

# NATION 11 Assessment Centre Services

SMF 222 0003

Date In: 26/01/2022 16:34	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N38/C12200179X/Y	E-mail (within 2hrs. After 2hrs):		
Veh No: GRC 13258	i-Motor Claim Form		
DDA: 22/01/2022 09:30	i-Motor W/O (within 24 Hrs. 1P 4hrs)		
DD: <input checked="" type="checkbox"/> Reporting Only	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: SMF 860/C	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 later or 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

X1P2200523	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
			1st Bill	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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2015)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: 1 day DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	• N5: Courtesy Car / Tpt Allowance \$5			
	• N6: Repair Co-ordination \$10			
	• N7: Post Repair Inspection \$25			
	• N8: DV / Collect Excess Coordination \$5			
	• EP (N11): TP (Non-INC) against INC \$20			
	9) N12: 1 day Mobile \$10			
	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	24/02/2022 16:32 (SGT)
Date of Accident	22/02/2022 09:30 (SGT)
Exact Location of Accident	182A Rivervale Cres, Singapore 541182
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1325S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MR BAKERY
Company Reg No	5XXXX680C
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-96631754
Alternative Phone No	+65-96631754

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00127512100
Cover Note Number	-

#### DRIVER

Name of Driver	NEO THO HO
NRIC No	SXXXX776G

Date Of Birth	02/09/1943
Occupation	Outdoor
Date Of Driving Pass	15/06/1976
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96631754
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 461 ANG MO KIO AVENUE 10 #08-1164
Address complement	-
Postcode	560461
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	Collided into Parked Vehicle
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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220222/2070

#### 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	SMF8601C
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) .....	-

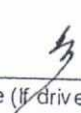
## IMPORTANT NOTICE

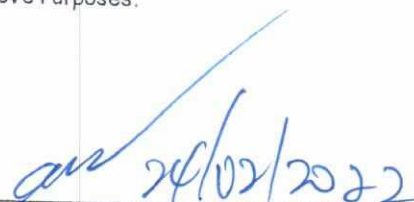
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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

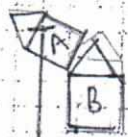
  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

### Ketch Plan

BLK 182 RIVERVALE CRESCENT  
OPEN CARPARK

A = GBC13255  
B = 3MF8601C

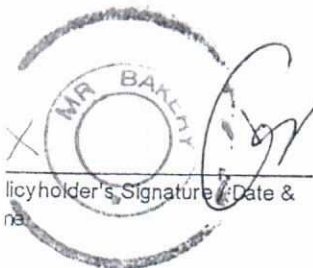



REFER TO POLICE REPORT

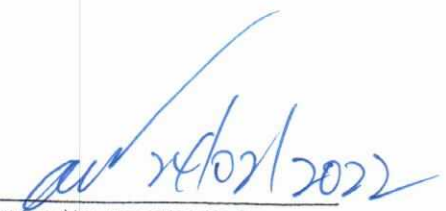
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature & Date & Name  


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


Witnessed by Reporting Centre Personnel  




**SINGAPORE  
POLICE FORCE**



F/20220222/2070

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**POLICE REPORT (NP299)**





Report No. F/20220222/2070

Police Station Of Origin  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Date/Time Report Made 22/02/2022 18:15	Vide Report No.	Station Diary No. 67
Name Of Informant NEO THO HO	Address APT BLK 461 ANG MO KIO AVENUE 10 #08-1164 SINGAPORE 560461	
ID Type / ID No. NRIC NO / S0493776G	Contact No. Home/Office Mobile 96631754	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY MAN	Sex Male	Age 78
Institution/School Name	Date of Birth 02/09/1943	Race Chinese
Date/Time Of Incident 22/02/2022 09:30	Location Of Incident 182A RIVERVALE CRESCENT RIVERVALE ARC SINGAPORE 541182	

**Brief details.**

On 22/02/2022 at about 0930hrs, I was at the carpark of Blk 182A Rivervale Crescent. At that point of time there was vehicle in front of my van(GBC1325S). Hence I make a reverse to allow the vehicle to move. However while I making the reverse, the rear of my van collided onto on vehicle(SMF8601C). The vehicle was parked in a car park lot number 55. The driver of SMF8601C was standing nearby to his vehicle, he approached me and both of us agreed to make a police report.

Signature Of Officer Recording The Report: F / SGT 3 ELAINE ONG EE LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2022 18:15
Officer In-Charge Of Case: F / Sengkang N.P.C / SI MOHAMED SALLEH BIN MOHAMED IBRAHIM Contact No.: 63438999 	Classification Of Case:  SN 75

SIGNATURE



**SINGAPORE  
POLICE FORCE**



F/20220222/2070





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220222/2070

I am lodging this report for my insurance claim. I do not have the particulars of the driver. There is no damages on my vehicle. As for other party, there is a slight damages on its rim.

Signature Of Officer Recording The Report: F / SGT 3 ELAINE ONG EE LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2022 18:15
Officer In-Charge Of Case: F / Sengkang N.P.C / SI MOHAMED SALLEH BIN MOHAMED IBRAHIM Contact No.: 63438999 	Classification Of Case:  S14 75
SIGNATURE	

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 22 / 02 / 2022 (dd/mm/yy)

Time of Accident: 09 : 30 (24-HR-FORMAT)

Vehicle No.: G8C1325S Vehicle Make & Model / Engine (cc): NISSAN Private Hire: (Y / N)

Exact location of Accident: BLK 182A RIVERVALE CRESCENT CARPARK

Policyholder's Name / IC No.: MR BAKER ROC/UEN (Company) 53259680 C

Driver's Name / IC No.: NEO THO HO S0493776G (As Above) ☐

Driver's Contact No.: 96631754 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BLK 461 ANG MO KIO AVENUE 10 #08-1164 SINGAPORE 560461

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: CHINA TAIPIING

Driver Email address: \_\_\_\_\_

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

\*No. of Passengers (Including Driver): 1

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x ( )

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x ( )

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: \_\_\_\_\_

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: ANG MO KIO SOUTH NPC

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SME8001C

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Commercial

MZ300/C

N SN

AN0671A

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. DMCVSNW00127512100

Engine No.: ZD30276475K  
Cha. No.: JN1MG4E25Z0795069

1. Index Mark and Registration Number of Vehicle GBC1325S
2. Name of Policy Holder MR BAKERY
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 02/11/2021 (00:00:00)
4. Date of Expiry of Insurance 01/11/2022

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.

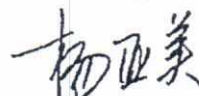
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: KSL INSURANCE AGENCY 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