

# NATIONAL Assessment Centre Services

Date In: <b>20/12/2021</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA /CTI 21012894/-3</b>	SAS e-filing		
Veh No: <b>GBC 2770H</b>	E-mail (within 5 days, A/C 2hrs)		
D.O.A: <b>17/12/2021 09:30</b>	i-Motor Claim Form		
OD TP: <b>Reporting Only</b>	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: Vch No: **XD 9398m** 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 2104717** Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :- 1) AR: Accident Reporting (\$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 + SMRI Survey \$160

8) NTUC Additional Services:-

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	20/12/2021 12:08 (SGT)
Date of Accident	17/12/2021 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KRANJI ROAD & WOODLANDS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2770H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHUN WEI FURNITURE RENOVATION SERVICES PTE. LTD.
Company Reg No	2XXXXX571E
Email Address	PHILIP_SIM2003@YAHOO.COM
Mobile Phone No	(Phone) +65-96200381
Alternative Phone No	+65-96200381

#### 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 - Reporting only
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	DMCVSNW00124642101
Cover Note Number	-

#### DRIVER

Name of Driver	CHARANJEET SINGH
Passport No/FIN	GXXXX048Q

Date Of Birth	14/09/1997
Occupation	Outdoor
Date Of Driving Pass	13/11/2020
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91314504
Alt. Phone Number	-
Email Address	sm_automotive@hotmail.com
Address	B/833 YISHUN ST 81
Address complement	#03-410
Postcode	760833
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	A LITTLE RAINDROPS
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	KAMRUL
Gender	Male

#### PASSENGER 2

Name	CHIEW
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

#### 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	XD9398M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

## 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)**

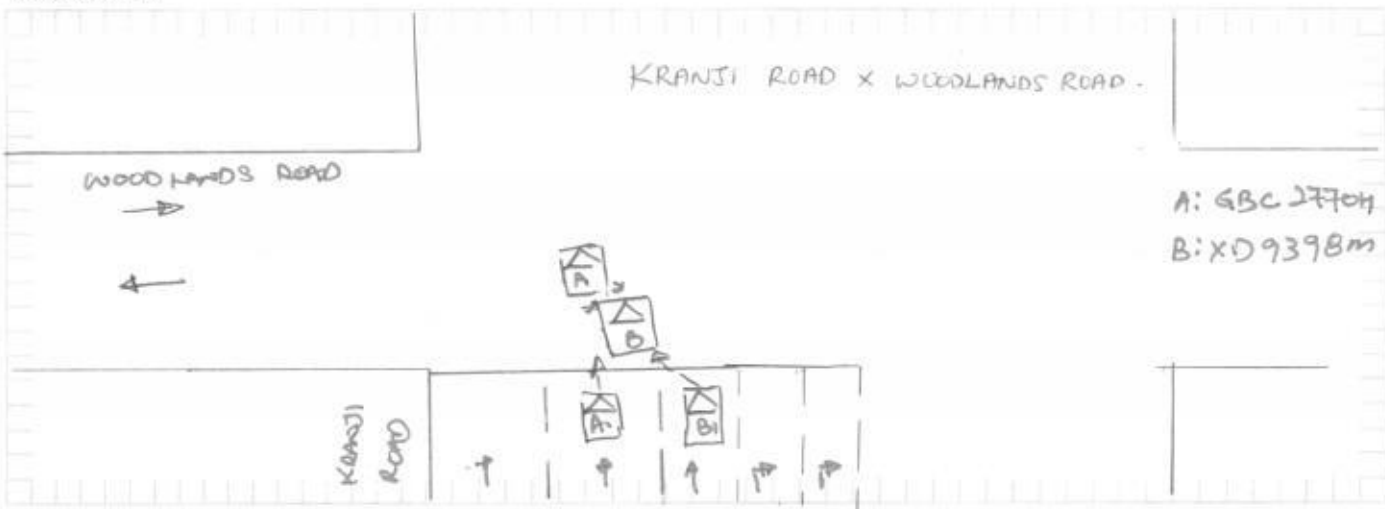
I understand, acknowledge, agree and consent that:

(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' law yers/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' law yers/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 law yers/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
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### Sketch Plan




**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG THE SECOND LEFT LANE OF 5 LANE ALONG KRAZI ROAD, UPON REACHING THE JUNCTION WITH WOODHAMS ROAD, THE TRAFFIC LIGHT WAS SHOWING GREEN LIGHT, I PROCEEDED STRAIGHT, WHEN TRAVELLING, ONE M/LORRY XD9398M WHICH WAS TRAVELLING ALONG THE THIRD LANE FROM LEFT SWITCHED HIS LANE TO THE LEFT AND SUBSEQUENTLY COLLIDED ONTO THE RIGHT REAR OF MY VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
*Chau Jee Shun*  
Policyholder's Signature / Date & Time

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

*R 20/12/21*  
Witnessed by Reporting Centre Personnel



VEHICLE NO: GBC 2770H

MAKE &amp; MODEL : TOYOTA DYNA

AUTO / MANUAL

DATE OF ACCIDENT	17 / 12 / 2021	*C.C. 2982
TIME OF ACCIDENT	9.30 AM / PM	
LOCATION OF ACCIDENT	KRANJI ROAD x WOODLANDS ROAD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	CHUN WEI FURNITURE RENOVATION SERVICES PTE LTD	
TELP NO	Mobile: 96200381 Office: Home:	Email: PHILIP SIM 2443 @YAHOO.COM
NRIC	201512571E	
CLAIM TYPE	OD / THIRD PARTY / <u>REPORTING ONLY</u>	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSMW00124642101	
NAME OF DRIVER	AS ABOVE / IF NO: CHARANJEET SINGH	
NRIC	G1713048Q	
DATE OF BIRTH	14 / 09 / 1997	
ANY PASSENGER	YES / NO: 02	
NAME OF PASSENGER	1) KAMRUL (M) 2) CHIEW (M).	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	13 / 11 / 2020	
GENDER	Male / Female	
CONTACT NO.	Mobile: 91314504 Office: Home:	
EMAIL:	PHILIP SIM 2443 @YAHOO.COM	
ADDRESS	B1/B33 YISHUN ST B1 #03-410 S(760 B33).	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER.	
RELATIONSHIP	<u>Employee</u> / If No.	
WEATHER CONDITION	Clear / Raining / Other: A lt bit rain drop	
ROAD SURFACE	Dry / <u>Wet</u> / Other.	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	XD9398M (1my) Any Passenger: NOT SURE	
NAME		
CONTACT NO.		
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?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

SM AUTOMOTIVE

Email: sm\_automotive@hotmail.com

Tel: 6747 9241

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.

DMCVSNW00124642101

Engine No.: 1KD2118730

Cha. No.: JTFAT35Y10K201719

1. Index Mark and Registration  
Number of Vehicle

GBC2770H

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

CHUN WEI FURNITURE RENOVATION SERVICES PTE. LTD.

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

20/10/2021  
(00:00:00)

Excess Sect I : S\$500.00  
EX ON WINDSCREEN , S\$100.00

4. Date of Expiry of Insurance

19/10/2022

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: ABWIN PTE LTD  
Authorised Officer



Authorised Signatory