

NATIONAL Assessment Centre Services

(Rev. 12-10-21)

Date In: 03/08/22	Job description	Date & Time Completed	Done by
Ref No. NA/CTI22007396/13	SAS e-filing		
Veh No: QBG176R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 31/07/22 1600	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: SMH410CU	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

NA2202071	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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 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 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	03/08/2022 14:35 (SGT)
Reported by	Driver
Date of Accident	31/07/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWDS SLE EXIT TAMPINES AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG176R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZENNITH INSPIRATIONS PTE LTD
Company Reg No	2XXXXX678E
Email Address	alanteng@zspl.com.sg
Mobile Phone No	(Phone) +65-82999211
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00136952101

DRIVER

Name of Driver	KHOO WOUI KEAT
NRIC No	SXXXX784D
Date Of Birth	09/05/1982
Occupation	Outdoor

Date Of Driving Pass	25/05/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91137003
Alt. Phone Number	-
Email Address	king.khoo7091@gmail.com
Address	BLK 551 PASIR RIS ST 51
Address complement	#09-101
Postcode	510551
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Male

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
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH4101U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91013771
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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.



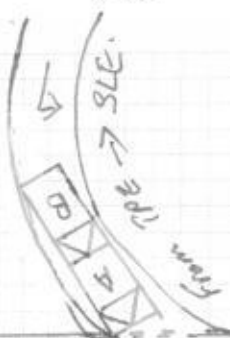
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

sym 03/08/22

Sketch Plan



(A) GGG 176 R.

(B) SMH 4101 U.

Tampines Ave 12

Describe Circumstances of the Accident

On 31/07/2022 at @ 1600hrs. I was travelling in my vehicle (G8G 176 R) along TPE towards SLE direction exit onto Tampines Ave 12. I stopped my vehicle at the slip road before entering into Tampines Ave 12, to give way to the traffic on the main road. Suddenly, a car (SMH 4101U) from behind collided onto the rear portion 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

Witnessed by Reporting Centre Personnel

shym 03/08/22

VEHICLE NO:	GBG 176 R		MAKE & MODEL:	Nissan NV200		AUTO <input checked="" type="radio"/> MANUAL
DATE OF ACCIDENT:	31/07/2022		CC:			
TIME OF ACCIDENT:	1600 HRS					
LOCATION OF ACCIDENT:	TPE towards SLE exit Tampines Ave 12.					
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="radio"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	ZENNITH INSPIRATION PTE LTD.					
TEL NO:	H/P: 8299 9211		OFFICE:	HOME:		
NRIC:	201328678E.					
ADDRESS:	7030 Ang Mo Kio Ave 5 #01-59, Northstar @ AMK					
EMAIL:	alanterg@zsp1.com.sg (G) 569880					
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:	DMCVSNW00136952101					
NAME OF DRIVER:	AS ABOVE / IF NO: KHOO WOOL KEAT.					
NRIC:	S8289784D. ANY PASSENGER: 03 (2F) (1M).					
DATE OF BIRTH:	09/05/1982. LICENCE PASSED DATE: 25/05/2021.					
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR					
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE					
CONTACT NO:	H/P: 9113 7003		OFFICE:	HOME:		
ADDRESS:	BLK 551 Pass Rd S1 S1 #09-101 (S) 510551.					
EMAIL:	king.khoo7191@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 / OTHERS:					
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:					
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?					
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:	SMH 4101 U.		ANY PASSENGERS: Not sure.			
NAME OF DRIVER:			CONTACT NO: 9101 3771.			
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?	<input checked="" type="radio"/> YES / <input type="radio"/> NO					
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / <input 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:	N-51 Automotive Pte Ltd.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Commercial

MZ300/C

R SN

AN0676A

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.

DMCVSNW00136952101

Engine No.: K9KC400D056656

Cha. No.: VSKYBAM20Z0144243

1. Index Mark and Registration
Number of Vehicle

GBG176R

AUTOSAFE

2. Name of Policy Holder

ZENNITH INSPIRATIONS PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment25/11/2021
(00:00:00)Excess Sect I. S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

24/11/2022

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.: TOKYO CENTURY LEASING (S) 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: EZY-1 SERVICES PTE LTD
Authorised Officer

Authorised Signatory