

NATIONAL Assessment Centre Services

Date In: 18/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT220007885/13	SAS e-filing		
Veh No: GBJ1234J	E-mail (within 2hrs, AP: 2hrs)		
D.O.A: 17/08/22 1245	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: QD 2hrs, TP 4hrs)		
	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: SMV89394	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

NA2200013	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: 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	18/08/2022 09:29 (SGT)
Reported by	Driver
Date of Accident	17/08/2022 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 3 JUNC OF AMK AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1234J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROUND EAGLE PTE. LTD.
Company Reg No	2XXXXX062Z
Email Address	junjie.rcy@gmail.com
Mobile Phone No	(Phone) +65-82826888
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	DMCVSNW00010802203

DRIVER

Name of Driver	LIAN JUN JIE
NRIC No	SXXXX374E
Date Of Birth	08/12/1992
Occupation	Outdoor

Date Of Driving Pass	30/01/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82826888
Alt. Phone Number	-
Email Address	junjie.rcy@gmail.com
Address	BLK 2 EUNOS CRESCENT
Address complement	#02-2569
Postcode	400002
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)	2
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	LIAN SOON SENG
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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV8939U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAI KIM VOON
NRIC No	SXXXX529Z
Contact Number	(Phone) +65-96283597
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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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 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.

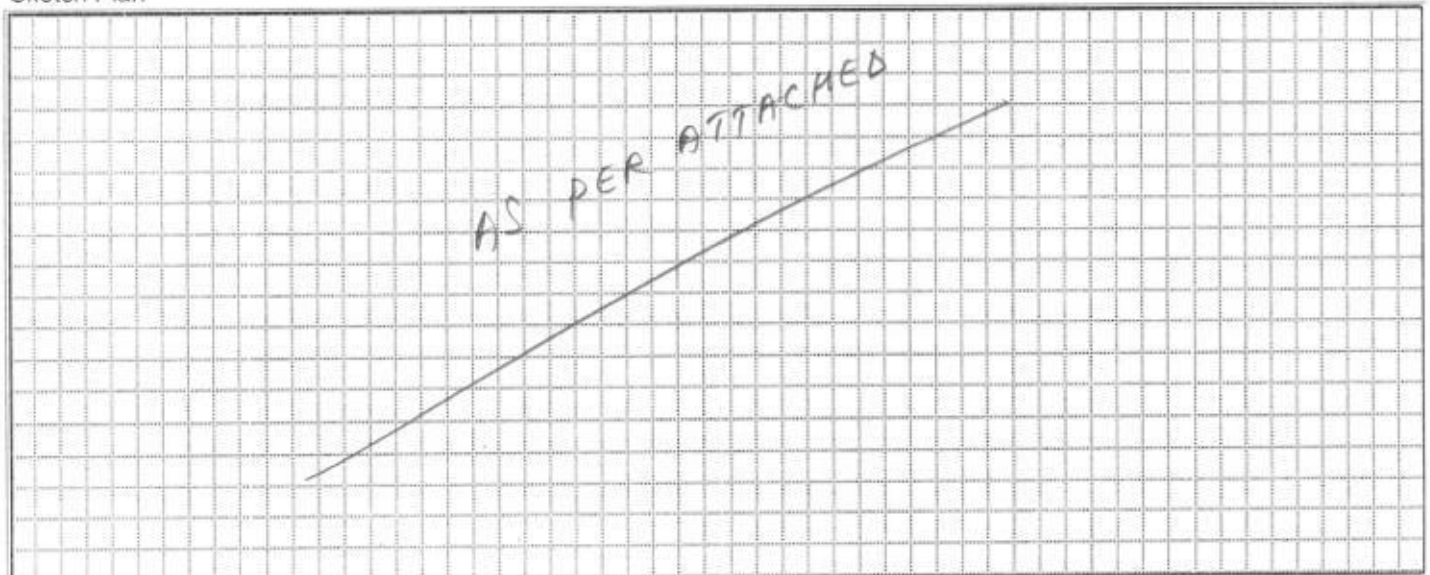


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Google Maps Ang Mo Kio Ave 3

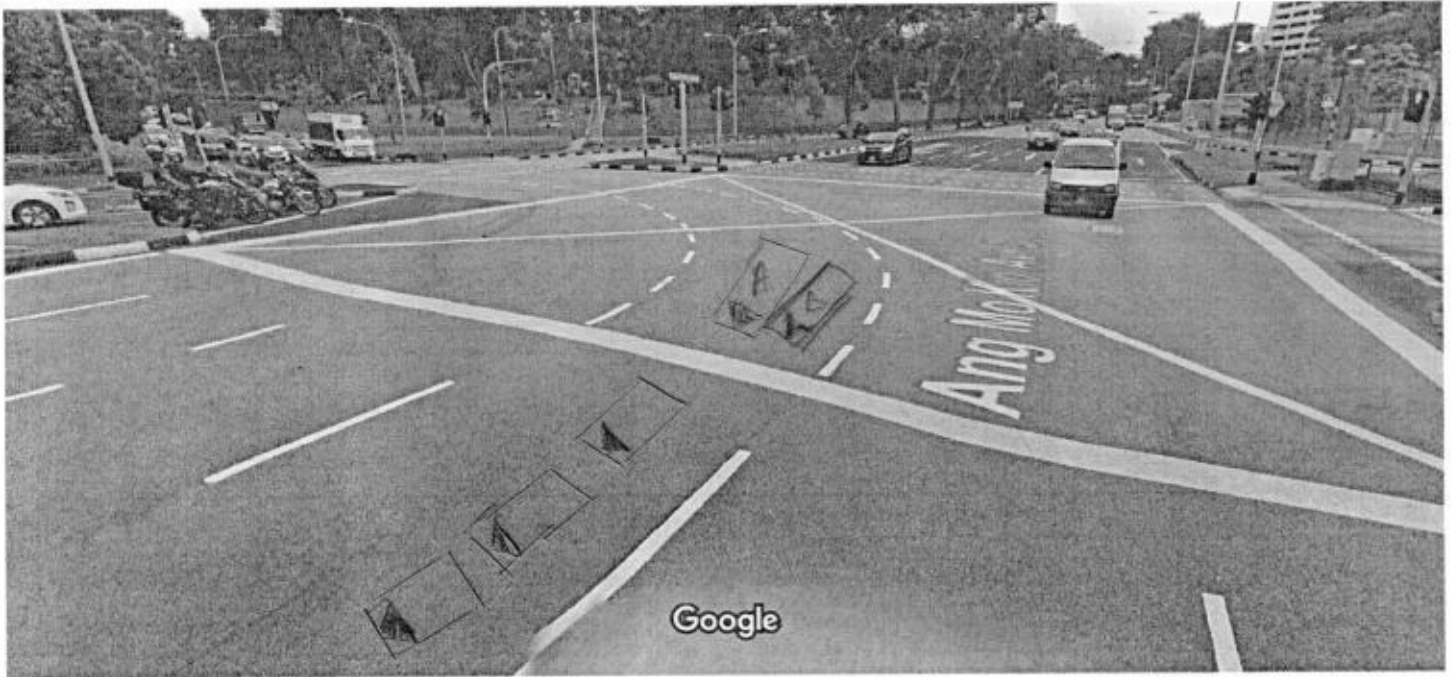


Image capture: Oct 2020 © 2022 Google

Singapore

Google

Street View - Oct 2020



A - GBJ1234J

B - SMV8939U

Describe Circumstance of the Accident

I was travelling from AMK AVE 3 turning right into AMK AVE 3 junction of AMK AVE 5. I stopped my veh inside the yellow box suddenly veh B from AMK AVE 3 going straight 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

[Signature]

17/08/22

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

[Signature] 18/08/22

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV0900870001 Vehicle Registration No: GBJ1234J

Name (as shown in NRIC): LIAN JUN JIE NRIC/FIN/Passport No: SXXXXX3746

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 2 EUNIOS CRES H02-2569 Singapore (400002)

Contact (Tel): _____ Mobile No.: 82826888

Email Address: _____

Date of Accident: 17/08/22 Time of Accident: 12:45

Place of Accident: AMK AVE 3 JUNC OF AMK AVE 5

Insurance Company: CHINA TRAVEL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL ADDRESS

Policyholder / Driver's Signature
Date:

19/08/22

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: 17/08/22 (DD/MM/YYYY), TIME: 12:45 (HH:MM)

LOCATION: AMK AVE 3 JUNC OF AMK AVE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ1234J
 b) INSURANCE COMPANY: CHINA
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA MACE 2.8 AUTO / 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: ROUND EAGLE PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 82826888
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: LIAN JUN JIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9246374E CONTACT: 82826888
 c) ADDRESS: BLK 2 EUNUS CRESCENT
#02-5569 (400000)

d) DATE OF BIRTH: 08/12/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/01/2018

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: SMV8939U MODEL: _____
 b) DRIVER'S NAME: LAI KIM VOON
 c) NRIC/FIN/PASSPORT: S1263529Z CONTACT: 96283587

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(2)

Lian soon sun
(M)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Email = jungle-rcy@gmail.com

fax =

VIDEO = NO

Motor Commercial

MZ300/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)

R SN

AN0397A

Cov. Type:C

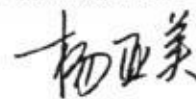
CERTIFICATE No.	DMCVSNW00010802203	Engine No.: 1GD8358881	Cha. No.: GDH2011016568
1. Index Mark and Registration Number of Vehicle	GBJ1234J	AUTOSAFE =====	
2. Name of Policy Holder	ROUND EAGLE PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/01/2022 (00:00:00)	Excess Sect I.	\$5500.00
		EX ON WINDSCREEN	\$5100.00
4. Date of Expiry of Insurance	15/01/2023		
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.			
* 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: INDEX AGENCY PTE LTD
Authorised Officer


Authorised Signatory