

NATIONAL Assessment Centre Services (Ref: J2005)

Date In: 22/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/CFI20007006/13	SAS e-filing		
Veh No: GBR 45115	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/07/22 1545	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: GBE2087	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

NA2201951	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) FT: 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		
Damaged Portion:	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Cat. 1:	TP (N11): TP (Non INC) against INC	\$20	
Cat. 2 / 3:	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	22/07/2022 17:50 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI B4 KIM KEAT EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4511J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAMAYANASHOP
Company Reg No	5XXXX315D
Email Address	oskkrue@gmail.com
Mobile Phone No	(Phone) +65-82112373
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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00076792202

DRIVER

Name of Driver	ZULKIFLI BIN DAUD
NRIC No	SXXXX457B
Date Of Birth	16/12/1975
Occupation	Outdoor

Date Of Driving Pass	03/09/1997
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90844156
Alt. Phone Number	-
Email Address	oskkrue@gmail.com
Address	BLK 197B PUNGGOL FIELD
Address complement	#02-459
Postcode	822197
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
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

P;LS 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	GBE208T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEW HAN HUI
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	ZULKIFLI BIN DAUD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4511J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

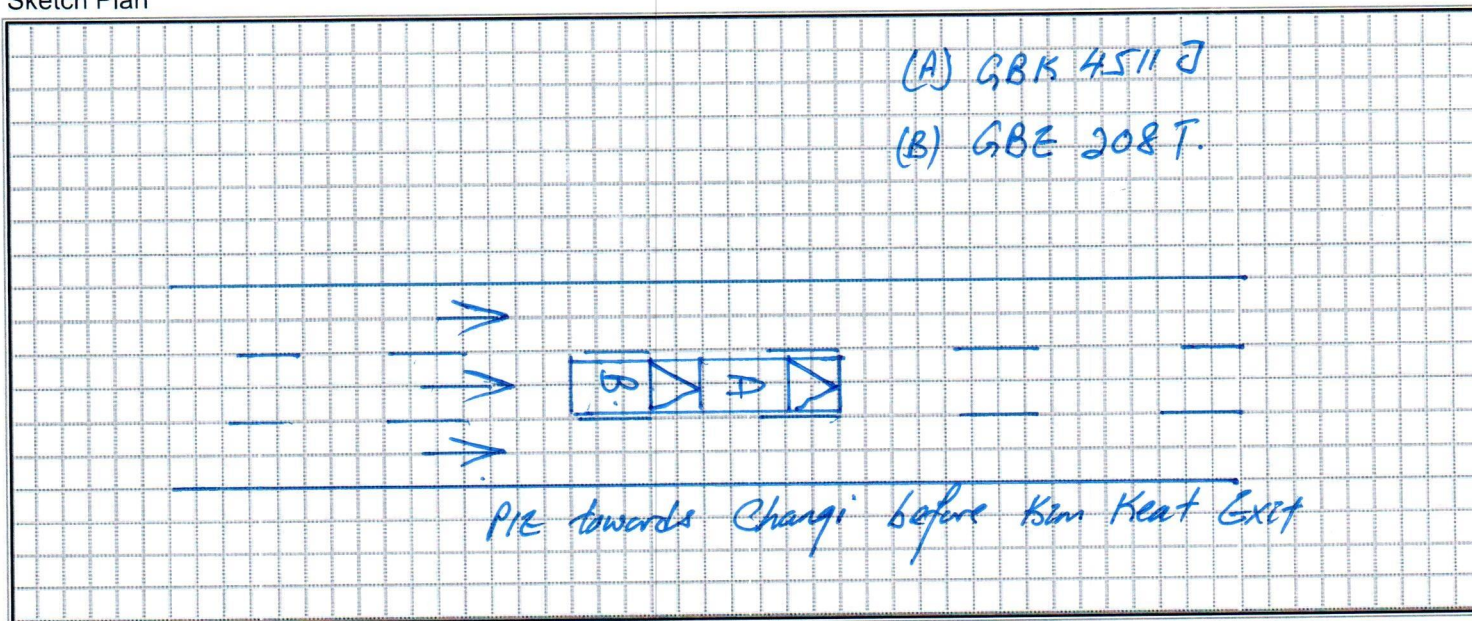


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 21/07/2022 at @ 1545 hrs, I was travelling in my vehicle (GBK 4511 J) along PIE towards Changi before Kim Keat exit on the centre lane. I slowed down due to traffic jam ahead. Before I came to a stop, a lorry (GBE 208 F) from behind collided onto the rear portion of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink.

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

Signature 22/07/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	GBK 4511 J		MAKE & MODEL:	Toyota Hiace .		<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	21 / 07 / 2022 .		CC:			
TIME OF ACCIDENT:	1545 HRS					
LOCATION OF ACCIDENT:	PIE towards Changi before Sun Heat Exit .					
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="radio"/> EMPLOYMENT / <input type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE					
NAME OF OWNER:	RAMAYANA SHOP .					
TEL NO:	H/P: 8211 2373 .		OFFICE:	HOME:		
NRIC:	S3395315D .					
ADDRESS:	BLK 305 Woodlands Street 31 #01-89 (S) 730305 .					
EMAIL:						
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY					
FLEET POLICY:	YES / <input checked="" type="radio"/> NO					
INSURANCE COMPANY:	China Taiping .					
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft					
POLICY NO:	DMCVSNW 00076792202 .					
NAME OF DRIVER:	AS ABOVE / IF NO:		ZULKIFLI BIN DAUD .			
NRIC:	S7538457B .		ANY PASSENGER:	N.A .		
DATE OF BIRTH:	16 / 12 / 1975 .		LICENCE PASSED DATE:	03 / 09 / 1997		
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR					
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE					
CONTACT NO:	H/P: 9084 4156 .		OFFICE:	HOME:		
ADDRESS:	BLK 197B Panggol Field #02-459 (S) 822197 .					
EMAIL:	oskkrue@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Employee .					
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:					
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHER:					
ANY INJURIES:	NO / <input checked="" type="radio"/> IF YES, WHO? Zulkifli Bin Daud (H/P: 9084 4156)					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?					
VEHICLE B REG NO:	GBE 208 T .		ANY PASSENGERS:	N.A .		
NAME OF DRIVER:	CHEW HAN HUI .		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="radio"/> NO					
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO					
ACCIDENT PORTION:	Rear Portion .					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES / <input checked="" type="radio"/> NO			
WORKSHOP PARTICULAR:	Twincar Automotewe .					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN .					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Commercial

MZ300/C

R SN

AN0597A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00076792202

Engine No.: 1GD8529549

Cha. No.:GDH2011038100

1. Index Mark and Registration
Number of Vehicle

GBK4511J

AUTOSAFE

=====

2. Name of Policy Holder

RAMAYANASHOP

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment21/07/2022
(00:00:00)Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

20/07/2023

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. : ABS FINANCIAL 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.

Issued By: ABS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory