

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 05/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22004122/m4	SAS e-filing		
Veh No: GBB 3605B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/05/2022 09:30	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: SLG 4113C	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 2201179	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	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			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	05/05/2022 08:11 (SGT)
Date of Accident	04/05/2022 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) THOMSON FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3605B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SONKAI PRECISION ENGINEERING PTE LTD
Company Reg No	1XXXXX523D
Email Address	sonkai@singnet.com.sg
Mobile Phone No	(Phone) +65-96847855
Alternative Phone No	+65-96847855

#### VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	1248

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00003392211
Cover Note Number	-

#### DRIVER

Name of Driver	KWAN TUNG FOON
NRIC No	SXXXX179H



Date Of Birth	11/10/1955
Occupation	Outdoor
Date Of Driving Pass	10/07/1982
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96847855
Alt. Phone Number	-
Email Address	sonkai@singnet.com.sg
Address	2023 BUKIT BATOK STREET 23
Address complement	#04-72
Postcode	659528
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	Raining
Road Surface	Wet

#### 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	SLG4113C
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	KWAN TUNG FOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB3605B
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



X *Kuan Eng Joon*

Policyholder's Signature / Date &  
Time



*Kuan Eng Joon*

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

*R* 04/05/22

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

PIE(CHANG2) THOMSON FLYOVER

A: GBB8605B

B: SLG4113C





**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG PIE (CHANGI) THOMSON FLYOVER. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

x Kuan Ing Joon  
Policyholder's Signature / Date & Time



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



R 4/5/22  
Witnessed by Reporting Centre Personnel




# Accident Reporting Draft

VEHICLE NO: GBB3605B

MODEL: FIAT DOBLO

AUTO/MANUAL

DATE OF ACCIDENT	4/5/2022	C.C: 1,248
TIME OF ACCIDENT	0930	HRS <u>AM</u> /PM
LOCATION OF ACCIDENT	PIE (CHANGI) THOMSON FLYOVER	
EXACT PURPOSE USE DURING ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	SONKAI PRECISION ENGINEERING PTE LTD	
CONTACT NO.	96847855 (D)	EMAIL: sonkai@singnet.com.sg
NRIC	198804523D	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : KWAN TUNG FOON	
NRIC	S2206179H	ANY PASSENGER: 0
DATE OF BIRTH	11/10/1955	
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS	<del>18/4/2008</del> <u>10/7/1982 (class 3)</u>	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	96847855 (D)	EMAIL: sonkai@singnet.com.sg
ADDRESS	2023 BUKIT BATOK STREET 23 #04-72 S(659528)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:	
WEATHER CONDITION	CLEAR / <u>RAINY</u> / OTHER: RAINY	
ROAD SURFACE	DRY / <u>WET</u> / OTHER: WET	
ANY INJURIES	NO / IF <u>YES</u> : YES - (KWAN TUNG FOON) - (M)	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<u>NO</u> / YES <u>NO</u> / IF YES: WHO?	
AUDIO RECORDING	<u>NO</u> / YES SCENE PHOTO(S) <u>NO</u> / YES	
VEHICLE B NO.	SLG4113C	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p><b>Ryder</b> Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?		
	<u>NO</u> / YES	



Motor Commercial

MZ300/C

R SN

AN0421A

Cov. Type:F

### 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.

DMCVSNW00003392211

Engine No.: 199A20002678323

Cha. No.: ZFA22300005618627

1. Index Mark and Registration  
Number of Vehicle

GBB3605B

2. Name of Policy Holder

SONKAI PRECISION ENGINEERING PTE LTD

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

12/01/2022  
(00:00:00)

4. Date of Expiry of Insurance

11/01/2023

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.

\* 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:

VITESSE SOLUTIONS  
Authorised Officer

Authorised Signatory