

NATIONAL Assessment Centre Services

Date In: 28/01/22	Job description	Date & Time Completed	Done by
Ref No: N/A/CTI22001004/13	SAS e-filing		
Veh No: GBL2807P	E-mail (within 3hrs, Mins, Secs)		
DOA 28/01/22 0826	i-Motor Claim Form		
OD (P) 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMJ/6960	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

NA2200283	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) iT: 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 + 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 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	28/01/2022 15:17 (SGT)
Date of Accident	28/01/2022 08:26 (SGT)
Exact Location of Accident	Buangkok Green, Singapore
Additional Location Information	TWDS YIO CHU KANG RD(FILTER LANE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL2807P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUN SINGAPORE SYSTEMS PTE LTD
Company Reg No	AXXXXXXX449N
Email Address	goh@sunsingapore.com
Mobile Phone No	(Phone) +65-67743733
Alternative Phone No	(Office) +65-67743733

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	Manual
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00050152100
Cover Note Number	-

DRIVER

Name of Driver	GOH CHIN BOON
NRIC No	SXXXX556A

Date Of Birth	23/04/1970
Occupation	Outdoor
Date Of Driving Pass	21/07/1988
Driving experience	33 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82683568
Alt. Phone Number	-
Email Address	goh@sunsingapore.com
Address	BLK 981A BUANGKOK CRESCENT
Address complement	#11-35
Postcode	531981
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

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	SMJ1696D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RASHEEDA CRYSTAL VARNADO
Contact Number	(Phone) +65-98001650
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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

Sketch Plan



Describe Circumstances of the Accident

On the date 28/01/2022 times about 8.26 am, I driving along Buangkok Green filter Exit to Yio Chu Kang Rd, when I stop at the give way lane to waiting for on coming car to clear. Suddenly I felt a strong impact from my rear, and I alighting my car to check, and realised vehicle 'B' SMJ 1696D had hit my car back side.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBL2807P MAKE & MODEL : Nissan NV200 AUTO (MANUAL)

DATE OF ACCIDENT	28 / 01 / 2022	*C.C:
TIME OF ACCIDENT	8.26 (AM) / PM	rd
LOCATION OF ACCIDENT	Buangkok Green towards Yio chu kang (Fitter lane)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	SUN SINGAPORE SYSTEMS PTE LTD	
EMAIL: soh@sunsingapore.com	Office: 67743733	MOBILE:
NRIC	KOC A 199302449N	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES / NO?	
INSURANCE CO.	China Taiping Ins (S) Pte Ltd	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00050152100	
NAME OF DRIVER	AS ABOVE / IF NO: GOH CHIN BOON	
NRIC	S 7014556A	
DATE OF BIRTH	23 / 04 / 1970	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	NIL	
GENDER OF PASSENGER	MALE / FEMALE NIL	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	21 / July / 1988	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 82683568 Office:	Home:
EMAIL:	soh@sunsingapore.com	
ADDRESS	B/K 981A Buangkok Crescent # 11-35 S' 521981	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No:	INSURER:
RELATIONSHIP	(Employee) / If No:	
WEATHER CONDITION	(Clear) / Raining / Other :	
ROAD SURFACE	(Dry) / Wet / Other :	
ANY INJURIES	(No) / If yes : Who?	
CONTACT NO.	NIL	
POLICE REPORT	No / If yes : Where? NIL	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SMJ1696D Any Passenger :	Not sure
NAME	Rasheeda crystal Varnado	
CONTACT NO.	98001650	
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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	rear portion.	
Twin car Automotive P/L		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

Motor Commercial

MZ300/C

N SN

AN0421A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00050152100

Engine No.: HR16186224D

Cha. No.: JN1YAAM20Z0001961

1. Index Mark and Registration
Number of Vehicle

GBL2807P

2. Name of Policy Holder

SUN SINGAPORE SYSTEMS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment28/04/2021
(00:00:00)Excess Sect I S\$450.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

27/04/2022

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.: TAN CHONG CREDIT PTE LTD

* 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: Tan Mingjie
Authorised Officer
Authorised Signatory