

NATIONAL Assessment Centre Services

Date In: 02/08/22	Job description	Date & Time Completed	Done by
Ref No. NA/CT122007320/13	SAS e-filing		
Veh No. GB467934	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 01/08/22 1800	i-Motor Claim Form		
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (
TP Particulars:	Veh No: <u>SLN56.73J</u> 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:		Confidential & Strictly NO refer of repairer.
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() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO TALK OUT

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO ()	Date / Time Completed	Done by
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Remarks:	(INC Hotline: 678816616)			
		Courtesy Car ()		

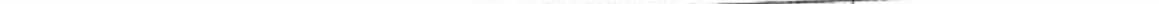
1) Apply for Transport Allowance () / Courtesy Car ()				
2) Apply for Post-Deployment Inspection ()				

2) QC Check / Post Repair Inspection					
2) Upload Recovery Photo (Repair Cost > \$3000)	()				

[illegible]

Injury : _____

Date/Time	Actions

[illegible][illegible]

TaxPreparation Checklist

NA2202048	1) AR: Accident Reporting (\$30);
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Claimant's Particulars :-	2) DA : Damage Assessment (\$100):	INC 200	
	3) TF : Towing Fee		\$40/\$45

Driver/Owner:	4) FT : Follow-Through Survey	\$120
	5) FT : Follow-Through Survey (Resurvey)	\$30

Contact No:	575
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6) TR: Re-inspection	\$160
7) NI: Idao DA + SMRT Survey	

b) NTUC Additional Services:-	
ON*	\$5

QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Trip Allowance	\$10
	*N6: Repair Co-ordination	\$25

*N7: Post Repair Inspection	\$5
*N8: DV / Collect Excess Coordination	\$20

Auditors' Comments:	TP (N11) : TP (N'in INC) against INC	10
	TP (N12) : Idem Mobile	

2011	Invoice dated	Fee Charged
		Fee Charged

201.2/3:	Invoice dated		
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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 Actual 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	02/08/2022 11:22 (SGT)
Reported by	Driver
Date of Accident	01/08/2022 18:00 (SGT)
Exact Location of Accident	Zion Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6793U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIRTEC ENGINEERING AND TRADING
Company Reg No	5XXXX318K
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-90057122
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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.
Policy Number / Cover Note Number	DMCVSNW00110422101

DRIVER

Name of Driver	TEH KOK SOO
Passport No/FIN	FXXXX219P
Date Of Birth	26/02/1973
Occupation	Outdoor

Date Of Driving Pass	24/10/1994
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93371078
Alt. Phone Number	-
Email Address	autohub325@gmail.com
Address	BLK 120 GEYLANG EAST CENTRAL
Address complement	#12-56
Postcode	380120
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	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	SLN5673J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH KOK BOON
NRIC No	SXXXX604B

Contact Number		-
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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1. Please report correctly the details of the accident to speed up the claims process.
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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 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

Witnessed by Reporting Centre Personnel

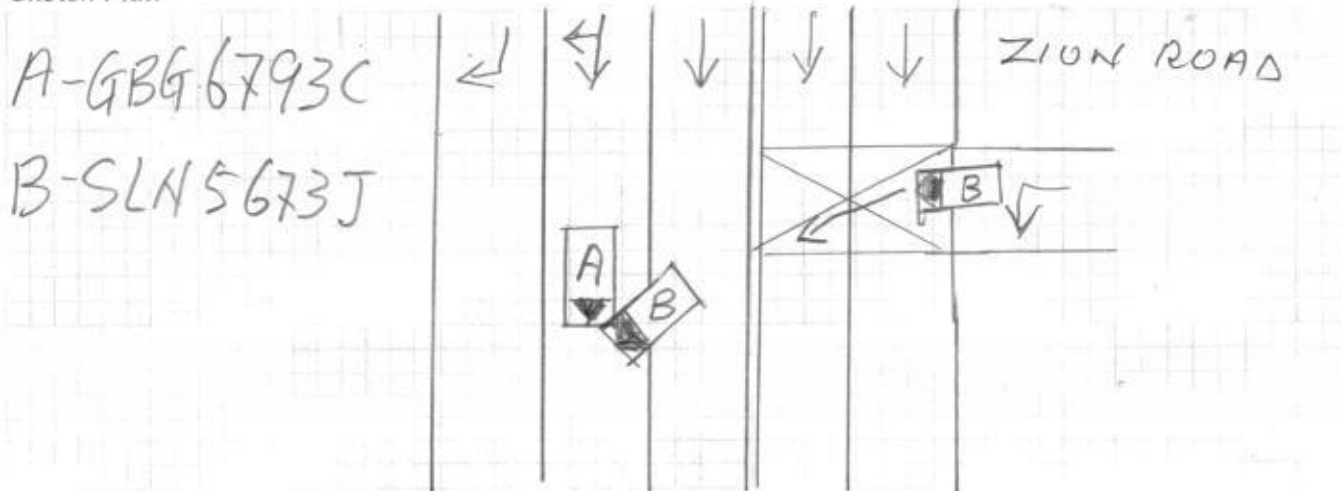
[Signature]

02/08/22

[Signature]

02/08/22

Sketch Plan



Describe Circumstance of the Accident

I was travelling straight along Zion Road
suddenly veh B came out from Hawelock Road
and hit onto my front left side portion of
my veh.

Declaration

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



Policyholder's Signature / Date & Time

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (01/08/22) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: ZION RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GB667934
 b) INSURANCE COMPANY: CHINA
 c) POLICY NUMBER: DMCVSNW00110422101
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA DYNA (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: SIRTEC ENGINEERING AND TRADING (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 900757/22 CONTACT: 900757/22
 C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEH KOK SOO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F7512219P CONTACT: 93371078
 c) ADDRESS: #12-56 (280120) Geylang East Central

* d) DATE OF BIRTH: (26/02/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 24/10/1994
 f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SLN5673J MODEL: _____
 b) DRIVER'S NAME: GOM KOK BOON
 c) NRIC/FIN/PASSPORT: S1510604B CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = autohub325@gmail.com

fax =

VIDEO = no

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(1)



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0679A

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.

DMCVSNW00110422101

Engine No.: 1KD2472360

Cha. No.: KDY2318030902

1. Index Mark and Registration
Number of Vehicle

GBG6793U

AUTOSAFE

=====

2. Name of Policy Holder

SIRTEC ENGINEERING AND TRADING

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

29/09/2021
(00:00:00)

Excess Sect I . S\$350.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

28/09/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

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. : HITACHI CAPITAL ASIA PACIFIC PTE 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: ABWIN PTE LTD
Authorised Officer

Authorised Signatory