

NATIONAL Assessment Centre Services SN08221P0001

Date In: 25/1/22 12:26	Job description	Date & Time Completed	Done by
Ref No: NBA/CT122000887/TU	SAS e-filing	✓	
Veh No: 9691953H	E-mail (within 14hrs. Ab. 2hrs)		
DDA: 22/1/22 17:00	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (Within 14hrs. 1st 2hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKer		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: P0500M	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: ()	%(Note-Ext-Silms (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

<p>NA2200424</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table style="width: 100%;"> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th>1st Bill</th> <th></th> <th>Add Bill</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Duty (wef 10 Jan 2015)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Ideal DA + SMART Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td> * NS: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td> * NG: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td> * NT: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td> * N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td> * TP (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idle Mobile \$0</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>		Am't (\$)	Am't (\$)	1st Bill		Add Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$80)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) PT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Duty (wef 10 Jan 2015)			6) TR: Re-inspection \$75			7) NI: Ideal DA + SMART Survey \$160			8) NTUC Additional Services:			* NS: Courtesy Car / Tpt Allowance \$5			* NG: Repair Co-ordination \$10			* NT: Post Repair Inspection \$25			* N8: DV / Collect Excess Coordination \$5			* TP (N11): TP (Non INC) against INC \$20			9) N12: Idle Mobile \$0			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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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	25/01/2022 12:26 (SGT)
Date of Accident	22/01/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NO. 11 TOA PAYOH LORONG 3 OPEN SPACE CARPARK NEAR GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1953H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GREENVIEW LANDSCAPE & CONSTRUCTION PTE LTD
Company Reg No	2XXXXX010N
Email Address	BENSONSEAW91@GMAIL.COM
Mobile Phone No	(Phone) +65-93913282
Alternative Phone No	(Office) +65-93913282

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	DMCVSNW00058712102
Cover Note Number	-

DRIVER

Name of Driver	GOH HEE SOON
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NRIC No	SXXXX561E
Date Of Birth	08/07/1948
Occupation	Outdoor
Date Of Driving Pass	21/03/1966
Driving experience	55 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94748283
Alt. Phone Number	-
Email Address	BENSONSEAW91@GMAIL.COM
Address	BLK 269A COMPASSVALE LINK
Address complement	#16-117
Postcode	541269
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 - 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?	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 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	PD500M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97603667
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

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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.

GREENVIEW LANDSCAPE & CONSTRUCTION PTE. LTD.
201429010M

Qd

hmi

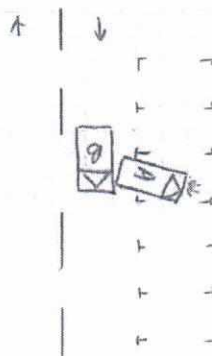
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

No. 11 Toa Payoh
Lorong 3 - Green
Space Carpark
near Grantly



Vehicle A: GNB1953H
Vehicle B: PD500M

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (GB61953H) was parked at the stated location. As I check that the road is clear I proceed to reversed. While I was reversing out of sudden, I felt an impact from the rear right portion of my vehicle. I alighted & realised vehicle B (PD500m) dashed out and collided onto the rear right portion of my vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.

GREENVIEW LANDSCAPE & CONSTRUCTION PTE. LTD.
201429010N

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Date of Accident : 22/01/2022 Accident Time: 1700hrs (24-HR-FORMAT)
Accident Place : No. 11 Teo Paugh Lorong 3 Open Space Carpark near Granting
Vehicle Reg. No (Car plate No.) : G86G1953H Vehicle Make/Model: Toyota Dyna
Insurance Company : China Taiping Policy No. DMCVSNW00058712/02
Name of Registered Owner : Company / Individual Greenview Landscape & construction Pte Ltd
ID of Registered Owner : Co Reg No: 201429010N Owner's NRIC No: -
Co Contact No: - Owner's Contact No: 93913282

DRIVER'S Name : Goh Hee Soon DRIVER'S NRIC No: S0940561E
DRIVER'S Date of Birth : 08 July 1948 DRIVER'S License Pass Date: 21 Mar 1966
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : APT 81K 269A Compassvale Link #16-117 S (541269)
DRIVER'S Contact No. / Alt No. : 1) 9474 8283 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : bensonsean91@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): 01 Passenger Name: Gender: M/F
Was the accident reported to the police? ~~YES~~ NO Passenger Name: Gender: M/F
Was there any video Captured by car camera: ~~YES~~ NO Any Injuries: YES / NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: PD500M	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: 97603667	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	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: _____



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0664A

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.	DMCVSNW00058712102	Engine No.: 1KD2702130
		Cha. No.: KDY2318029040
1. Index Mark and Registration Number of Vehicle	GBG1953H	AUTOSAFE *****
2. Name of Policy Holder	GREENVIEW LANDSCAPE & CONSTRUCTION PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22/06/2021 (00.00.00)	Excess Sect I, S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	21/06/2022	
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. : UNITED OVERSEAS BANK LIMITED 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: WUNDER AUTO PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com