

# NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SMQ822500002

Date In: 30/05/2022 14:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A 8/CT 2200050674	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GB36471A	I-Motor Claim Form		
D.O.A: 28/05/2022 18:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	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: SMQ 76454

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( ) % [Note-Bst. 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: 6758 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000]: ( )

Injury:

Date/Time

Actions

## Invoice Preparation Checklist:

- | Item  | Amount (\$) | Amount (\$) |
|---|-------------|-------------|
| 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) NI: Idao DA + SMRT Survey                    | \$160       |             |
| 8) NTUC Additional Services:                    |             |             |
| ON:   |             |             |
| *N3: 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: Idao Mobile                             | \$0         |             |

Invoice dated

Fee Charged

Invoice dated

Fee Charged

N/A 2201464

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

1.1:

1.2/3:



## 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	30/05/2022 14:45 (SGT)
Date of Accident	28/05/2022 18:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CHANGI (BEFORE ALEXANDRA EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6471A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YI JIA FLORIST
Company Reg No	XXXXX151X
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-90695740
Alternative Phone No	+65-90695740

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00018812200
Cover Note Number	-

### DRIVER

Name of Driver	FOO SIE ANN
NRIC No	SXXXX943E

Date Of Birth	01/01/1956
Occupation	Indoor
Date Of Driving Pass	02/06/1979
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90695740
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 126A EDGEDALE PLAINS #12-342
Address complement	-
Postcode	821126
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	COLLEQUE
Gender	Male

#### PASSENGER 2

Name	COLLEQUE
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	SMQ2649Y
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)	-



## 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.
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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.

Blk 13 Haig Road #01-29/30/31

Singapore 430013

HP: 9488 1918

Tel: 6745 2129

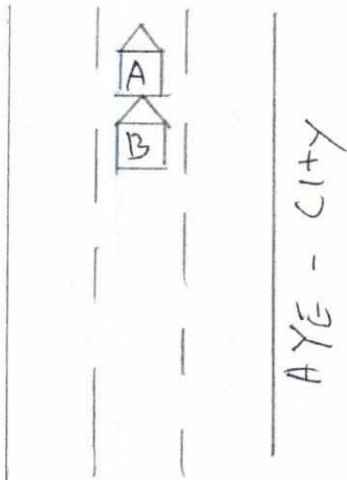
www.yijiaflorist.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = GBB 6471 A

B = SMQ 2649 Y

Describe Circumstances of the Accident

I was traveling along AYE towards City,  
while I drive pass portdown Exit I slowed down  
and stop due to front traffic, Suddenly vehicle B  
collided onto the rear of my car.

Declaration

艺佳鲜花

We declare the foregoing particulars are true in every respect.

Blk 13 Haig Road #01-29/30/31

Singapore 430013

HP: 9488 1918

Tel: 6745 2129

www.yijiaflorist.com.sg

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

30/05/2022

M

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 28/05/2022 (dd/mm/yy) Time of Accident: 18:15 (24-HR-FORMAT)

Vehicle No. GBB 6471A Vehicle Make & Model / Engine (cc): \_\_\_\_\_ Private Hire: (Y (N))

Exact location of Accident: ATE towards Changi (Before Hkandke Exit)

Policyholder's Name / IC No.: YI SIA Florist ROC/UEN (Company): \_\_\_\_\_

Driver's Name / IC No.: FOO SIE ANN SC2163443E (As Above) ☐

Driver's Contact No.: 9069 5740 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BK 126A Edgedale Plains #12-342 SC821126

Owner Email address: \_\_\_\_\_ Insurance Company: China Taiping

Driver Email address: CS8558CS@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative (Employee) / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

\*No. of Passengers (Including Driver): 3

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x(✓)

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x(✓)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: \_\_\_\_\_

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SMQ 2649Y

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





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

N SN

AN0740A

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. DMCVSNW00018812200 Engine No.: ZD30229305K  
Cha. No.: JN1SC2F24Z0801050

1. Index Mark and Registration Number of Vehicle GBB6471A

2. Name of Policy Holder YI JIA FLORIST

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 21/02/2022 (00:00:00)

4. Date of Expiry of Insurance 20/02/2023

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: TATCO ENTERPRISE  
Authorised Officer

Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com

達高企業  
TATCO ENTERPRISE  
250/252 JALAN KAYU  
SINGAPORE 799475/78  
TEL: 6482 0153 FAX: 6481 1903