

NATIONAL Assessment Centre Services (Ref: JAC05)

Date In: 09/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/012200550613	SAS e-filing		
Veh No: SJL 9656S	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 09/06/22 0930	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: GBL1764K	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

NA2201602	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
<u>Cat 1:</u>	6) TR : Re-inspection \$75		
<u>Cat 2 / 3:</u>	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		
	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	09/06/2022 17:02 (SGT)
Date of Accident	09/06/2022 09:30 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9656S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HEXABALL PTE LTD
Company Reg No	1XXXXX124R
Email Address	quekonnlam@gmail.com
Mobile Phone No	(Phone) +65-90123286
Alternative Phone No	+65-90123286

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00246132103
Cover Note Number	-

DRIVER

Name of Driver	LAM QUEK ONN
NRIC No	SXXXX003J

Date Of Birth	25/12/1968
Occupation	Indoor
Date Of Driving Pass	28/02/2002
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90123286
Alt. Phone Number	-
Email Address	quekonnlam@gmail.com
Address	BLK 635A SENJA ROAD
Address complement	#20-245
Postcode	671635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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

MY CAR WAS STATIONARY AT WOODLANDS ROAD.SUDDENLY I FELT A HUGE IMPACT FROM THE REAR.I GOT DOWN AND REALISE VEH B HIT ONTO MY REAR PORTION OF MY VEH.

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	GBL1764K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 LAM QUEK ONN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? SJL9656S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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.

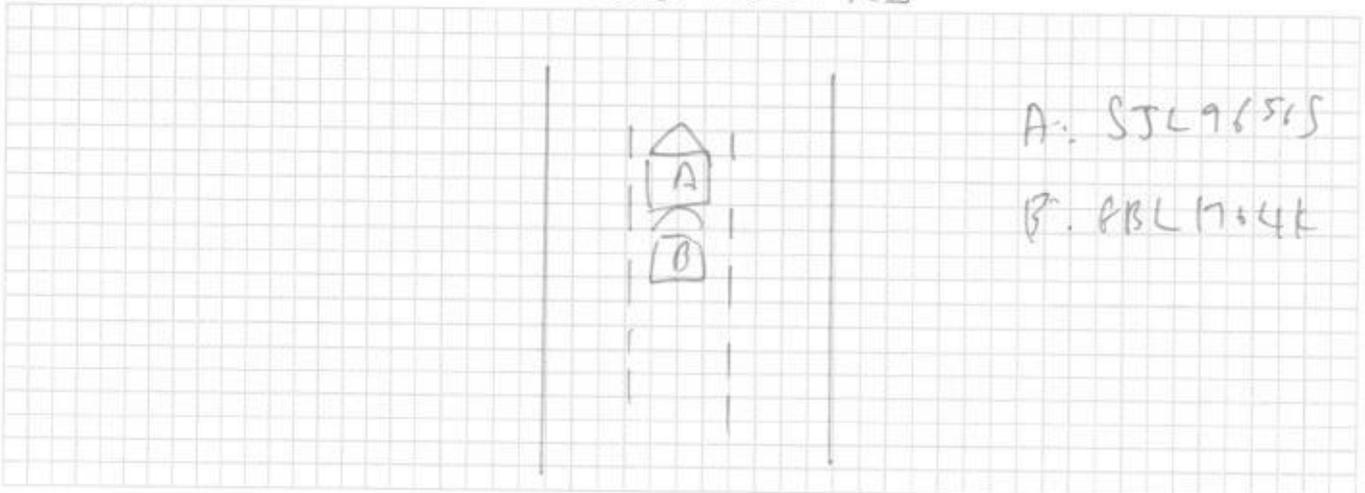
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLANDS RD



Describe Circumstances of the Accident

my car was stationary. suddenly, I felt
a huge impact from the rear. I got down &
realised vehicle B hit me from rear

[Handwritten signature]
09/06

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature]


Policyholder's Signature / Date &
Time

[Handwritten signature]

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

[Handwritten signature] 09/06/22

Witnessed by Reporting Centre
Personnel

Date of Accident : 9-6-2022 Accident Time: 09.30 (24-HR-FORMAT)
 Accident Place : Woodlands Rd
 Vehicle Reg. No (Car plate No.) : SJL 9156S Vehicle Make/Model: Toyota Wish
 Insurance Company : China Taiping Policy No. _____
 Name of Registered Owner : Company / Individual Hexabell Pte Ltd
 ID of Registered Owner : Co Reg No: 199400124k Owner's NRIC No: _____
 : Co Contact No: 9012 3286 Owner's Contact No: _____
 DRIVER'S Name : Lam Quek Ann DRIVER'S NRIC No: S0866003
 DRIVER'S Date of Birth : 25/12/1981 DRIVER'S License Pass Date 28/2/2002
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Partner
 DRIVER'S Address : 635A Sengia Rd #20-245 S(671635)
 DRIVER'S Contact No./ Alt No. : 1) 9012 3286 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : quekannlam@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 1 Name & Gender; _____
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) Driver

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBL 1764K</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



Motor Private Car

MX4WF

R SN

AN0650A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00246132103

Engine No.: 1ZZ3182788
Cha. No.: JTDER12W103001241

1. Index Mark and Registration Number of Vehicle SJL9656S

AUTOSAFE

2. Name of Policy Holder HEXABALL PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 17/12/2021 (00:00:00)

Named Drivers Ex Sect. I	SS\$750.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	SS\$3,000.00
Ex Sect. I - Age >= 26	SS\$500.00
* Age as at date of accident	
EX ON WINDSCREEN .	SS\$100.00

4. Date of Expiry of Insurance 16/12/2022

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.*

Use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade of business of use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss) will be doubled. A Fiat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event Of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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: BELL AUTO PTE LTD
Authorised Officer

Authorised Signatory