

# NATIONAL Assessment Centre Services

Date In: 18/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT121011769/TI	SAS e-filing		
Veh No: GBE 538R	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 17/11/21	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SLW 51P	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

NA2200593	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	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 (Non INC) against INC \$20		
	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	18/11/2021 12:44 (SGT)
Date of Accident	17/11/2021 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 1 JUNCTION ANG MO KIO AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE538R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GT AIR ENGINEERING PTE LTD
Company Reg No	2XXXXX299C
Email Address	GTAIRENGRG@GMAIL.COM
Mobile Phone No	(Phone) +65-93793079
Alternative Phone No	(Office) +65-93793079

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	DMCVSNW00089302101
Cover Note Number	-

#### DRIVER

Name of Driver	LEE YOKE LIN
NRIC No	SXXXX318C

Date Of Birth	16/08/1983
Occupation	Outdoor
Date Of Driving Pass	21/06/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93793079
Alt. Phone Number	-
Email Address	GTAIRENGRG@GMAIL.COM
Address	BLK 550 WOODLANDS DRIVE 44
Address complement	#04-82
Postcode	730550
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MIAH SHAHADAT
Gender	Male

#### PASSENGER 2

Name	ALI MD YOUSUF
Gender	Male

#### PASSENGER 3

Name	VEERACHAMY RAVIKUMAR
Gender	Male

#### 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	SLW51P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH BOON HAI , DENNIS
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LEE YOKE LIN
Gender	Male
Phone No	(Phone) +65-93793079
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE538R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

### INJURED 2

Name of injured person	MIAH SHAHADAT
Gender	Male
Phone No	(Phone) +65-81205205
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE538R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

### INJURED 3

Name of injured person	ALI MD YOUSUF
Gender	Male
Phone No	(Phone) +65-84244662
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?	-

### INJURED 4

Name of injured person	VEERACHAMY RAVIKUMAR
Gender	Male
Phone No	(Phone) +65-84084891
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? ..... -



## SKETCH PLAN

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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.

