

NATIONAL Assessment Centre Services

Date In: 02/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22007340/13	SAS e-filing		
Veh No: GBC 59042	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 01/08/22 1640	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: SFE3313E	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

NA 2202045	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int. Bill	Add Bill
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: Idao Mobile \$0			
Auditors Comments:	Invoice dated	Fee Charged		
Cal 1:	Invoice dated	Fee Charged		
Cal 2 / 3:				

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 14:15 (SGT)
Reported by	Driver
Date of Accident	01/08/2022 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNC OF BEDOK RD & JLN LANGGAR BEDOK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5904Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAK CHWEE AUTO PTE LTD
Company Reg No	2XXXXX164D
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-90623345
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00113492104

DRIVER

Name of Driver	EFFENDY BIN ABDULLAH
NRIC No	SXXXX710B
Date Of Birth	03/08/1974
Occupation	Outdoor

Date Of Driving Pass	26/05/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91294209
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	BLK 783 YISHUN RING RD
Address complement	#08-3526
Postcode	760783
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	SFE3313E
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	EFFENDY BIN ABDULLAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG5904Z
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 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

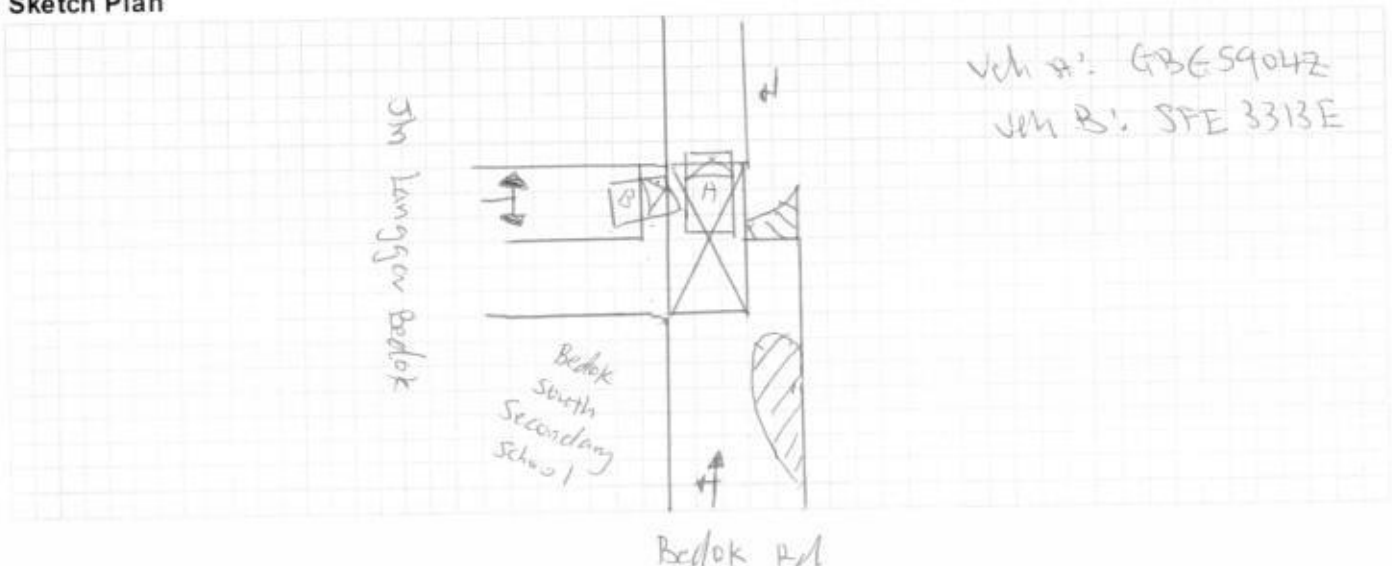
[Signature]

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

[Signature] 02/08/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:

- Top right: A large, stylized signature or set of initials.
- Middle right: The word "Attended" written diagonally.
- Center: The word "The" written diagonally.
- Bottom center: The word "No" written diagonally.
- Bottom left: The word "person" written diagonally.

