

NATIONWIDE ASSESSMENT CENTRE SERVICES

SN0822470002

Date: 19/04/2022 11:14
Ref: N/A22003545/Y
Tel: GBB 5097Y
Fax: 16/04/2022 09:50
TP: TP Reporting Unit

Job Description: New Loss Completed
SAS e-filing
E-mail (e-filing) (1/200)
i-Motor Claim Form
i-Motor W/O (e-filing) (1/200)
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: GBS 2759E

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 or repairer

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Unit 1:

Unit 2/3:

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Inc Bill

Amf Bill

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

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 \$15

7) N1: Idac DA + SMRT Survey \$160

8) NTUT Additional Services:-

QUT:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Paper Coordination \$20

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

*N9: L.P.C. (11) / T.P.C. (11) Against INC \$20

9) N12: Idac Mo. \$5

Invoice dated

Free Charges

Invoice total

Free Charges

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	19/04/2022 11:14 (SGT)
Date of Accident	16/04/2022 09:50 (SGT)
Exact Location of Accident	94 Jalan Senang, Singapore 418467
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5697Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DYNAMIC CAR RENTAL
Company Reg No	5XXXX467K
Email Address	shiyong.ong@fastechauto.com.sg
Mobile Phone No	(Phone) +65-96876872
Alternative Phone No	+65-96876872

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	Private car
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	DMCVSNA00123272101
Cover Note Number	-

DRIVER

Name of Driver	TAN KANG SIONG
NRIC No	SXXXX659F

Date Of Birth	21/02/1951
Occupation	Indoor
Date Of Driving Pass	21/10/1970
Driving experience	51 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96876872
Alt. Phone Number	-
Email Address	shiyong.ong@fastechauto.com.sg
Address	BLK 877 TAMPINES STREET 84 #07-50
Address complement	-
Postcode	520877
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	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

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	GBJ2759E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

Handwritten signature: 94 JAVAN SINGAPORE

Handwritten date: 19/06/2022

Handwritten text: A: GBB 5697Y, B: GBJ 2759E

Sketch Plan area with grid lines and handwritten markings: 9A, A, CD.

Describe Circumstances of the Accident

On 16.04.2022 at about 09:50 am. I was parked at 94 Jalan Senang. Suddenly, vehicle B hit my rear portion of my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel

[Signature] 19/04/2022

No. 22249

Date of Accident : 16.04.2022 Accident Time : 09:50 am (24-HR-Format)

Accident Place : 94 Jalan Senang.

Vehicle No (Car Plate No) : GBB 5697Y Make/Model: Nissan Urvan

Insurance Company : China Taiping Policy No: DMCVSNA00123272101

Fleet Policy : (YES) / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Dynamic Car Rental (52928467K)

Owner Contact No : _____ Owner's Hp _____ Company Tel _____

Driver Name / IC No : Tan Kang Siong (80060659F)

Driver's Date of Birth : 21.02.1951 Driver's License Pass Date: 21.10.1970

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Hirer

Driver's Address : Blk 877 Tampines street 84 #07-50 S (520877)

Driver's Contact No : 1) 9687 6872 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : shiyong.ong @ fastechauto .com .sg

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : —

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : —

Other Party Driver's Particular (if any)

Vehicle B No : <u>GBJ 2459E (China)</u>	Name & Contact No: _____
Vehicle C No : _____	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

Motor Commercial

MZ407/C

R SN

AN0707B

Cov. Type:T

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. DMCVSNA00123272101 Engine No.: ZD30226006K
Cha. No.: JN1MG4E25Z0792659

1. Index Mark and Registration Number of Vehicle GBB5697Y

2. Name of Policy Holder DYNAMIC CAR RENTAL

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 14/10/2021 (00:00:00) Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance 13/10/2022

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 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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory