

# NATIONAL ASSURANCE COMPASS SERVICES

8208210000

Date In: 13/12/2021 12:55	Job description: S.A.S. Billing	Done by:
Ref No: N3A/CIT/2101256114	Terminal (4/4) (1/1) (1/1) (1/1)	
Ref No: 98C 13255	Motor Claim Verin	
Ref No: 10/12/2021 12:00	Motor W/O (Vehicle 00) (1/1) (1/1)	
	Photo Uploaded	
	Assessment Survey Report	
	Accident Report by Tax/Elaborate Owner/Driver	

TP Insurer	Tell	Fax
Preferred Wagon / NO Affiliations / Wagon / QW /		
TP Insurer /	NO / Non-NO	
Owner / Driver	Tell	
Policy No	Cover Type	
Continued by	Date	Year
Insured/Driver Liability	% (None - 20% (W/O) NO-20% PI 25-75% PI 80-100%)	
Year of Registration	Written YES / NO	
Insurance (\$)	Loadings \$1,000 / \$2,000	

( ) Walk-In Customer / Customer Information already provided & already NO report of repetition	
( ) Total Loss Case / to e-mail insurer URGENTLY	
Driver-In	Involvement YES / NO
1) Apply for Transport Allowance / Courtesy Car	
2) QO Check / Post Repair Inspection	
3) Upload Recovery Photo (Repair Costs > \$3,000)	

Injury	

Driver/Owner	1) All Additional Services (50%)	Wagon
Continued No	2) All Additional Services (50%)	Wagon
Continued Portion	3) All Additional Services (50%)	Wagon
QC Checked by (Engineer/Inspector)	4) All Additional Services (50%)	Wagon
	5) All Additional Services (50%)	Wagon
	6) All Additional Services (50%)	Wagon
	7) All Additional Services (50%)	Wagon
	8) All Additional Services (50%)	Wagon
	9) All Additional Services (50%)	Wagon
	10) All Additional Services (50%)	Wagon
	11) All Additional Services (50%)	Wagon
	12) All Additional Services (50%)	Wagon
	13) All Additional Services (50%)	Wagon
	14) All Additional Services (50%)	Wagon
	15) All Additional Services (50%)	Wagon
	16) All Additional Services (50%)	Wagon
	17) All Additional Services (50%)	Wagon
	18) All Additional Services (50%)	Wagon
	19) All Additional Services (50%)	Wagon
	20) All Additional Services (50%)	Wagon

NA2104648





## 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	13/12/2021 12:55 (SGT)
Date of Accident	10/12/2021 12:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS ORCHARD ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1325S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MR BAKERY
Company Reg No	5XXXX680C
Email Address	mrbakery15@gmail.com
Mobile Phone No	(Phone) +65-96631754
Alternative Phone No	+65-96631754

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00127512100
Cover Note Number	-

### DRIVER

Name of Driver	NG THO HO
NRIC No	SXXXX776G



Date Of Birth	02/09/1943
Occupation	Outdoor
Date Of Driving Pass	15/06/1976
Driving experience	45 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96631754
Alt. Phone Number	-
Email Address	mrbakery15@gmail.com
Address	BLK 461 ANG MO KIO AVENUE 10 #08-1164
Address complement	-
Postcode	560461
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 - Change/cross lane
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	GBH5395L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-





## SKETCH PLAN

### IMPORTANT NOTICE

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#### 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.



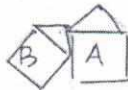
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

OTE TOWARDS ORCHARD RD



A = GBC13255

B = G845395L

18/12/2021

I WAS TRAVELLING ALONG CTE TOWARDS ORCHARD RD, IN LANE 2.

SUDDENLY, CBH5395L CUT INTO MY LANE FROM <sup>MY</sup> ~~THE~~ LEFT.

THE VEHICLE COLLIDED INTO THE LEFT OF MY VEHICLE.

We declare the foregoing particulars are true in every respect.



Signature (If c

13/12/2021

Witnessed by Reporting Centre  
Personnel

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 10 / 12 / 2021 (dd/mm/yy) Time of Accident: 12 : 00 (24-HR-FORMAT)

Vehicle No.: GBC13255 Vehicle Make & Model / Engine (cc): \_\_\_\_\_ Private Hire: (Y / N)

Exact location of Accident: CTE TOWARDS ORCHARD RD

Policyholder's Name / IC No.: HR BAKERY ROC/UEN (Company): 53269660C

Driver's Name / IC No.: NED THO HO 80493776G (As Above) ☐

Driver's Contact No.: 9663 1754 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BLK 461 ANG MO KIO AVENUE 10 #08-1164 SINGAPORE 605656

Owner Email address: mrbakery15@gmail.com Insurance Company: CHINA TAIPING

Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please CIRCLE one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

**\*No. of Passengers (Including Driver):** 1

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x ( )

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x ( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No Remarks: \_\_\_\_\_

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: G8H5395L

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



Motor Commercial

MZ300/C

N SN

AN0671A

Cov. Type:F

**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.

DMCVSNW00127512100

Engine No.: ZD30276475K

Cha. No.: JN1MG4E25Z0795069

1. Index Mark and Registration  
Number of Vehicle

GBC1325S

2. Name of Policy Holder

MR BAKERY

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment02/11/2021  
(00:00:00)

4. Date of Expiry of Insurance

01/11/2022

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.

\* 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: KSL INSURANCE AGENCY PTE LTD  
Authorised Officer  
Authorised SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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