

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 22/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT/22005933/13	SAS e-filing		
Veh No: GBG8211V	E-mail (within 8hrs, Alt 2hrs)		
D.O.A: 21/06/22 1655	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: SLL6749E	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

NA2201722	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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) NI: 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: Idno 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 22/06/2022 11:38 (SGT)
Date of Accident 21/06/2022 16:55 (SGT)
Exact Location of Accident Tampines Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG8211U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DEVELCO LANDSCAPE PTE LTD
Company Reg No 1XXXXX255W
Email Address DEVELCO@SINGNET.COM.SG
Mobile Phone No (Phone) +65-93967616
Alternative Phone No +65-93967616

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NHR85
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 2999

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVNSNA00136602101
Cover Note Number -

DRIVER

Name of Driver AUNG THU
Work Permit No GXXXX194X

Date Of Birth	21/03/1987
Occupation	Outdoor
Date Of Driving Pass	09/04/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93967616
Alt. Phone Number	-
Email Address	DEVELCO@SINGNET.COM.SG
Address	40 TOH GUAN ROAD EAST #01-63 ENTERPRTSE HUB
Address complement	-
Postcode	608582
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?	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

REFER TO REPORT

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	SLZ6749E
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	AUNG THU
Gender	Male
Phone No	(Phone) +65-93967616
Address	40 TOH GUAN ROAD EAST #01-63 ENTERPRTSE HUB
Address Complement	-
Post Code	608582
Approximate Age Years Old	34
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG8211U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

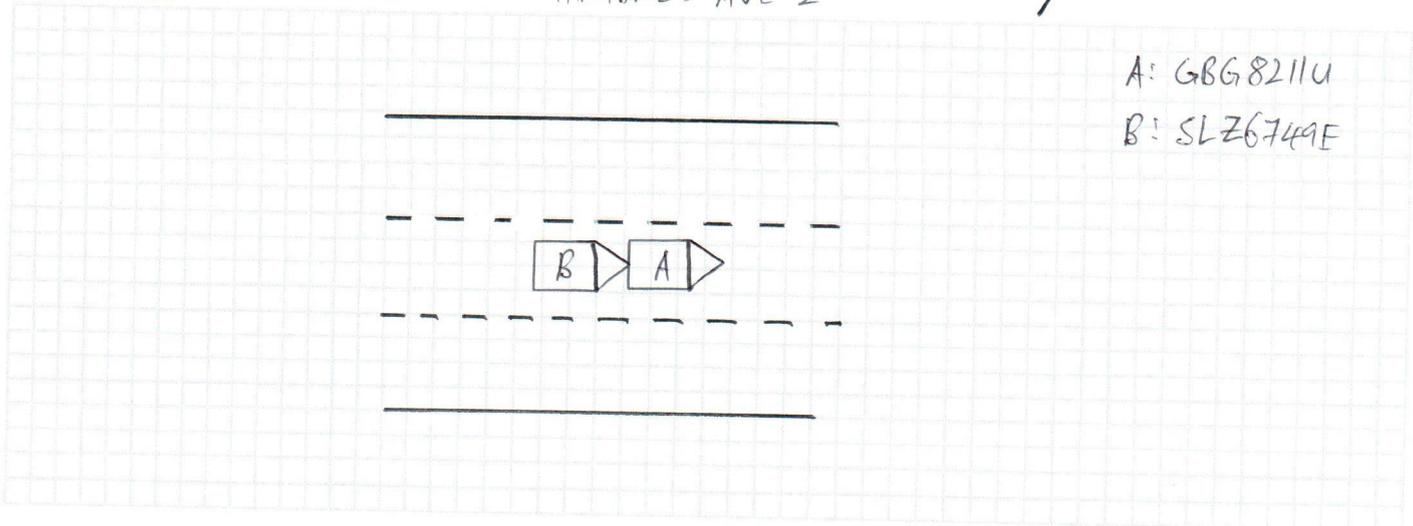

Driver's Signature (If driver is not the policyholder) / Date & Time


22/06/22
Witnessed by Reporting Centre Personnel

Sketch Plan

TAMPINES AVE 2

A: GBG8211U
B: SLZ6749E



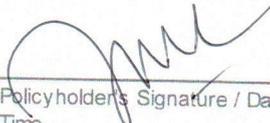
Describe Circumstances of the Accident

I (GBG8211U) WAS TRAVELLING ALONG TAMPINES AVE 2. VEHICLE AHEAD SLOWED DOWN AND STOPPED DUE TO TRAFFIC LIGHT BEING RED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B (SLZ6749E) REAR-ENDED MY VEHICLE.

