

**NATIONAL Assessment Centre Services**

Date In: 9/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT1210/1439/T1	SAS e-filing		
Veh No: 66H 4887R	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: 8/11/21	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: FBQ 5058B 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

NA2104421

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Ist Bill	Add Bill
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100); INC (\$30)			
3) TF : Towing Fee \$40/\$45			
4) FT : Follow-Through Survey \$120			
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:-			
OD*			
*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 (Non INC) against INC \$20			
9) N12: Idac Mobile \$0			
Invoice dated	Fee Charged		

**Claimant's Particulars :-**

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

**Auditors' Comments :-**

Cat. 1:

Cat. 2 / 3:

# 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 ..... 09/11/2021 16:20 (SGT)  
Date of Accident ..... 08/11/2021 13:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... GRANGE ROAD TOWARDS TANGLIN ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH4887R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEK KITCHEN SOLUTIONS PTE LTD  
Company Reg No ..... 2XXXXX887R  
Email Address ..... SERVICE@TEK-KITCHEN.COM  
Mobile Phone No ..... (Phone) +65-92704906  
Alternative Phone No ..... (Office) +65-92704906

### 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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00062122101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... OU ZHENXING  
Passport No/FIN ..... GXXXX221T

Date Of Birth	27/03/1990
Occupation	Indoor
Date Of Driving Pass	31/07/2012
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92213119
Alt. Phone Number	-
Email Address	SERVICE@TEK-KITCHEN.COM
Address	1 SANVIEW ROAD
Address complement	#05-32
Postcode	627615
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	Raining
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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

#### 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	FBQ3058B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	WONG KIM LOONG
Contact Number	(Phone) +65-92706626
Address	-
Address complement	-

Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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.
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.

**TEK Kitchen Solutions Pte. Ltd.**  
 (Reg. No: 201107887 R) (GST Reg. No: 201107887 R)  
 1 Sunview Road, #05-02 Eco-Tech @ Sunview,  
 Singapore 627815.  
 Tel: (65) 6468 2921 / H/P: (65) 9859 2375  
 Email: Andy.isy@tek-kitchen.com

*[Handwritten Signature]*

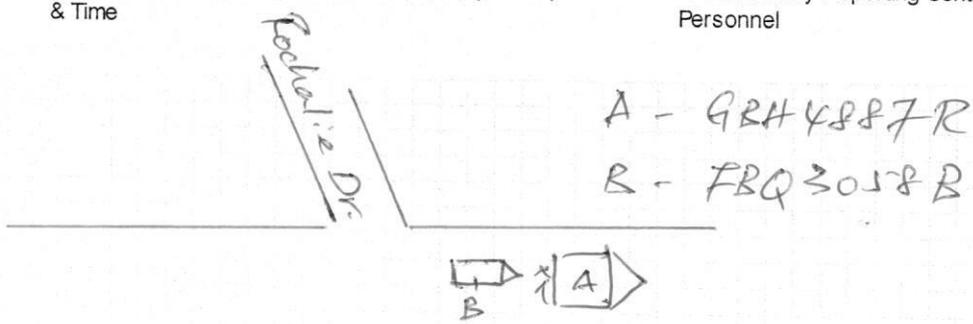
*[Handwritten Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



*Grange Road towards Tanglin Road*

**Describe Circumstances of the Accident**

On 8th Nov 2021 at about 1310 hrs I was travelling Grange Road towards Tanglin Road. After the junction of Rochalie Dr vehicle in front of my vehicle A GBH4887R slowed down and I apply brake and slowed down accordingly. Suddenly I felt an impact from my rear, I alight and saw vehicle B 7BQ3058B had collided onto the rear of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

**TEK Kitchen Solutions Pte. Ltd.**  
(Reg. No: 201107887 R) (GST Reg. No: 201107887 R)  
1 Sunview Road, #05-32 ECO-Tech @ Sunview,  
Singapore 627615.  
Tel: (65) 6468 2921 H/P: (65) 9859 2375  
Email: Andy.Lay@tekitchen.com



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: GR44887R

MAKE & MODEL : Toyota Hiace.

AUTO  MANUAL

DATE OF ACCIDENT	8 11 12	*C.C.
TIME OF ACCIDENT	1310 hrs AM	<input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	Grange Road towards Tanglin Road.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="radio"/> EMPLOYMENT / <input type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER	TEK KITCHEN SOLUTIONS P/L	
EMAIL: service@tek-kitchen.com	Office: 92704906	MOBILE:
NRIC	201107887R	
CLAIM TYPE	OD <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO ?	
INSURANCE CO.	China Taiping Insurance (S) Pte Ltd	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft	
POLICY NO.	DMCVSNW00062122101	
NAME OF DRIVER	AS ABOVE / IF NO: Ou Zhenxing	
NRIC	G65952217 (FIN)	
DATE OF BIRTH	27 10 1990	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO:	
NAME OF PASSENGER	NA	
GENDER OF PASSENGER	MALE / FEMALE NA	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	31 Jul 2012	
GENDER	<input checked="" type="radio"/> Male / <input type="radio"/> Female	
CONTACT NO.	Mobile: 9221319	Office: Home:
EMAIL:	As above	
ADDRESS	1 Sunview Road #05-32 S627615	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes: Reg No.	INSURER:
RELATIONSHIP	<input checked="" type="radio"/> Employee / If No:	
WEATHER CONDITION	Clear / <input checked="" type="radio"/> Raining / Other:	
ROAD SURFACE	Dry / <input checked="" type="radio"/> Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> No / If yes: Who?	
CONTACT NO.	NA	
POLICE REPORT	<input checked="" type="radio"/> No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES: WHO?	
VEHICLE B NO.	7BQ3058B	Any Passenger: No
NAME	WONG KIM LOONG	
CONTACT NO.	92706626	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
<b>**WORKSHOP:</b>		
Have you been approach by unknown person soliciting (s) /		
Offering accident claims assistance?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	



Motor Commercial

MZ300/C

R SN

AN0450A

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.	DMCVSNW00062122101	Engine No.: 1KD2808325	Cha. No.:JTFHT02P700243333
1. Index Mark and Registration Number of Vehicle	GBH4887R	AUTOSAFE =====	
2. Name of Policy Holder	TEK KITCHEN SOLUTIONS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/06/2021 (00:00:00)	Excess Sect I .	\$\$500.00
		EX ON WINDSCREEN .	\$\$100.00
4. Date of Expiry of Insurance	19/06/2022		
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. : MAYBANK SINGAPORE 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: \_\_\_\_\_  
INXPIRE N SOLUTIONS  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory