

NATIONAL Assessment Centre Services

Date In: 17/08/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/C1100007843/13	E-mail (w/other status AP: 2hrs)		
Veh No: GBD239J	i-Motor Claim Form		
D.O.A: 16/08/22 1000	i-Motor W/O (Within 0/D: 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **GBH8856D** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		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) RT: 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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile \$0		
	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	17/08/2022 09:00 (SGT)
Reported by	Driver
Date of Accident	16/08/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TWDS CITY TEBAN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD239J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DP DESIGN & ENGINEERING
Company Reg No	5XXXX094K
Email Address	dp_design95@yahoo.com.sg
Mobile Phone No	(Phone) +65-90697436
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00043912201

DRIVER

Name of Driver	DEBNATH TAPAS
Passport No/FIN	GXXXX772T
Date Of Birth	26/11/1990
Occupation	Outdoor

Date Of Driving Pass	14/08/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-98926350
Alt. Phone Number	-
Email Address	dp_design95@yahoo.com.sg
Address	6 RAFFLES BLVD
Address complement	-
Postcode	039594
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	GBH8856D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKW4289G
 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 DEBNATH TAPAS
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBD239J
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

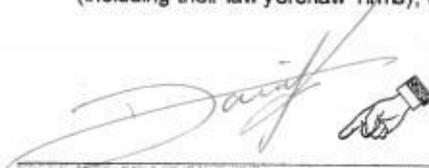
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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.







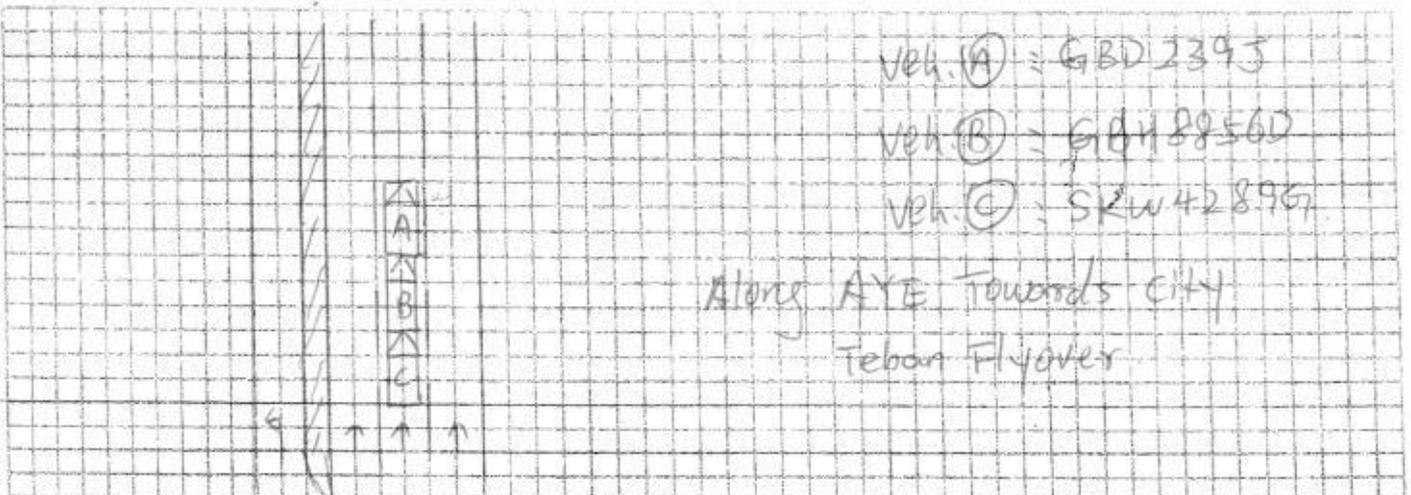
 17/08/22

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 16/08/2022 @ 1000 hrs, I was driving my company lorry (GBD 239J) along ATE towards City Teban Ayer. The vehicle in front slowly of me slowly moving and I followed too. Suddenly I felt an impact from behind and I realised that it was a chain collision of total 3 cars involved.

Vehicle A : GBD 239J

Vehicle B : GBH 8856D

Vehicle C : SUW 4289G

I felt discomfort after this accident. I had visited doctor and had given 7 days of MC. I hereto lodge this report to claim veh. B (GBH 8856D)'s insurance for my accident damages.

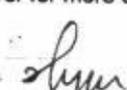
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

 17/08/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: GED 239J

MAKE & MODEL : Nissan Cabstar

AUTO MANUAL

DATE OF ACCIDENT	16 / 08 / 2022	*C.C. 2953
TIME OF ACCIDENT	10:00	AM / PM
LOCATION OF ACCIDENT	AYE Towards City Teban Flyover	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	DP Design & Engineering Email: dp-design95@yahoo.com.sg	
TELP NO	Mobile: 9069 7436	Office: Home:
NRIC	53171094K	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00043912201	
NAME OF DRIVER	AS ABOVE / IF NO: Debnath Tapas	
NRIC	46765772J	
DATE OF BIRTH	26 / 11 / 1990	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO: -	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE -	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / Indoor	
DATE OF DRIVING PASS	14 / 08 / 2019	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: 9892 6350	Office: Home:
EMAIL	dp-design95@yahoo.com.sg	
ADDRESS	6 Raffles Blvd, Singapore 039594	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No.	INSURER:
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:	
WEATHER CONDITION	Clear / <input checked="" type="checkbox"/> Raining / Other:	
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other:	
ANY INJURIES	No / If yes: Who? Debnath Tapas	
CONTACT NO.	9892 6350	
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?
VEHICLE B NO.	4B14 8856D	Any Passenger: Unknown
NAME	-	
CONTACT NO.	-	
VEHICLE C NO.	SKW 4289G	Any Passenger: Unknown
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Motor Commercial

MZ300/C

R SN

AN0420A

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.	DMCVSNW00043912201	Engine No.: ZD30337367K	
		Cha. No.: JN1SC2F24Z0855668	
1. Index Mark and Registration Number of Vehicle	GBD239J	AUTOSAFE	=====
2. Name of Policy Holder	DP DESIGN & ENGINEERING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/04/2022 (00:00:00)	Excess Sect I.	S\$500.00
		EX ON WINDSCREEN.	S\$100.00
4. Date of Expiry of Insurance	28/04/2023		
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. : GF MOTOR TRADING ENTERPRISE		
	* 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Vehicle Details

Vehicle No.

GBD239J

Make / Model

**NISSAN / CABSTAR 3.0 5M/T ABS 2DR
2WD EURO 5**

Vehicle Type :

**B31 - Goods (Open) Lorry (Metal
Body)/Pickup**

Vehicle Attachment 1 :

No Attachment

Vehicle Scheme :

Normal

Chassis No. :

JN1SC2F24Z0855668

Propellant :

Diesel

Engine No. :

ZD30337367K

Motor No. :

-

Engine Capacity :

2953 cc

Power Rating :

-

Maximum Power Output :

-

Maximum Laden Weight :

3500 kg

Unladen Weight :

1780 kg

Year Of Manufacture :

2014

Original Registration Date :

29 Apr 2014

Lifespan Expiry Date :

28 Apr 2034

COE Category :

C - Goods Vehicle & Bus

PQP Paid :

\$21,538.00

COE Expiry Date :

28 Apr 2024

Road Tax Expiry Date :

28 Oct 2022

PARF Eligibility Expiry Date :

-

Inspection Due Date :

28 Apr 2023

Intended Transfer Date :

16 Aug 2022