

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 14/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22002314/13	SAS e-filing		
Veh No: QBF12215	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/03/22 1330	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: SGU87507	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 2200694

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	14/03/2022 11:35 (SGT)
Date of Accident	13/03/2022 13:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CITY EXIT INTO PIE(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1221S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAN JIE JI ZHEN TAM
Company Reg No	5XXXX499J
Email Address	kimchoo6939@gmail.com
Mobile Phone No	(Phone) +65-98170792
Alternative Phone No	+65-98170792

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00109002100
Cover Note Number	-

DRIVER

Name of Driver	TAN CHOO BENG
NRIC No	SXXXX723Z

Date Of Birth	09/11/1959
Occupation	Outdoor
Date Of Driving Pass	15/06/1988
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98170792
Alt. Phone Number	-
Email Address	kimchoo6939@gmail.com
Address	BLK 149 SILAT AVE
Address complement	#03-68
Postcode	160149
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	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	SGU8750Y
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	TAN CHOO BENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF1221S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

SAN JIE JI ZHEN TAM

149 SILAT AVENUE

#03-68 SINGAPORE 160149

REG NO.: 53063499J

1 DRIVER / OTHER

San Jie Ji Zhen Tam

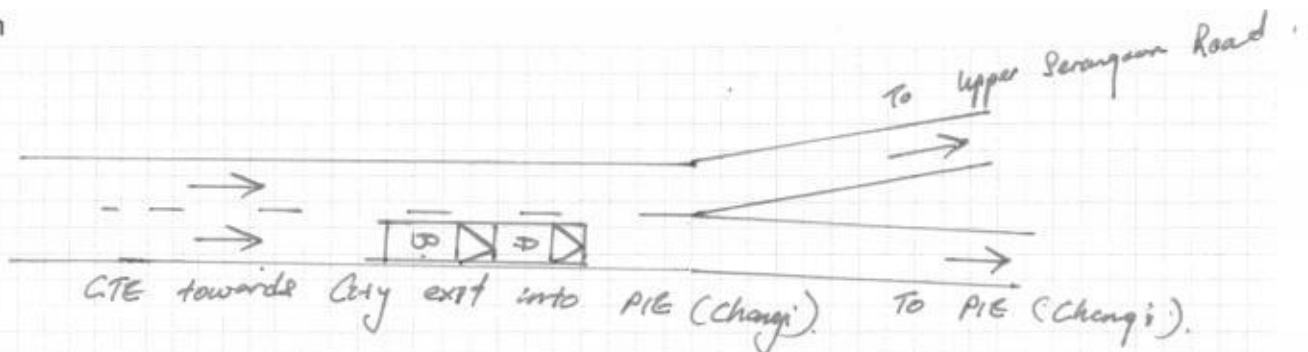
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Shym 14/03/22

Sketch Plan



(A) GBF 1221S

(B) SGU 8750Y

Describe Circumstances of the Accident

On 13/03/2022 at @ 1330hrs. I was travelling in my vehicle (GBF 12218) along CTE towards City, exit into Prt towards Changi on the right lane. I was moving slowly following the flow of traffic as there was a traffic jam ahead. Suddenly, a car (SGU 8750Y) from behind collided onto the rear portion of my vehicle.

Declaration


We declare the foregoing particulars are true in every respect.

SAN JIE JI ZHEN TAM
149 SILAT AVENUE
#03-68 SINGAPORE 160149
REG NO: 53063499J
1 DRIVER 1 OTHER

Policyholder's Signature / Date &
Time



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

 14/03/22

Witnessed by Reporting Centre
Personnel

VEHICLE NO:	GBF 1221 S		MAKE & MODEL:	Toyota Space Super GL(AUTO) MANUAL	
DATE OF ACCIDENT:	13 / 03 / 2022		CC:	2754	
TIME OF ACCIDENT:	1330 HRS				
LOCATION OF ACCIDENT:	CTE towards City exit into PIE (Changi)				
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE				
NAME OF OWNER:	SAN JIE JI ZHEN TAM				
TEL NO:	H/P: 9817 0792		OFFICE:	HOME:	
NRIC:	S3063499J				
ADDRESS:	149 Silet Ave #03-68 (S) 160149				
EMAIL:	kimchoo6939@gmail.com				
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMCVSNW00109002100				
NAME OF DRIVER:	AS ABOVE / IF NO: TAN CHOO BENG				
NRIC:	S1380723Z		ANY PASSENGER:	N.A.	
DATE OF BIRTH:	09 / 11 / 1959		LICENCE PASSED DATE:	15 / 06 / 1988	
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR				
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
CONTACT NO:	H/P: 9817 0792		OFFICE:	HOME:	
ADDRESS:	BLK 149 Silet Ave #03-68 (S) 160149				
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING / OTHERS:				
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET / OTHER:				
ANY INJURIES:	NO <input checked="" type="checkbox"/> IF YES, WHO?				
NAME & CONTACT:	TAN CHOO BENG (H/P: 9817 0792)				
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?				
VEHICLE B REG NO:	SGU 8750 Y		ANY PASSENGERS:	01 (M)	
NAME OF DRIVER:			CONTACT NO:		
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
ACCIDENT PORTION:	Rear Portion -				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
WORKSHOP PARTICULAR:	N-51 Automotive Ate Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Commercial

MZ300/C

E SN

AN0676A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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. DMCVSNW00109002100

Engine No.: 1GD8405698

Cha. No.: GDH2011022370

1. Index Mark and Registration
Number of Vehicle

GBF1221S

AUTOSAFE

2. Name of Policy Holder

SAN JIE JI ZHEN TAM

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment09/09/2021
(00:00:00)Excess Sect I, S\$500.00
EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

08/09/2022

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.: MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

* 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: _____
Zhong YueQiang
Authorised Officer

Authorised Signatory