

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|------------------------------------------|-----------------------|---------|
| Date In: 07/03/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CI22002069/13 | SAS e-filing | | |
| Veh No: 4N87672 | E-mail (within 8hrs. AP: 2hrs) | | |
| D.O.A: 24/02/22 1455 | i-Motor Claim Form | | |
| OD: TP (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: SDH2888C | 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 |
|-----------|---------|
| | |
| | |
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| | |
| | |

| | | | |
|---------------------------------|-------------------------------------------------|----------------------|----------------------|
| NA2200646 | 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) RT: 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:- | | |
| | OP* | | |
| | *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 | 07/03/2022 14:50 (SGT) |
| Date of Accident | 24/02/2022 14:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | AYE EXIT 11 TWDS CLEMENTI |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | YN8767Z |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | EBENEZER NDT SERVICES PTE LTD |
| Company Reg No | 1XXXXX920N |
| Email Address | selphk38@gmail.com |
| Mobile Phone No | (Phone) +65-97823996 |
| Alternative Phone No | +65-97823996 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------|
| Manufacturer | Hino |
| Model | HINO XZU710R-HKFMS3 |
| 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 | 4009 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------------------------------|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCVSNA00059232100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------------------------|
| Name of Driver | DANIAL ADZHAR BIN AHMAD MUZZAMIR |
| NRIC No | SXXXX541C |

| | |
|--------------------------------------------------------------|-------------------------|
| Date Of Birth | 02/04/1997 |
| Occupation | Outdoor |
| Date Of Driving Pass | 14/07/2016 |
| Driving experience | 5 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90622905 |
| Alt. Phone Number | - |
| Email Address | selphk38@gmail.com |
| Address | BLK 745 PASIR RIS ST 71 |
| Address complement | #03-67 |
| Postcode | 510745 |
| 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 | SDH2888C |
| 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

8767

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. 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



A. 4N87672
B. 8D42888C

AYE EXIT 11 TOWARDS CLEMENTI.

Describe Circumstances of the Accident

VEH IN FRONT OF ME SLOW DOWN AND STOP MY VEH
CANT STOP IN TIME AND HIT ONTO VEH IN FRONT MY REAR
PORTION.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

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

[Signature] 07/03/22

Witnessed by Reporting Centre Personnel



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespi@gmail.com

VEHICLE NO: YN18T6TZ MAKE/MODEL: ISUZU

DATE OF ACCIDENT: 24/02/2021 TIME: 14 HR 55 MIN AM (PM)

LOCATION OF ACCIDENT: AYE EXIT 11 TOWARDS CLUBHOUSE

EXACT PURPOSE USE DURING ACCIDENT: WORKING

CAR OWNER

NAME OF CAR OWNER: BBBUTZER WDT SERVICES PTE LTD
CONTACT NO: 97823996 email: seipak38@gmail.com
NRIC: 1997038201
CLAIM TYPE: ☐ OD ☐ THIRD PARTY ☒ REPORTING ONLY
INSURANCE COMPANY: CHINA TAIBING
TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
POLICY NO: _____

ACCIDENT DRIVER

NAME OF DRIVER: DANIEL ADZHAR BIN AHMAD MUHAMMAD
NRIC: 89710541C NO OF PASSENGER/S: 1
DATE OF BIRTH: 02-04-1997
OCCUPATION: _____
DATE OF DRIVING PASS: 14/07/2016
GENDER: ☒ MALE ☐ FEMALE
CONTACT NO: 90622905
ADDRESS: CIAN TIEK WAY

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO: _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: DRIVER

WEATHER CONDITION: ☒ CLEAR ☐ RAINING OTHER: _____
ROAD SURFACE: ☒ DRY ☐ WET OTHER: _____

ANY INJURIES: ☒ NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: ☒ NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: ☒ NO/ YES

3RD PARTY INFO

VEHICLE B NO: SDH288PC NO OF PASSENGER/S: 0

NAME: _____

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S: _____

VEHICLE D NO: _____ NO OF PASSENGER/S: _____

VEHICLE E NO: _____ NO OF PASSENGER/S: _____

VEHICLE F NO: _____ NO OF PASSENGER/S: _____

ANY WITNESS: _____

WITNESS CONTACT NO: _____



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

MZ301/C

E SN

AN0679A

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.

DMCVSNA00059232100

Engine No.: N04CUS23516

Cha. No.: JHHUCS3H40K013941

1. Index Mark and Registration
Number of Vehicle

YN8767Z

2. Name of Policy Holder

EBENEZER NOT SERVICES PTE LTD

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

21/01/2022
(00:00:00)

Excess Sect I : S\$1,000.00
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

23/05/2022

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes

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 racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

HIRED PURCHASE CO. : MAYBANK

* 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:

Moses Chia Wen Jye

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

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