

NATIONAL Assessment Centre Services (Jan 2005)

Date In: 16/06/22	Job description	Date & Time Completed	Done by
Ref No: NAICT22005739/c3	SAS e-filing		
Veh No: G3L6527X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/06/22	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: ( ) 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	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

NA2201682	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Int. Bill	Add Bill
Insurer's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tp. 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 30			
	Invoice dated	Fee Charged		
	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 .....	16/06/2022 15:24 (SGT)
Date of Accident .....	15/06/2022 16:26 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KEE SENG STREET
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL6527X
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FATTY BOSS TRADING
Company Reg No .....	5XXXX001C
Email Address .....	JAYNAI2002@YAHOO.COM
Mobile Phone No .....	(Phone) +65-84990605
Alternative Phone No .....	+65-84990605

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00155992100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	NAI WEN XING JAY
NRIC No .....	SXXXX486F

Date Of Birth .....	05/03/1984
Occupation .....	Outdoor
Date Of Driving Pass .....	06/06/2019
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-84990605
Alt. Phone Number .....	-
Email Address .....	JAYNAI2002@YAHOO.COM
Address .....	148 RIVERVALE CRESCENT
Address complement .....	-
Postcode .....	540148
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NAI WEN XING
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBD9317H
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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 ..... NAI WEN XING JAY  
 Gender ..... Male  
 Phone No ..... (Phone) +65-84990605  
 Address ..... 148 RIVERVALE CRESCENT  
 Address Complement ..... -  
 Post Code ..... 540148  
 Approximate Age Years Old ..... 38  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... GBL6527X  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... THAM JIE WEN  
 Gender ..... Female  
 Phone No ..... (Phone) +65-84990605  
 Address ..... 148 RIVERVALE CRESCENT  
 Address Complement ..... -  
 Post Code ..... 540148  
 Approximate Age Years Old ..... 24  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... GBL6527X  
 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 willful 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' 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.



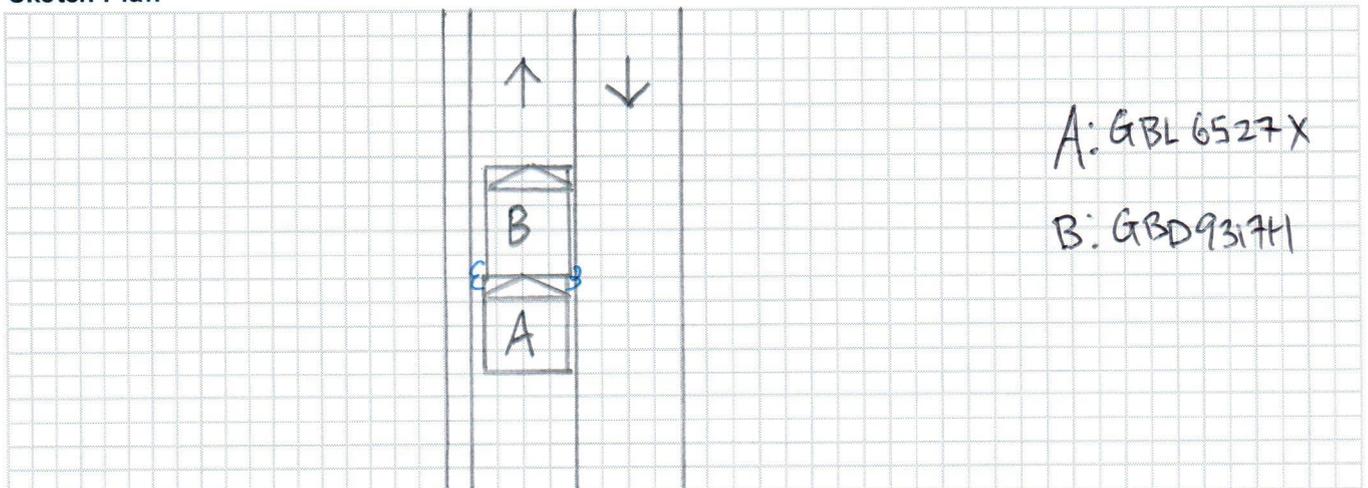
Policyholder's Signature / Date & Time



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

16/06/22  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**



A: GBL6527X

B: GBD937H

**Describe Circumstances of the Accident**

On the stated date and time, My passenger and I  
was sitting inside my van (A) stationary. Out of a  
sudden, we felt a huge impact from the front portion.  
Alighted to check and found out a car (B) reversed  
and hit onto my van.

Refer to TP Report  
T/20220616/7001

**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

 16/06/22  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220616/7001

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3  
Report No. T/20220616/7001

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/06/2022 01:11
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL6527X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Passenger</b>				
Name	THAM JIE WEN EUGENE		ID No.	S8934398D
Related Vehicle	GBL6527X (Van)		Contact No.	85184343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	
<b>Driver</b>				
Name	NAI WEN XING, JAY		ID No.	S8406486F
Related Vehicle	GBL6527X (Van)		Contact No.	84990605
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time, My passenger and I were inside my van (GBL6527X) stationary parked at the road side. Out of a sudden, we felt a huge impact from the front portion of my van. Alighted and notice that the front vehicle (GBD9317H) reverse and did not notice my van was parked behind him, collided onto my front portion. My passenger and I felt discomfort after the accident, seek for medical and was given 3days of MC for both of us.

Date of Accident : 15/06/2022 Accident Time: 16:26 (24-HR-FORMAT)  
 Accident Place : Kee Seng Street  
 Vehicle Reg. No (Car plate No.) : GBL6527X Vehicle Make/Model: Toyota Hiace 2.0 DX  
 Insurance Company : China Taipei Policy No. DMCVSNW00155992100  
 Name of Registered Owner : Company / Individual FATTYBOSS TRADING  
 ID of Registered Owner : Co Reg No: 533910016 Owner's NRIC No: S8406486F  
 : Co Contact No: / Owner's Contact No: 84990605  
**DRIVER'S Name** : NAI WEN XING SA DRIVER'S NRIC No: S8406486F  
**DRIVER'S Date of Birth** : 05/03/1984 DRIVER'S License Pass Date 06/06/2019  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Director  
**DRIVER'S Address** : 148 rivervale Crescent  
**DRIVER'S Contact No./ Alt No.** : 1) 8499 0605 2) /  
**DRIVER'S Occupation** : ~~INDOOR~~ \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : Jaynai2002@yahoo.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): 02 Name & Gender; Nai Wen Xing, Tham Sie Wen  
 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) Nai Wen Xing, Tham Sie Wen

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>GBD9317 H</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 Commercial

MZ300/C

N SN

AN0676A

Cov. Type:C

**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.	DMCVSNW00155992100	Engine No.: 1TR2397984	Cha. No.:TRH2005049056
1. Index Mark and Registration Number of Vehicle	GBL6527X	AUTOSAFE	=====
2. Name of Policy Holder	FATTYBOSS TRADING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/12/2021 (00:00:00)	Excess Sect I .	S\$350.00
		EX ON WINDSCREEN .	S\$100.00
4. Date of Expiry of Insurance	26/12/2022		
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:*	(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.		
HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED <i>* 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>			

**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: Zhong YueQiang  
Authorised Officer

Authorised Signatory