

NATIONAL Assessment Centre Services

[Ref: 24-000]

Date In: 10/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTD2005532/13	SAS e-filing		
Veh No: GBA75614	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 09/06/22 1900	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: GBA6757D 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

Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill	
Claimant's Particulars :-	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) RT: 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:-			
Driver/Owner:	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Contact No:	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
Damaged Portion:	9) N12: Idac Mobile 30			
	Invoice dated Fee Charged			
QC Checked by (Engr-In-Charge):	Invoice dated Fee Charged			
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	10/06/2022 17:16 (SGT)
Date of Accident	09/06/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TWDS BKE B4 CCK WAY EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7561Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXX520E
Email Address	sgleasing@outlook.com
Mobile Phone No	(Phone) +65-84211426
Alternative Phone No	+65-84211426

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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00013932204
Cover Note Number	-

DRIVER

Name of Driver	CHEW YONG SENG
Passport No/FIN	GXXXX265L

Date Of Birth	12/03/1983
Occupation	Outdoor
Date Of Driving Pass	16/02/2021
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86665783
Alt. Phone Number	-
Email Address	jameschew883761@gmail.com
Address	BLK 171 YISHUN AVE 7
Address complement	#03-783
Postcode	760171
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	GBK6757D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH KHENG CHEOK
Contact Number	-
Address	-
Address complement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMZ5330Z
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	CHEW YONG SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBA7561Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

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

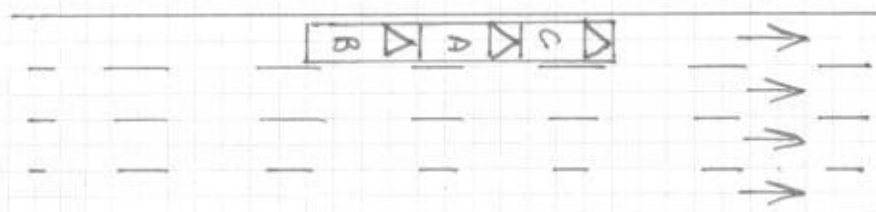
Witnessed by Reporting Centre Personnel

Sketch Plan

(A) GBA 7561 Y.

(B) GBK 6757 D.

(C) SMZ 5330 Z.



KJE towards BKE before Choa Chu Kang Way Exit.

Describe Circumstances of the Accident

On 09/06/2022 at @ 1900 hrs, I was travelling in my vehicle (GBA 7561Y) along KJE towards BKE before Choa Choo Kang way exit on the extreme left lane. I slowed down and stopped as the vehicle (SMZ 53302) stopped due to traffic jam ahead. Suddenly, a van (GBK 67570) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the said vehicle ahead of me.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 10/06/22

Witnessed by Reporting Centre Personnel

VEHICLE NO:	GBA 7561 Y.		MAKE & MODEL:	Toyota Dyna		AUTO <input checked="" type="checkbox"/> MANUAL <input type="checkbox"/>
DATE OF ACCIDENT:	09/06/2022		CC:			
TIME OF ACCIDENT:	1900 HRS					
LOCATION OF ACCIDENT:	KJE towards BKE before Choa Chu Kang Way Bx.					
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE					
NAME OF OWNER:	SG Leasing Pte Ltd.					
TEL NO:	H/P: 8421 1426		OFFICE:	HOME:		
NRIC:	201317520E					
ADDRESS:	15, Yishun Industrial St 1 #01-08, Wm 5 (S) T68091.					
EMAIL:	sgleasing@outlook.com					
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY					
FLEET POLICY:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO?					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	Comprehensive / Third Party <input checked="" type="checkbox"/> Third Party Fire & Theft					
POLICY NO:	DMCVSNW00013932204					
NAME OF DRIVER:	AS ABOVE / IF NO: CHEW YONG SENG.					
NRIC:	G7436265L		ANY PASSENGER:	N.A.		
DATE OF BIRTH:	12/03/1983		LICENCE PASSED DATE:	16/02/2021		
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
CONTACT NO:	H/P: 8666 5783		OFFICE:	HOME:		
ADDRESS:	BLK 171, Yishun Ave 7 #03-783 (S) 760171					
EMAIL:	jameschew883761@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO		IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Employee					
WEATHER CONDITION:	CLEAR <input checked="" type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:					
ROAD SURFACE:	DRY <input checked="" type="checkbox"/> WET <input type="checkbox"/> OTHER:					
ANY INJURIES:	NO <input checked="" type="checkbox"/> YES, WHO?					
NAME & CONTACT:	Chew Yong Seng (H/P: 8666 5783)					
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?					
VEHICLE B REG NO:	GBK 6757 A.		ANY PASSENGERS:	N.A.		
NAME OF DRIVER:	Goh Kheng Cheok.		CONTACT NO:			
VEHICLE C REG NO:	SMZ 53302.		ANY PASSENGERS:	Not sure.		
VEHICLE D REG NO:	Tran Quang Huy.		ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT:	N.A.		
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
ACCIDENT SCENE PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
ACCIDENT PORTION:	Front and Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Commercial

MZ407/C

R SN

AN0863A

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

DMCVSNW00013932204

Engine No: 1KD1720876

Cha. No: JTFAT35Y103001532

1. Index Mark and Registration
Number of Vehicle

GBA7561Y

2. Name of Policy Holder:

SG LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment21/01/2022
(00:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

20/01/2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission 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.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC P L 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).

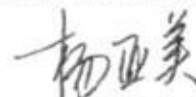
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Officer



Authorised Signatory