO						
ACCIDENT PORTION:	Front Portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES <input checked="" type="checkbox"/> NO							
WORKSHOP PARTICULAR:	N-51 Automotive Me Ltd.						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	JOSEPH TAN.						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						

Motor Commercial

MZ407/C

R SN

AN0663A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00121192102

Engine No.: K9KE628D686777

Cha. No.: VSKYBAM20Z0179056

1. Index Mark and Registration
Number of Vehicle

GBJ9077T

AUTOSAFE
=====

2. Name of Policy Holder

SG LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment30/09/2021
(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

29/09/2022

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: SGML PTE LTD
Authorised Officer

Authorised Signatory

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	GBJ9077T	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)		
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	NV200 1.5 MT
Vehicle Make:	NISSAN	Engine No.:	K9KE628D686777
Chassis No.:	VSKYBAM20Z0179056	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	1
Propellant:	Diesel	Power Rating:	-
Engine Capacity:	1461 cc		
Maximum Power Output:	-	Maximum Laden Weight:	2050 kg
Unladen Weight:	1260 kg	Secondary Colour:	-
Primary Colour:	White	Original Registration Date:	30 Sep 2019
First Registration Date:	30 Sep 2019	Open Market Value:	\$20,703.00
Manufacturing Year:	2019	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	No	Additional Registration Fee Rate:	5.00%
No. of Transfers:	0		
Actual ARF Paid:	\$1,036.00		

Owner Particulars

Owner Name:	SG LEASING PTE. LTD.
Owner ID Type:	Company
Owner ID:	201317520E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	15
Registered Street Name:	YISHUN INDUSTRIAL STREET 1
Registered Unit No.:	# 01 - 08
Registered Building Name:	WIN 5
Registered Postal Code:	768091
COE No. / Expiry Date:	2019080105000106H / 29 Sep 2029
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$25,089.00

Transaction Details

Business Transaction Ref. No.:	20190930144415370914
Business Transaction Date:	30 Sep 2019
Business Transaction Time:	14:44:15

Message

The above vehicle has been successfully registered.
Please note that \$16,345.00 will be deducted from your GIRO account.

OK

Save as PDF