

NATIONAL Assessment Centre Services

Date In: 09/03/2022 15:43	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22002213/M4	SAS e-filing		
Veh No: YN 6051T	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 07/03/2022 11:03	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: SMJ 4881R	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

NA 2200629

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

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:-		
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	09/03/2022 15:43 (SGT)
Date of Accident	07/03/2022 11:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARKET STREET TOWARDS CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6051T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAI LOGISTICS
Company Reg No	5XXXX337C
Email Address	TAMOKILIM77@GMAIL.COM
Mobile Phone No	(Phone) +65-94882431
Alternative Phone No	+65-94882431

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00088362102
Cover Note Number	-

DRIVER

Name of Driver	KOH KUAN YONG, ALBERT (XU GUANGYONG, ALBERT)
NRIC No	SXXXX227D

Date Of Birth	20/09/1978
Occupation	Outdoor
Date Of Driving Pass	24/06/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88211323
Alt. Phone Number	-
Email Address	ALB3RTKOH@GMAIL.COM
Address	BLK 436A FERNVALE ROAD
Address complement	#18-188
Postcode	791436
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

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	SMJ4881R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	-
Contact Number	(Phone) +65-88232210
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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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.

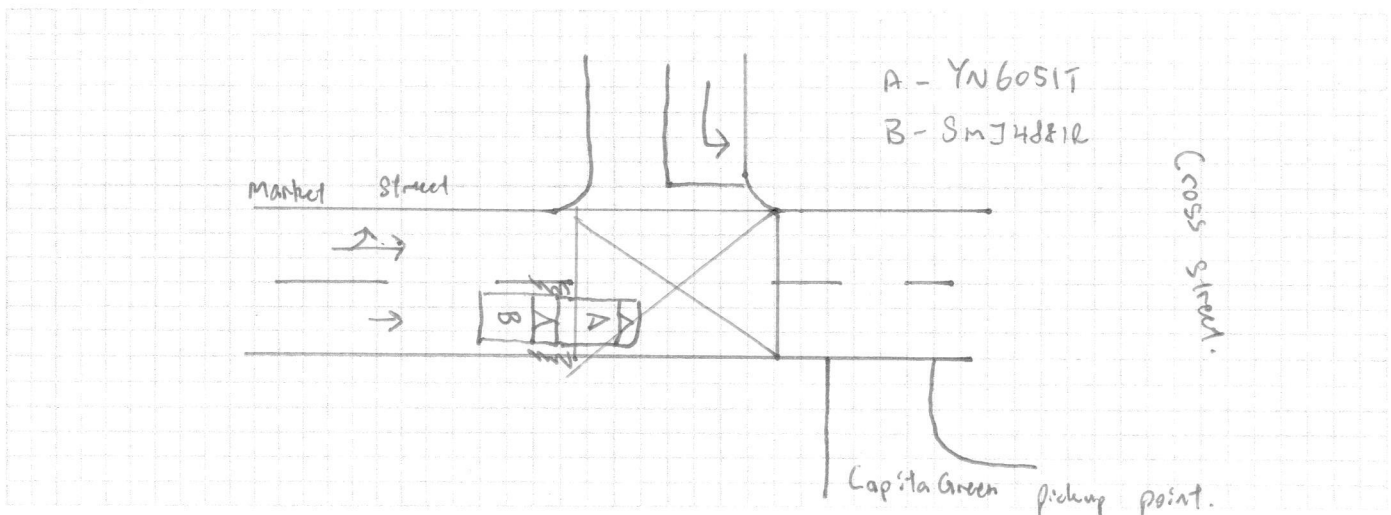


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per above date and time, I was driving my company lorry YN605IT along market street towards cross street on the most right lane. I wanted to turn left into small alley road before CapitaGreen pickup point but I overshoot. As such, I stopped my vehicle and reverse. I did not noticed Veh(B) Smg 4881R was behind my vehicle in stationary stopped position and made reverse. As a result, my vehicle rear portion collided onto Veh(B) Smg 4881R front portion.

Veh A - YN605IT
Veh B - Smg 4881R.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X

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

R 09/3/22

Witnessed by Reporting Centre Personnel

VEHICLE NO:	YN6051T	MAKE & MODEL:	Mitsubishi Pajero Canter	AUTO / MANUAL
DATE OF ACCIDENT:	07/03 / 2022	CC:	2998 cc	
TIME OF ACCIDENT:	1103 HRS			
LOCATION OF ACCIDENT:	Market Street towards Cross Street			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Hai Logistics			
TEL NO:	H/P: 9488 2431	OFFICE:	HOME:	
NRIC:	53391337C			
ADDRESS:	55 Telok Blangah Drive #04-56 S(100055)			
EMAIL:	TAMOKILIM77@gmail.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:	DMCVSNW00088362102			
NAME OF DRIVER:	AS ABOVE / IF NO: Koh Kuan Yong, Albert			
NRIC:	87828227D	ANY PASSENGER:	1 (male) colleague	
DATE OF BIRTH:	20/04/1978	LICENCE PASSED DATE:	24/06/2008	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 8821 1323	OFFICE:	HOME:	
ADDRESS:	436A Fernvale Rd #18-188 S(791436)			
EMAIL:	ALB3RTKOH@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Employee			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SMJ 4881P	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:	unknown	CONTACT NO:	8823 2210	
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
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:	Rear portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Jun Ming.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Commercial

MZ301/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.

DMCVSNW00088362102

Engine No.: 4P10B29353

Cha. No.: FEB21EA00755

1. Index Mark and Registration
Number of Vehicle

YN6051T

AUTOSAFE
=====

2. Name of Policy Holder

HAI LOGISTICS

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

15/08/2021
(00:00:00)

Excess Sect I . S\$450.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

14/08/2022

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.

HIRE PURCHASE CO.: ABS FINANCIAL PTE LTD AS HP OWNER

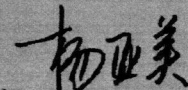
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

Issued By: ABS INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
116-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com