Declaration

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



Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Handwritten signature and date: 02/08/22.

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (GBG5904Z) WAS TRAVELLING STRAIGHT ON BEDOK ROAD TOWARDS UPPER CHANGI ROAD. SUDDENLY I FELT A HUGE IMPACT FROM THE LEFT PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SFE3313E) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT VEHICLE B (SFE3313E) CAME OUT FROM JLN LANGGAR BEDOK WITHOUT STOPPING AT THE STOP LINE THEREFORE THE COLLISION HAPPEN.

VEHICLE A : GBG5904Z

VEHICLE B : SFE3313E



A handwritten signature in cursive script, appearing to read "Juel".

SINGAPORE ACCIDENT STATEMENT

Accident Date: 1/8/22	Time: 16:40	(hh:mm) 24 hr format
Location T-Junction of Bedok Rd & Jin Langgar Bedok		
Vehicle Number GBG 5904Z		
Insured Name BAK CHWEI AUTO PTE LTD		
NRIC / FIN 201532164D	Contact Number 9062 3345	
Make Toyota	Model Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DM CV SHW00113492104		
Name of Driver Effendy Bin Abdullah	() Same as Insured	
NRIC / FIN S74407108		
Contact Number 9129 4209		
Date of Birth 03-08-1974		
Driving Pass Date 26-05-2015		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address abc8627e@gmail.com	() NO EMAIL	
Address of Driver Blk 783 Yishun Ring Rd #08-3526 S1760703		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured driver		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Driver (GBG 5904Z)		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B SFE 3313E		
Veh C		
Veh D		
Veh E		
Veh F		

* Driver only



1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

924

100

1. 1000

Case Type **E**

Received 20 May 2006; accepted 12 July 2006

0-8796-8440-1 \$14.95

Doc No: 42-000000000

GEORGIA GAC 5904Z

BAKCHWE AUTO PTE LTD

906-7828

12/09/2021

Excess Sect. II 331-500.00

11 067021

17/09/2022

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.

(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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 24 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).

Discrete-time systems

By CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: YETTA INSURANCE AGENCY PTE LTD
Authorized Officer

Authorized Signatory

BAK CHWEE AUTO PTE LTD

BLK 9002, #01-44 TAMPINES INDUSTRIAL PARK A ST 93

ROC NO: 201532164D

TEL: 67856340

HP: 90623345

VEHICLE RENTAL AGREEMENT

Hirer's Particular (company)

Name : _____

NRIC / CO. No. : _____

Address : _____

Driving Exp : _____

Driving License No. : _____

Date Of Birth : _____

Tel : _____ (HP) _____

Additional Driver's Particular

Name : Effendy Abdullah

NRIC : S7440710B

Address : Blk 5, Banda Street
#17-70 (050005)

Driving Exp : 26/5/2015

Driving License No. : S7440710B

Date Of Birth : 3/8/1974

Tel : _____ (HP) 91294209

Vehicle No. : GBG 5904 Z

Make/Model : Hine

Out : Date/ Time _____

In: Date/Time : _____

Daily Rate : _____ Weekly Rate : _____ Monthly Rate : \$1,400/-

Deposit : \$ _____ Total Charges : \$ _____ Excess : \$ 2,500/-

TERMS AND CONDITIONS

Hirer shall not use vehicle for any form of illegal means in reference to the Singapore law. If so, hirer shall be accountable for same.

Hirer shall return vehicle in gas amount as per handed over.

Hirer shall bear all traffic and parking related summons incurred by subject vehicle duration of rental.

Hirer shall ensure vehicle is within Singapore use only.

Hirer is liable for any loss of, or further damage to the vehicle and its accessories during the duration of rental.

In case of accident, the hirer shall report to rental office immediately. If there is bodily injuries, a police report must be made within 24 hours.

Only person above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive.

I have read and agree to the terms and condition on both sides of the agreement. All information I have given in connection with this agreement is true.



Owner Signature

Hirer Signature/ Co. Stamp



Additional driver Signature