

NATIONAL Assessment Centre Services

Date In: 24/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21013111/13	SAS e-filing		
Veh No: G4984X	E-mail (within 3 hrs, AB: 2 hrs)		
D.O.A 24/12/21 1000	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: GBF9488L	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

NA2104813	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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) NI : Idse 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 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 willful 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	24/12/2021 17:43 (SGT)
Date of Accident	24/12/2021 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 851 JURONG WEST ST 81 BESIDE GARBAGE CHUTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY984X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ECO-SUSTAIN TECHNOLOGY PTE LTD
Company Reg No	2XXXXX689D
Email Address	joshtheoh@gmail.com
Mobile Phone No	(Phone) +65-94879868
Alternative Phone No	+65-94879868

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	2986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00121812007
Cover Note Number	-

DRIVER

Name of Driver	THEOH YEOW THIAM
NRIC No	SXXXX697H

Date Of Birth	28/05/1949
Occupation	Outdoor
Date Of Driving Pass	26/04/1971
Driving experience	50 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85694770
Alt. Phone Number	-
Email Address	joshtheoh@gmail.com
Address	BLK 678C JURONG WEST STREET 64
Address complement	#04-327
Postcode	643678
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

PLS 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	GBF9488L
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person THEOH YEOW THIAM
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GY984X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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.

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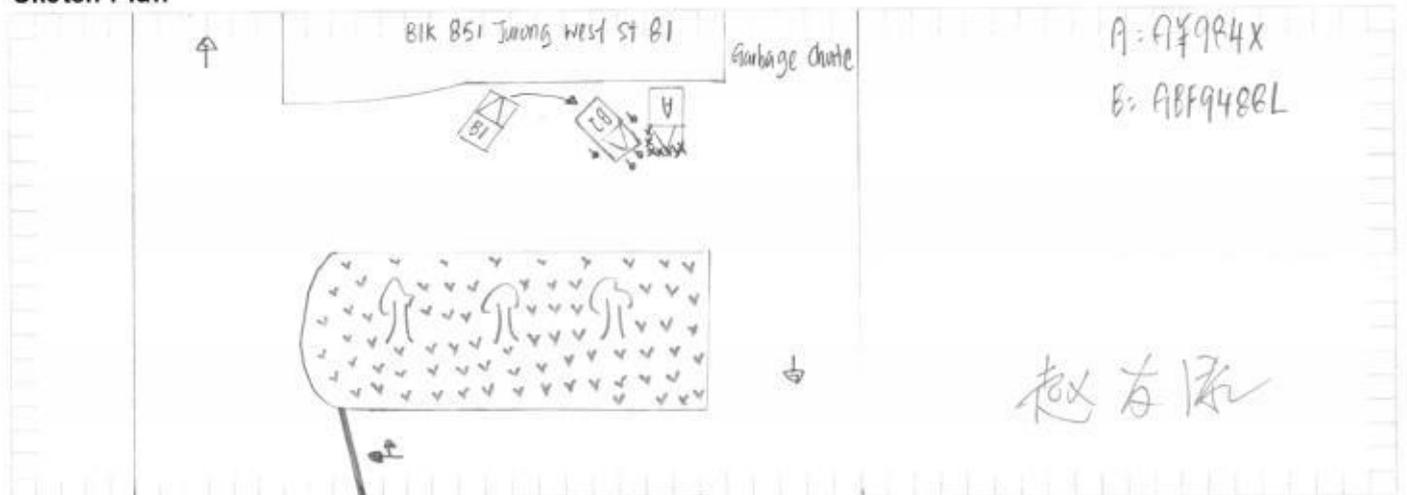
24/12/21

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

I was driving into Blk 851 Jurong West St 81 to meet a client to pick up things.
I saw veh "b" parked stationary on the side.
After checking oncoming traffic was clear, I slowly reversed into the garbage chute as my client was already waiting for me.
When my vehicle was completely in the garbage chute with stationary position, suddenly, I felt a huge impact from my right side.
Veh "b" was abruptly moved forward without noticing my vehicle and collided into the front RH portion of my vehicle and caused damage.
Both of us alighted, veh "b" apologized to me and admitted his fault.
Initially, veh "b" wish to compensate me however we cannot come into agreement with the repair costs, therefore we decide to proceed with insurance claims.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



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Policyholder's Signature
Date & Time:

赵友源

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

shym 24/12/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: G4984X MAKE & MODEL: Toyota Dyna AUTO / MANUAL

DATE OF ACCIDENT	<u>24 / 12 / 2021</u>	*C.C. <u>2986</u>
TIME OF ACCIDENT	<u>1000</u> AM / PM	
LOCATION OF ACCIDENT	<u>Blk 851 Jurong West St B1 beside Garbage chute</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>Eco-Sustain Technology Pte Ltd</u>	Email: <u>JOSH.THEOH@GMAIL.COM</u>
TELP NO	Mobile: <u>9451-9868</u>	Office: Home:
NRIC	<u>200803689D</u>	
CLAIM TYPE	<u>OD / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / NO?</u>	
INSURANCE CO.	<u>China Taiping</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>DMCYSNW 001218/2007</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: Theoh Yeow Thiam</u>	
NRIC	<u>S20116944</u>	
DATE OF BIRTH	<u>28 / 05 / 1949</u>	
ANY PASSENGER	<u>YES / NO:</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>26 / 04 / 1971</u>	
GENDER	<u>Male / Female</u>	
CONTACT NO.	Mobile: <u>8569-4770</u>	Office: Home:
EMAIL	<u>JOSH.THEOH@GMAIL.COM</u>	
ADDRESS	<u>Blk 878C Jurong West St 64 #04-327 S(643678)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO / If yes, Reg No.</u>	INSURER:
RELATIONSHIP	<u>Employee / If No:</u>	
WEATHER CONDITION	<u>Clear / Raining / Other:</u>	
ROAD SURFACE	<u>Dry / Wet / Other:</u>	
ANY INJURIES	<u>No / If yes, Who? Theoh Yeow Thiam (M)</u>	
CONTACT NO.		
POLICE REPORT	<u>No / If yes, Where?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO / IF YES, WHO?</u>	
VEHICLE B NO.	<u>GBF9488L</u>	Any Passenger: <u>01</u>
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?	<u>YES / NO</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES / NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES / NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES / NO</u>	

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241

Motor Commercial

MZ300/C

R SN

AN0117A

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.	DMCVSNW00121812007	Engine No.: 5L5553105
		Cha. No.:JTFUF34Y603010037
1. Index Mark and Registration Number of Vehicle	GY984X	
2. Name of Policy Holder	ECO-SUSTAIN TECHNOLOGY PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/12/2020 (00:00:00)	
4. Date of Expiry of Insurance	27/12/2021	

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.

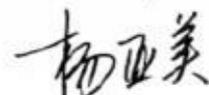
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: JV'S LEASING
Authorised Officer



Authorised Signatory