

NATIONAL Assessment Centre Services

Date In: 05/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22006417/13	SAS e-filing		
Veh No: GBL1468R	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: 05/07/22 0857	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: SHD3375M	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

NA2201843	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	05/07/2022 17:10 (SGT)
Reported by	Driver
Date of Accident	05/07/2022 08:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 1 B4 JUNC OF TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1468R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Company Reg No	2XXXXX333W
Email Address	mrjumpstyle1@hotmail.com
Mobile Phone No	(Phone) +65-87780300
Alternative Phone No	-

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	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00118772101

DRIVER

Name of Driver	ANG WEI LUN, DANIEL
NRIC No	SXXXX165B
Date Of Birth	02/08/1997
Occupation	Outdoor

Date Of Driving Pass	07/06/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94496542
Alt. Phone Number	-
Email Address	mrjumpstyle1@hotmail.com
Address	BLK 156 AMK AVE 4
Address complement	#07-712
Postcode	560156
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3275M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	ANG WEI LUN,DANIEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBL1468R
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 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.

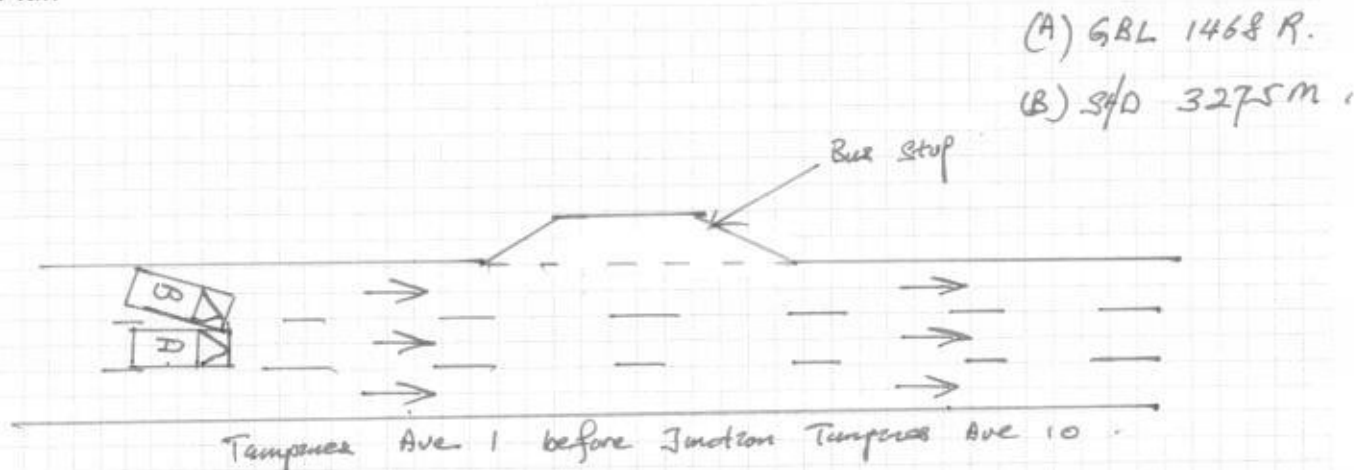


Policyholder's Signature / Date & Time

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

ROSCINDA BINTE A WAHAB
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 05/07/2022 at @ 0857 hrs, I stopped my vehicle (GBL1468R) along Tampines Ave 1 before the junction of Tampines Ave 10 on the centre lane due to red light ahead. When the traffic lights ahead turned green, the vehicle ahead of me moved forward and I moved forward too. Suddenly, a taxi (SGD 3275 m) on my left, cut into my path and collided onto the left side of my vehicle.

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

ROSLINDA BINIE A WANAB

Witnessed by Reporting Centre Personnel 05/07/22

VEHICLE NO:	GBL 1468R.		MAKE & MODEL:	Toyota Hiace		AUTO / MANUAL
DATE OF ACCIDENT:	05/07/2022		CC:	2-8		
TIME OF ACCIDENT:	0857 HRS					
LOCATION OF ACCIDENT:	Tampines Ave 1 before Junction Tampines Ave 10					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE <input checked="" type="checkbox"/> PRIVATE HIRE					
NAME OF OWNER:	EZY-1 Leasing Pte Ltd.					
TEL NO:	H/P: 8778 0300		OFFICE:	HOME:		
NRIC:	201726333W					
ADDRESS:	55, Serangoon North Ave 4 #08-07, 89, (S) 555859					
EMAIL:	jefftai@ezy-1.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:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft					
POLICY NO:	DMCVSNA 00118772101					
NAME OF DRIVER:	AS ABOVE / IF NO:		Ang Wei Lun, Daniel			
NRIC:	S 9726165B		ANY PASSENGER:		N-A	
DATE OF BIRTH:	02/08/1997		LICENCE PASSED DATE:		07/06/2019	
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
CONTACT NO:	H/P: 9449 6542		OFFICE:		HOME:	
ADDRESS:	BLK 156 Ang Mo Kio Ave 4 #07-712 (S) 56056					
EMAIL:	mrjumpstyle1@hotmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Driver					
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING / OTHERS:					
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET / OTHER:					
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?					
NAME & CONTACT:	Ang Wei Lun, Daniel (H/P: 9449 6542)					
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?					
VEHICLE B REG NO:	34D 3275M		ANY PASSENGERS:		N-A	
NAME OF DRIVER:	Ng Swee Hee		CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			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					
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
ACCIDENT PORTION:	Left side					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <input checked="" type="checkbox"/> NO						
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

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. DMCVSNA00118772101

Engine No.: 1GD8678388

Cha. No.:GDH2012016873

1. Index Mark and Registration
Number of Vehicle

GBL1468R

AUTOSAFE
=====

2. Name of Policy Holder

EZY-1 LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment20/09/2021
(00:00:00)

Excess Sect I. S\$1,500.00

Excess Sect. II S\$1,250.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

19/09/2022

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.: DBS BANK 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: Zhong YueQiang
Authorised Officer
Authorised Signatory

Annex

Transaction ref 20210524102538645380

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : EZY-1 LEASING PTE. LTD. |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 201726333W |
| 4. Country/Region | : - |
| 5. Vehicle Registration No. | : GBL1468R |
| 6. Previous Vehicle Registration No. | : - |
| 7. Effective Date of Ownership | : 24 May 2021 |
| 8. Original Registration Date | : 25 Mar 2021 |
| 9. First Registration Date | : 25 Mar 2021 |
| 10. Vehicle Type | : A50 - Goods (Closed) Van/Van Panel (Delivery) |
| 11. Vehicle Scheme | : Normal |
| 12. Attachment 1 | : No Attachment |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make | : TOYOTA |
| 16. Vehicle Model | : HIACE DX 2.8 AUTO |
| 17. Year of Manufacture | : 2021 |
| 18. Primary Colour | : Silver |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 2 |
| 21. Chassis/Trailer Chassis No. | : GDH2012016873 / - |
| 22. Propellant | : Diesel |
| 23. Engine No./Motor No. | : 1GD8678388 / - |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 2754 / - |
| 25. Maximum Power Output(kW/bhp) | : - / - |
| 26. Unladen Weight(kg) | : 1800 |
| 27. Maximum Laden Weight(kg) | : 3205 |
| 28. Open Market Value | : \$34,917.00 |