

ATTENTION: Assessment Centre Services **SN0822360009**

Date In: 21/03/2022 19:02	Ref No: NBA/C1122005987	Veh No: GBF 8537K	DOA: 18/08/2022 11:23
TP Insured: TP Reporting Only	Job Description: SAS e-filing E-mail (within 24 hrs): i-Motor Claim Form i-Motor W/O (Within 24 hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SLC 11058	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

NA2200750	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100); INC (\$30) 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 2015) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- OIL *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		Amt (\$) 1st Bill Amt (\$) Add Bill
Claimant's Particulars:-			
Driver/Owner:			
Contact No:			
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors' Comments:-			
Cat. 1:			
Cat. 2 / 3:			

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	21/03/2022 19:02 (SGT)
Date of Accident	18/03/2022 11:23 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8537K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FORWARD ENGINEERING & CONSTRUCTION
Company Reg No	5XXXX801E
Email Address	raymond.dreamworks@gmail.com
Mobile Phone No	(Phone) +65-98946069
Alternative Phone No	(Office) +65-63685125

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00025432101
Cover Note Number	-

DRIVER

Name of Driver	WEE SIANG KIAT
NRIC No	SXXXX761G

Date Of Birth	17/02/1983
Occupation	Outdoor
Date Of Driving Pass	28/10/2008
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98946069
Alt. Phone Number	-
Email Address	raymond.dreamworks@gmail.com
Address	BLK 403 YISHUN AVENUE 6 #11-1226
Address complement	-
Postcode	760403
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BISWAS PATI
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

PLEASE REFER TO SKETCH PLAN

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	SLC1105S
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 WEE SIANG KIAT
 Gender Male
 Phone No (Phone) +65-98946069
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? GBF8537K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person BISWAS PATI
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? GBF8537K
 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.

FM 远景建筑工程
FORWARD ENGINEERING & CONSTRUCTION
7 Gambas Crescent #06-13
ARK @ Gambas Singapore 757087
Tel: (65) 6368 5125

Policyholder's Signature / Date &
Time

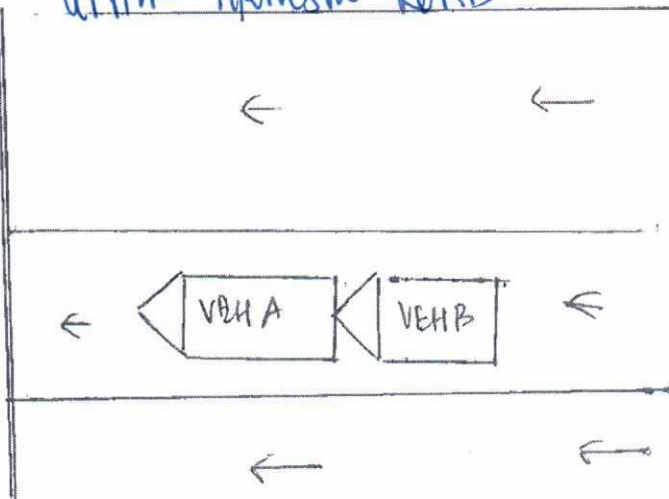
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

TRAFFIC
JUNCTION

UPPER THOMSON ROAD



A) GBF8531K
B) SLC1105S

Describe Circumstances of the Accident

On stated date and time, I was driving along UPPER THOMSON ROAD and stop at a traffic junction as it was redlight. Within a sec while my vehicle A (GBF 8537K) was at a station position, Vehicle B (SLC 11058) which behind my vehicle bang onto my rear portion. It was a great forceful impact. In my vehicle there is another passenger as well. I get down and check the situation, we exchange particular and due to the impact, both me and my passenger was hurt during the incident.

Vehicle A GBF 8537K

Vehicle B SLC 11058

Declaration

We declare the foregoing particulars are true in every respect.

For 远景建筑工程
FORWARD ENGINEERING & CONSTRUCTION
7 Gambas Crescent #06-13
ARK @ Gambas Singapore 757087
Tel: (65) 6368 5125

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

21/03/2022

ACCIDENT STATEMENT

Date of accident: 18-03-2022 Time: 1123 HRS
 Location of accident: UPPER THOMSON ROAD

Details of Own Vehicle

Vehicle Number: GBF8537K Make/Model: _____
 Insurer: CHINA TAIPIING Passenger (incl. Driver): 2 (Male)
 Policy No: DMCVSNW00025432101 Policy Type: C/ TPFT/ TPO

Policyholder

Name: FORWARD ENGINEERING & CONSTRUCTION NRIC/FIN no.: 53040801E
 Contact no.: 6368 5125

Driver

Name: WEE SIANG KAT NRIC/FIN no.: S8363761G
 Contact no.: 9894 6069 D.O.B: 17-02-198
 Email: raymond.dreamworks@gmail.com Occupation: OUTDOOR
 Address: BLK 403 YISHUN AVE 6 #11-1226 (760403)
 Driving pass date: 28.10.2008 Relationship with Policyholder: OWNER

General Information

Weather conditions: Clear Raining Road surface: Dry Wet
 Police report: Yes/ No Video Footage: Yes/ No
 Prosecution Letter: Yes/ No If Yes against whom: _____
 Injuries: Yes No If Yes, provide Injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)
<u>WEE SIANG KAT</u>	<u>GBF8537K</u>	<u>YES</u>	<u>NO</u>
<u>BISWAS PATI</u>	<u>GBF8537K</u>	<u>YES</u>	<u>NO</u>

Details of Third party

Vehicle B	Vehicle C
Vehicle no.: <u>SLC11058</u>	
Driver name:	
NRIC/ FIN no.:	
Contact no:	
Insurance Co:	
Remarks: (Make/Model, Passenger, property Info & etc)	

Detail of Witness

Witness 1	Witness 2
Name:	
Contact no.:	

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party Reporting Only
 Workshop: _____

Policyholder/

driver

Signature: 远景建筑工程
FORWARD ENGINEERING & CONSTRUCTION
 7 Giambas Crescent #06-13
 ARK (a) Giambas Singapore 757087
 Tel: (65) 6368 5125



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

MZ300/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.

DMCVSNW00025432101

Engine No.: 1KD2618245

Chs. No. KDY2318025096

1. Index Mark and Registration
Number of Vehicle

GBF8537K

AUTOSAFE

2. Name of Policy Holder

FORWARD ENGINEERING & CONSTRUCTION

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

07/04/2021
(00.00.00)

Excess Sect I. S\$350.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

06/04/2022

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. : HONG LEONG FINANCE 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
2 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com