

NATIONAL Assessment Centre Services

Date In: 20/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/CFI22006874/13	SAS e-filing		
Veh No: G8K5932X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/07/22 1300	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: SBT8119K 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

NA2201921 Invoice Preparation Checklist Amt (\$) Amt (\$)

Claimant's Particulars:- 1st Bill Add Bill

Driver/Owner: 1) AR: Accident Reporting (\$30);

Contact No: 2) DA: Damage Assessment (\$100); INC (\$80)

Damaged Portion: 3) TF: Towing Fee \$40/\$45

QC Checked by (Engr-In-Charge): 4) FT: Follow-Through Survey \$120

Auditors' Comments:- 5) FT: Follow-Through Survey (Resurvey) \$30

Cat. 1: For claiming against INC Only (wef 10 Jan 2005)

Cat. 2/3: 6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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	20/07/2022 14:17 (SGT)
Reported by	Driver
Date of Accident	19/07/2022 13:00 (SGT)
Exact Location of Accident	555 Upper Thomson Rd, Singapore 574417
Additional Location Information	EXIT CALTEX PETROL KIOSK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5932X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKKY LEASING PTE. LTD.
Company Reg No	2XXXXX065R
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-91385907
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	2494

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00077742202

DRIVER

Name of Driver	HAMRY BIN JAFAR
NRIC No	SXXXX305A
Date Of Birth	08/01/1987
Occupation	Outdoor

Date Of Driving Pass	27/06/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88173684
Alt. Phone Number	-
Email Address	autohub325@gmail.com
Address	BLK 681D WOODLANDS DR 62
Address complement	#06-63
Postcode	734681
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	SBT8119K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96553798

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

SKETCH PLAN

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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

Witnessed by Reporting Centre Personnel

Sketch Plan

As per Attached

Google Maps 557 Upper Thomson Rd

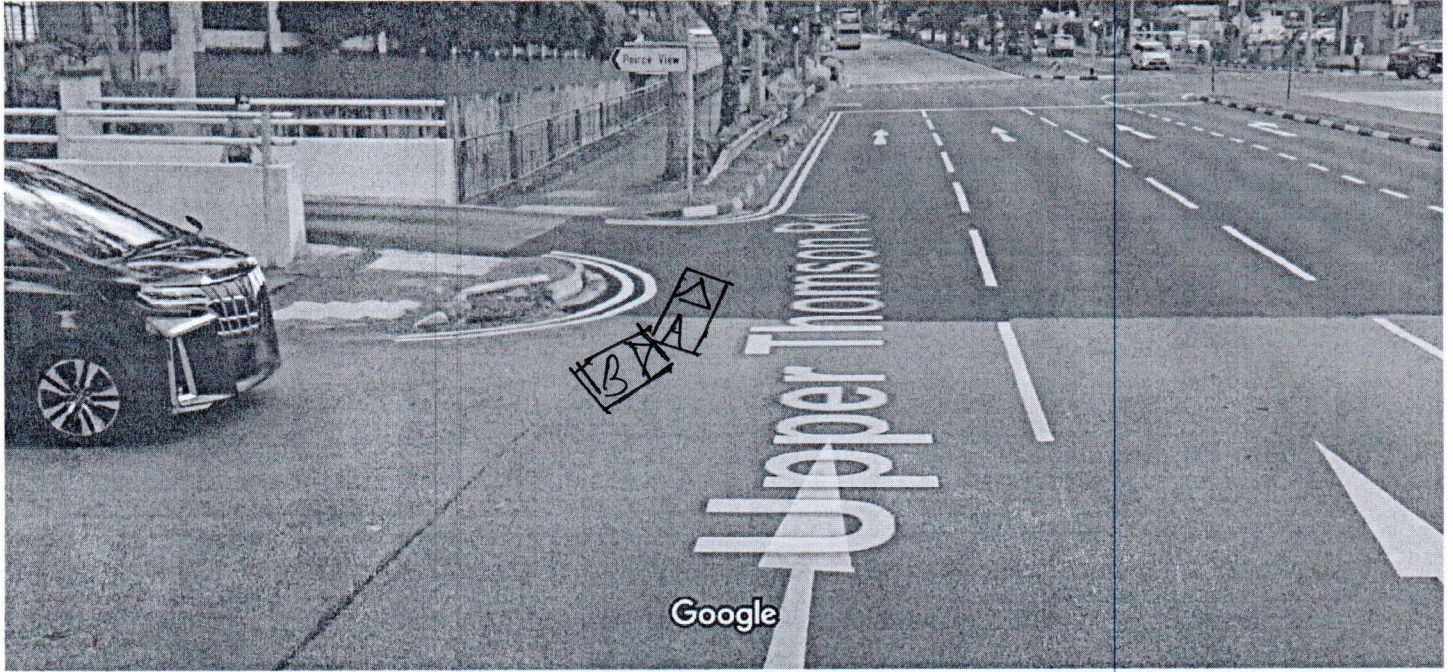
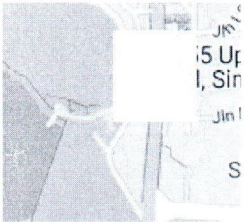


Image capture: Sep 2021 © 2022 Google

Singapore

Google

Street View - Sep 2021



A- GBK5932X
B- SBT8119K

Describe Circumstances of the Accident

When I was going straight, I heard a bang sound on my back of the vehicle. So I park at the side and check, there's a merc bang until the back of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



H.

Policyholder's Signature / Date & Time

Wan

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

Shym 20/07/22

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (19/07/22) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: 555 UPP THOMSON RD EXIT CALTEX STATION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK5932X
b) INSURANCE COMPANY: CHINA
c) POLICY NUMBER: OMCUSNA00077742202
d) POLICY TYPE: ☒ COMPREHENSIVE ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA HIACE (AUTO / MANUAL)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) (REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SICKY LEASING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 91385907
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HAMRY BIN JAFAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 88700305A CONTACT: 88173684
c) ADDRESS: BLK 681D WOODLANDS DR 62
#06-63 (734681)

*d) DATE OF BIRTH: (08/01/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/06/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ☒ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: ☒ CLEAR / ☐ RAINING / OTHERS

b) ROAD SURFACE: ☒ DRY / ☐ WET / OTHERS

6. WAS ANYBODY INJURED (YES / ☒ NO)

7. a) REPORTED TO POLICE (YES / ☒ NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBT8119K MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 96553798

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = autohub325@gmail.com

fax =

VIDEO = NO

CERTIFICATE No.

DMOVSNAD0077742202

Engine No.: 1GDB579681
Chas. No. GDH2012012963

1. Index Mark and Registration Number of Vehicle

GBKS932X

2. Name of Policy Holder

SKKY LEASING PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

30/06/2022
(00:00:00)

Excess Sect. I \$32,000.00
Excess Sect. II \$31,500.00
EX ON WINDSCREEN \$3100.00

4. Date of Expiry of Insurance

29/06/2023

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 Hired's Business.
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hired'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. : ABWIN PTE LTD 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.

张世文

Issued By: Gan Li Jia Jessica