

NATIONAL Assessment Centre Services

Date In: 16/12/2021	Job description	Date & Time Completed:	Done by
Ref No: NA / CTI 21012728 / 3	SAS e-filing		
Veh No: GBJ 6922Z	E-mail (within 5hrs. AP 2hrs)		
D.O.A: 15/12/2021 12:30	i-Motor Claim Form		
OD (IP) 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/Wkspr		

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

TP Particulars: Veh No: SMZ 7720T 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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments :- L 1: L 2/3:	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
	NA 2104690	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30 <i>For claiming against INC Only. (ref 10 Jan 2005)</i>			
	6) TR: Re-inspection \$75			
	7) N1: Idoc DA + SMRT Survey \$160			
	8) NTUC Additional Services:- OD*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idoc Mobile \$0			
	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	16/12/2021 13:31 (SGT)
Date of Accident	15/12/2021 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PRINSEP STREET TOWARDS ROCHOR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6922Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MOBILE 8 PTE. LTD.
Company Reg No	2XXXXX960H
Email Address	AMOSTANMINGJIE@GMAIL.COM
Mobile Phone No	(Phone) +65-62679919
Alternative Phone No	(Office) +65-62679919

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	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00075772102
Cover Note Number	-

DRIVER

Name of Driver	TAN MING JIE
NRIC No	SXXXX577E

Date Of Birth	06/11/1993
Occupation	Outdoor
Date Of Driving Pass	07/06/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88855593
Alt. Phone Number	-
Email Address	AMOSTANMINGJIE@GMAIL.COM
Address	BLK 299C COMPASSVALE STREET
Address complement	#14-118
Postcode	543299
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	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

REFER TO THE ATTACHED STATEMENT

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	SMZ7720T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	TAN MING JIE
Gender	Male
Phone No	(Phone) +65-88855593
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ6922Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.



26 Boon Lay Way #01-88
Tradehub 21 Singapore 609970
Tel: 6267 9919 Fax: 6267 9909
Co. Reg No.: 201717960H

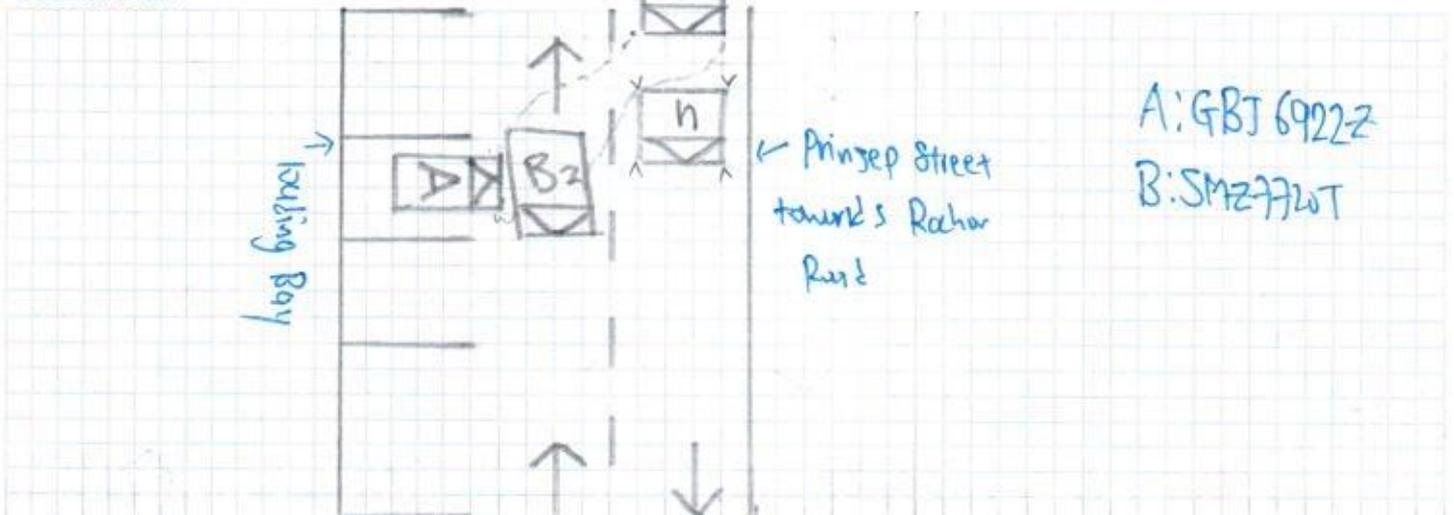
Ru 16/12/21

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

As I was stationary on Prinsep Street Loading Bay, vehicle B try to over
take unknown vehicle. vehicle B went to opposite lane, vehicle misjudge and collided
over my front left portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



26 Boon Lay Way #01-88
Tradehub 21 Singapore 609970
Tel: 6267 9919 Fax: 6267 9909
Co. Reg No.: 201717960H

Policyholder's Signature / Date &
Time

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

Ru 16/12/21

Witnessed by Reporting Centre
Personnel

Date of Accident : 15/12/2021 Accident Time: 12:30 (24-HR-FORMAT)

Accident Place : Prinsep Street towards Rochor Road

Vehicle Reg. No (Car plate No.) : G85692Z Vehicle Make/Model: Nissan Micra (A) (1597cc)

Insurance Company : Ching Teiping Policy No. DMCVSNW007577202

Name of Registered Owner : Company / Individual Mobile 8 PTE. LTD.

ID of Registered Owner : Co Reg No: 201717960H Owner's NRIC No: 1

: Co Contact No: 1 Owner's Contact No: 6267 9919

DRIVER'S Name : Tan Ming Jie DRIVER'S NRIC No: S9344537E

DRIVER'S Date of Birth : 06/11/1993 DRIVER'S License Pass Date 07/6/2016

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Employee

DRIVER'S Address : Blk 249C Compassvale Street #14-118 (S) 543299

DRIVER'S Contact No./ Alt No. : 1) 888 55593 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : AMOSTANMINGJIE@GMAIL.COM

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 1 Name & Gender; _____

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes (name of the injured person) Tan Ming Jie

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SM27720T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Commercial

MZ300/C

R SN

AN0597A

Cov. Type:C

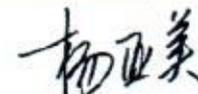
CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNW00075772102	Engine No.: HR16142312D	Cha. No.: VM20132640
1. Index Mark and Registration Number of Vehicle	GBJ6922Z	AUTOSAFE	*****
2. Name of Policy Holder	MOBILE 8 PTE. LTD.		
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	12/07/2021 (00:00:00)	Excess Sect I .	SS450.00
		EX ON WINDSCREEN .	SS100.00
4. Date of Expiry of Insurance	11/07/2022		
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. : HITACHI CAPITAL ASIA PACIFIC 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: ABS INSURANCE AGENCY PTE LTD.
Authorised Officer

Authorised Signatory