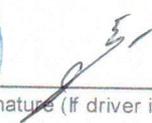
Declaration

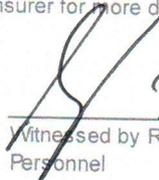
We declare the foregoing particulars are true in every respect.

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 time frame from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time




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

 22/06/22
Witnessed by Reporting Centre Personnel

Accident Reporting Draft

VEHICLE NO: GBG8211U

MODEL: ISUZU NHR85

AUTO/MANUAL

DATE OF ACCIDENT	22/6/2022 21/06/22	C.C: 2,999
TIME OF ACCIDENT	1655	HRS AM/PM
LOCATION OF ACCIDENT	TAMPINES AVE 2	
EXACT PURPOSE USE DURING ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT/ <input type="checkbox"/> PRIVATE USE/ <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	DEVELCO LANDSCAPE PTE LTD	
CONTACT NO.	93967616 (D)	EMAIL: DEVELCO@SINGNET.COM.SG
NRIC	199806255W	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY 3P	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> COMPREHENSIVE/ <input type="checkbox"/> THIRD PARTY/ <input type="checkbox"/> THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / <input checked="" type="checkbox"/> IF NO: AUNG THU	
NRIC	G6927194X	ANY PASSENGER: 0
DATE OF BIRTH	21/3/1987	
OCCUPATION	<input checked="" type="checkbox"/> OUTDOOR/ <input type="checkbox"/> INDOOR	
DATE OF DRIVING PASS	27/4/2022	
GENDER	<input checked="" type="checkbox"/> MALE/ <input type="checkbox"/> FEMALE	
CONTACT NO.	93967616 (D)	EMAIL: DEVELCO@SINGNET.COM.SG
ADDRESS	40 TOH GUAN ROAD EAST #01-63 ENTERPRISE HUB S(608582)	
DOES DRIVER OWN OTHER VEHICLES	<input checked="" type="checkbox"/> NO/ IF YES: REG NO.	
RELATIONSHIP	<input checked="" type="checkbox"/> EMPLOYEE/ IF NO:	
WEATHER CONDITION	<input checked="" type="checkbox"/> CLEAR/ <input type="checkbox"/> RAINY/ OTHER: CLEAR	
ROAD SURFACE	<input checked="" type="checkbox"/> DRY/ <input type="checkbox"/> WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: YES - DRIVER (AUNG THU) (M)	
CONTACT NO.		
POLICE REPORT	<input checked="" type="checkbox"/> NO/ IF YES:	NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	<input checked="" type="checkbox"/> NO/ YES	<input checked="" type="checkbox"/> NO/ IF YES: WHO?
AUDIO RECORDING	<input checked="" type="checkbox"/> NO/ YES	SCENE PHOTO(S) <input checked="" type="checkbox"/> NO/ YES
VEHICLE B NO.	SLZ6749E	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		
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

Ryder

Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
Singapore 417921
Email: ryderautoworkshop@gmail.com
Tel: 67418277



Motor Commercial

MZ300/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)

R SN

AN0666A

Cov. Type:C

CERTIFICATE No.	DMCVSNA00136602101	Engine No.: 4JJ12Y4833	
		Cha. No.: JAANHR85EH7100106	
1. Index Mark and Registration Number of Vehicle	GBG8211U	AUTOSAFE	
		=====	
2. Name of Policy Holder	DEVELCO LANDSCAPE PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/11/2021 (00:00:00)	Excess Sect I .	\$\$350.00
		EX ON WINDSCREEN .	\$\$100.00
4. Date of Expiry of Insurance	31/10/2022		

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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* 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: _____
Tan Mingjie
Authorised Officer

Authorised Signatory