

# NATIONAL Assessment Centre Services

Date In: 07/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22002110/13	SAs e-filing		
Veh No: GBC5408G	E-mail (within 8hrs. AD 2hrs)		
D.O.A: 04/03/22 1715	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: QD 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: SML9115B	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

NA2200640

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	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) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*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 17:38 (SGT)
Date of Accident	04/03/2022 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF QUEENSWAY RD & MARGARET DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5404X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SGM7 PTE LTD
Company Reg No	2XXXXX437E
Email Address	sgleasing@outlooks.com
Mobile Phone No	(Phone) +65-84211426
Alternative Phone No	+65-84211426

#### 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	1461

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00088652100
Cover Note Number	-

#### DRIVER

Name of Driver	CHRISTOPHER ALEXANDER MICHAEL
NRIC No	SXXXX149Z

Date Of Birth	22/03/1996
Occupation	Outdoor
Date Of Driving Pass	01/11/2019
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96333527
Alt. Phone Number	-
Email Address	cam2203@yahoo.com.sg
Address	BLK 131A LOR 1 TOA PAYOH
Address complement	#36-534
Postcode	311131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SML9115B
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHRISTOPHER ALEXANDER MICHAEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC5404X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### 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.

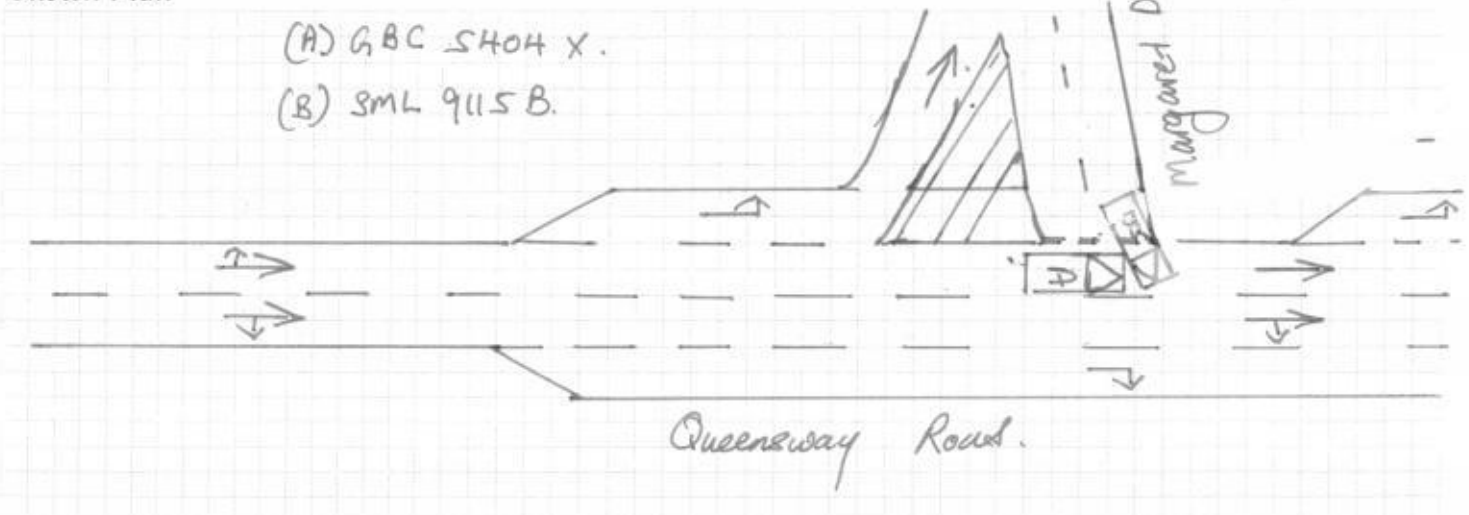


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

On 04/03/2022 at @ 1715 hrs, I was travelling in my vehicle (ABC 5404 X) along Queensway Road towards the direction of Bukit Merah. While approaching the junction of Margaret Drive, I was travelling on the left lane proceeding straight. Suddenly, a car (SML 91158) coming out from Margaret Drive did not stop to give way. As a result, my vehicle front left portion collided onto the right side of the said vehicle.

Declaration

I/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

07/03/22

Witnessed by Reporting Centre Personnel



VEHICLE NO:	GBC 5404X		MAKE & MODEL:	Nissan NV200		AUTO	(MANUAL)
DATE OF ACCIDENT:	04/03/2022		CC:	1461			
TIME OF ACCIDENT:	1715 HRS						
LOCATION OF ACCIDENT:	Queensway Road junction Margaret Drive.						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	SGM7 PTE LTD.						
TEL NO:	H/P: 8421 1426		FFICE:	HOME:			
NRIC:	201729437E						
ADDRESS:	15, Yeehun Industrial St 1 #01-08, Wzn 5 (S) T68091						
EMAIL:	sgleasing@outlook.com						
CLAIM TYPE:	OD / (THIRD PARTY) REPORTING ONLY						
FLEET POLICY:	YES (NO?)						
INSURANCE COMPANY:	China Taiping						
TYPE OF COVERAGE:	(Comprehensive) Third Party / Third Party Fire & Theft						
POLICY NO:	DMCVSNW00088652100						
NAME OF DRIVER:	AS ABOVE / IF NO: Christopher Alexander Michael						
NRIC:	S 96101492 ANY PASSENGER: N.A.						
DATE OF BIRTH:	22/03/1996 LICENCE PASSED DATE: 01/11/2019						
OCCUPATION:	(OUTDOOR) / INDOOR						
GENDER:	(MALE) / FEMALE						
CONTACT NO:	H/P: 9633 3527		OFFICE:	HOME:			
ADDRESS:	BLK 131A Lor 1 Tan Ayah #36-534 (S) 311131						
EMAIL:	cam2203@yahoo.com.sg						
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO: INSURER:						
RELATIONSHIP:	Hirer						
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:						
ROAD SURFACE:	(DRY) / WET / OTHER:						
ANY INJURIES:	NO / IF YES, WHO?						
NAME & CONTACT:	Christopher Alexander Michael (H/P: 9633 3527)						
NAME & CONTACT:							
POLICE REPORT:	(NO) / IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?						
VEHICLE B REG NO:	SML 9115 B		ANY PASSENGERS:	02 (F)			
NAME OF DRIVER:							
VEHICLE C REG NO:							
VEHICLE D REG NO:							
VEHICLE E REG NO:							
VEHICLE F REG NO:							
VEHICLE G REG NO:							
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:						
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)						
WAS THERE ANY AUDIO RECORDED?	YES / (NO)						
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO						
ACCIDENT PORTION:	Front left Portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES (NO)						
WORKSHOP PARTICULAR:	N-S1 Automotive Pte Ltd.						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	JOSEPH TAN						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						

Motor Commercial

MZ407/C

N SN

AN0663A

Cov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1956 (Malaysia)

CERTIFICATE No

DMCVSNW00088652100

Engine No.: K9KF276D126670

Cha. No.: VSKYBAM20U0031657

1. Index Mark and Registration  
Number of Vehicle

GBC5404X

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

SGM7 PTE. LTD.

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

22/07/2021  
(15:30:18)

Excess Sect I S\$1,500.00

Excess Sect II S\$1,500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

21/07/2022

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.  
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use \*

- (1) Use in connection with the Policyholder's business and Hirer's Business.
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.
- (3) Use for social, domestic or pleasure purpose.

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 (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

SGM7 PTE. LTD.

Authorised Officer

Authorised Signatory