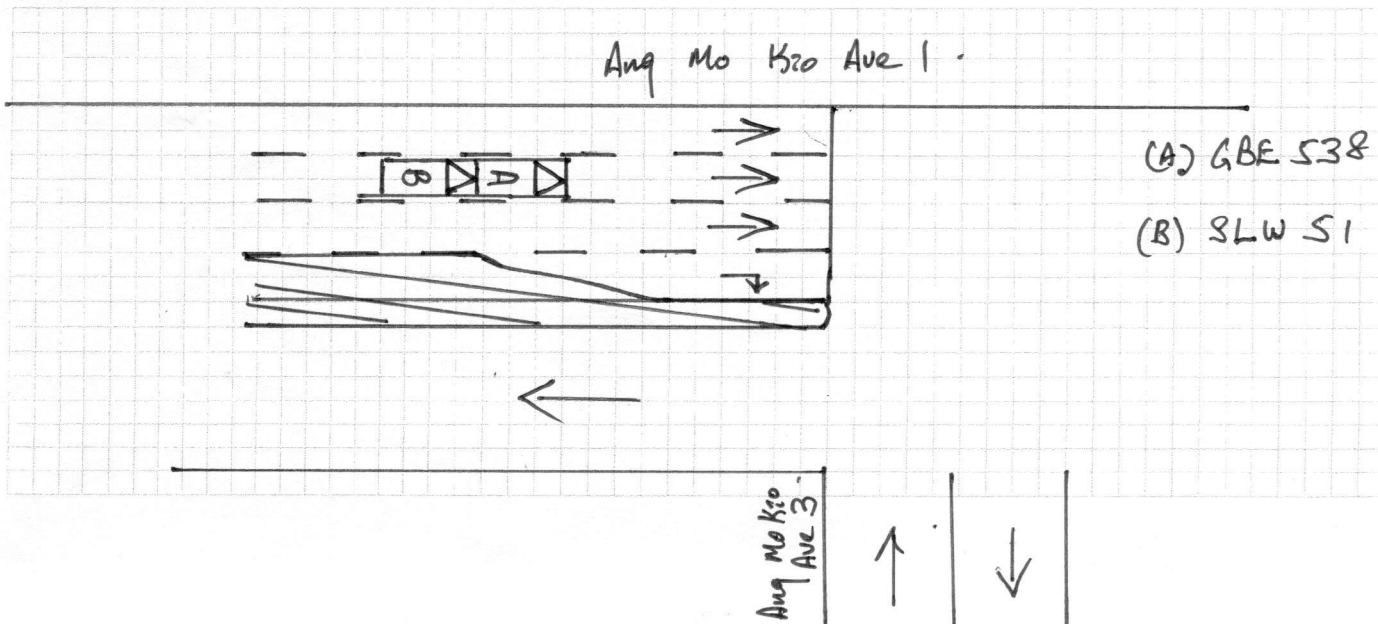


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

On 17/11/2021 at @ 1725 hrs. I stopped my vehicle (GBE 538R) along Ang Mo Kio Ave 1 junction Ang Mo Kio Ave 3 on the 2nd lane from the left due to red light. Suddenly, a car (SLW 51P) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in black ink.

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

A handwritten signature in black ink.

Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBE 538 R		MAKE & MODEL:	Toyota Dyna		AUTO	<input checked="" type="radio"/> MANUAL
DATE OF ACCIDENT:	17 / 11 / 2021		CC:				
TIME OF ACCIDENT:	1725 HRS						
LOCATION OF ACCIDENT:	Ang Mo Kio Ave 1 junction Ang Mo Kio Ave 3.						
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="radio"/> EMPLOYMENT <input type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE						
NAME OF OWNER:	GT Air Engineering Pte Ltd						
TEL NO:	H/P: 9379 3079		OFFICE:			HOME:	
NRIC:	201914299C						
ADDRESS:	BLK 550 Woodlands Drive 44 #04-82 (S) 730550						
EMAIL:	gtairengr@gmail.com						
CLAIM TYPE:	<input checked="" type="radio"/> OD <input type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY						
FLEET POLICY:	YES <input checked="" type="radio"/> NO <input type="radio"/> ?						
INSURANCE COMPANY:	China Taiping						
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party <input type="radio"/> Third Party Fire & Theft						
POLICY NO:	DMCVSNW00089302101						
NAME OF DRIVER:	AS ABOVE / IF NO: LEE YOKO LIN.						
NRIC:	S 8365318C		ANY PASSENGER:	03 (M).			
DATE OF BIRTH:	16 / 08 / 1983.		LICENCE PASSED DATE:	/ /			
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR <input type="radio"/> INDOOR						
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE						
CONTACT NO:	H/P: 9379 3079		OFFICE:			HOME:	
ADDRESS:	BLK 550 Woodlands Drive 44 #04-82 (S) 730550						
EMAIL:	gtairengr@gmail.com						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:				
RELATIONSHIP:	Owner						
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR <input type="radio"/> RAINING <input type="radio"/> OTHERS:						
ROAD SURFACE:	<input checked="" type="radio"/> DRY <input type="radio"/> WET <input type="radio"/> OTHER:						
ANY INJURIES:	NO / IF YES, WHO? ① LEE YOKO LIN (H/P: 9379 3079).						
NAME & CONTACT:	② MIHA SHAHADAT (H/P: 8120 5205) ③ ALI MD YOUSUF						
NAME & CONTACT:	④ VEERACHAMY RAVIKUMAR (H/P: 8408 4891) (H/P: 8424 4662)						
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 REG NO:	SLW 51 P.		ANY PASSENGERS:	N.A.			
NAME OF DRIVER:	Koh Boon Hai, Dennis.		CONTACT NO:				
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?	YES / <input checked="" type="radio"/> NO						
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO						
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO						
ACCIDENT PORTION:	Rear Portion.						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <input checked="" type="radio"/> NO							
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd.						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	JOSEPH TAN.						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						





Motor Commercial

MZ300/C

R SN

AN0679A

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.

DMCVSNW00089302101

Engine No.: 1KD2450730

Cha. No.: KDY2318017454

1. Index Mark and Registration  
Number of Vehicle

GBE538R

AUTOSAFE  
=====

2. Name of Policy Holder

GT AIR ENGINEERING PTE LTD

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

24/08/2021  
(00:00:00)

Excess Sect I . S\$350.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

23/08/2022

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. : ABWIN PTE LTD 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: ABWIN PTE LTD  
Authorised Officer

  
Authorised Signatory