

# NATIONAL Assessment Centre Services

SN0222E0004

Date In: 14/2/22 17:32	Job description: SAS e-illing	Date & Time Completed: ✓	Done by: 3
Ref No: NKA/CT122001410/T	E-mail (within 4hrs. At 2hrs)		
Veh No: 9BK 5886 X	I-Motor Claim Form		
DDA: 14/2/22 10:00	I-Motor W/O (Within 1d: 2hrs. 1P: 4hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (Wkst)		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: 8853195H	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:-	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

NA2200398	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Daily (wef 10 Jan 2015)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Inc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NTUC Additional Services:-		
	*N5: Courtesy Car / Trip 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: Mile 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	14/02/2022 17:32 (SGT)
Date of Accident	14/02/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARYMOUNT ROAD TOWARD CITY JUNCTION OF MARYMOUNT TERRACE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5886X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MARKETSTALL TRADING PTE LTD
Company Reg No	2XXXXX071R
Email Address	DANIEL@MARKETSTALL.SG
Mobile Phone No	(Phone) +65-96246346
Alternative Phone No	(Office) +65-96246346

### 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	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00118242101
Cover Note Number	-

### DRIVER

Name of Driver	JASON YAP JIE HAO
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NRIC No	SXXXX834H
Date Of Birth	16/02/1993
Occupation	Outdoor
Date Of Driving Pass	28/08/2015
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88310738
Alt. Phone Number	-
Email Address	DANIEL@MARKETSTALL.SG
Address	BLK 313 SEMBAWANG DRIVE
Address complement	#11-470
Postcode	750313
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	SJS3195H
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)	-----	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

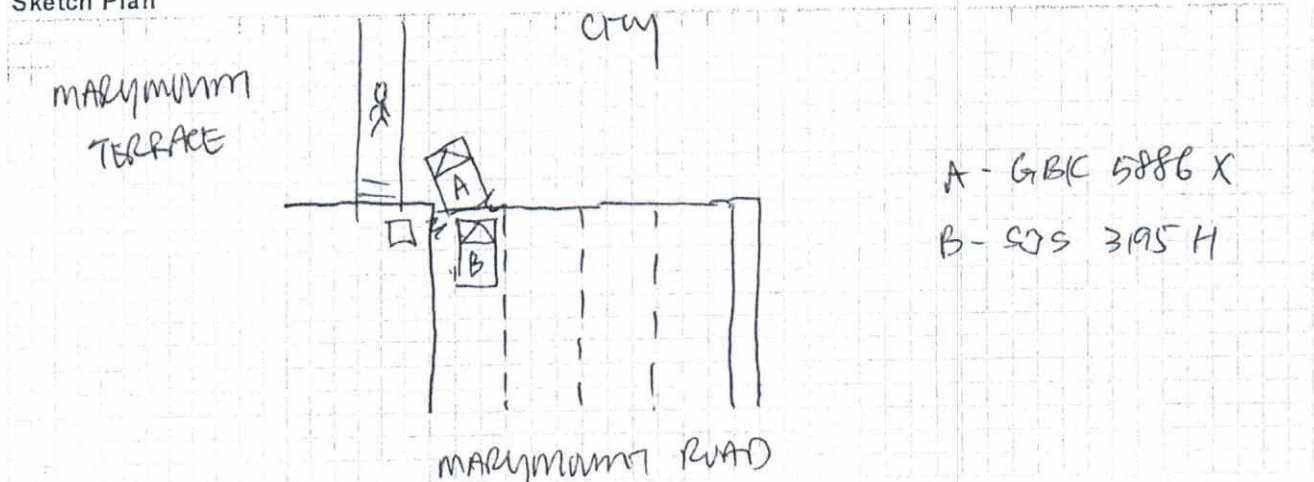


Policyholder's Signature / Date & Time

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 travelling along Marymount Rd towards city junction of Marymount Terrace. I stopped my vehicle waiting to give way pedestrian to crossing the road.

Suddenly, I felt an great impact from my vehicle rear portion. After the accident, I alighted and realized that vehicle (B) hit my vehicle (A) rear portion.

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



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14/02/2022	TIME: 1000 hrs	(hh:mm) 24 hrs Format
LOCATION MARYMOUNT ROAD TOWARD CITY SECTION OF MARYMOUNT TERRACE		
VEHICLE NUMBER GBK 5886 X		
INSURED NAME MARKETSTALL TRADING PTE LTD		
NRIC / FIN 2017 32071 R	CONTACT: 9624 6346	
MAKE TOYOTA	MODEL DYNA	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : (✓) Third Party ( ) Reporting Only		
INSURANCE COMPANY CHINA TAIPIING		
TYPE OF POLICY (✓) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMCVSNW00118242101		
NAME DRIVER: Jason Yap Jie Hao ( ) SAME AS INSURED		
NRIC / FIN S9305834H CONTACT: 8831 0738		
DATE OF BIRTH: 16-02-1993		
DRIVING PASS DATE: 28-08-2015		
OCCUPATION: ( ) INDOOR (✓) OUTDOOR		
GENDER: (✓) MALE ( ) FEMALE		
EMAIL ADDRESS: Daniel@marketstall.sg ( ) NO EMAIL		
ADDRESS OF DRIVER: Blk 313 semba wang Drive # 11-470 S. 750313		
Number Of Passenger Include Driver: DRIVER ONLY		
Was driver an employee of the Insured's Company? (✓) YES ( ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) YES (✓) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (✓) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface : (✓) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES (✓) NO		
Was Anybody Injured In The Accident? ( ) YES (✓) NO		
If YES, Injured details :		
Convey By Ambulance: ( ) YES (✓) NO		
Was There Any Video Capture By Car Camera? ( ) YES (✓) NO		
Was There Accident Reported To The Police? ( ) YES (✓) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party Name / NRIC Contact		
Veh B S3S 3195 H		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		



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.

DMCVSNW00118242101

Engine No.: 1KD2864858

Cha. No.: KDY2318040019

1. Index Mark and Registration  
Number of Vehicle

GBK5886X

AUTOSAFE  
=====

2. Name of Policy Holder

MARKETSTALL TRADING PTE LTD

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

24/09/2021  
(00:00:00)

Excess Sect I. S\$350.00  
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

23/09/2022

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

\* 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