

NATIONAL Assessment Centre Services

Date In: 31/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT122008456/13	SAS e-filing		
Veh No: GBC2743L	E-mail (w/det, 8hrs, AP, 2hrs)		
DOA: 30/08/22 1120	i-Motor Claim Form		
OD: (IP) 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: X0205X	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

NA2203361		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-				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) FT : Follow-Through Survey (Resurvey) \$30			
Est 1:		For claiming against INC Only (wef 10 Jan 2005)			
Est 2/3:		6) TR : Re-inspection \$75			
		7) NI : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*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 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	31/08/2022 11:13 (SGT)
Reported by	Driver
Date of Accident	30/08/2022 11:20 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2743L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOON THIAM ENTERPRISE
Company Reg No	2XXXX000M
Email Address	sheponahmed079@gmail.com
Mobile Phone No	(Phone) +65-81219736
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	DMCVSNA00078882201

DRIVER

Name of Driver	MAH SHEPON
Passport No/FIN	GXXXX016T
Date Of Birth	15/12/1995
Occupation	Outdoor

Date Of Driving Pass	21/09/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98105692
Alt. Phone Number	-
Email Address	sheponahmed079@gmail.com
Address	KRANJI LODGE 1 DORMITORY
Address complement	-
Postcode	739522
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?	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	XD205X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG WEE YON
Passport No/FIN	GXXXX351K

Contact Number	(Phone) +65-63689118
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	MIAH SHEPON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC2743L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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

Shin

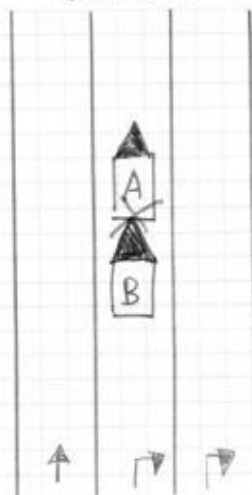
Driver's Signature (If driver is not the policyholder) / Date & Time

Shin 21/08/22

Witnessed by Reporting Centre Personnel

Sketch Plan

ALONG WOODLANDS RD



Vehicle A: GBC2743L
Vehicle B: XD205X

Describe Circumstances of the Accident

On the stated date & time, I vehicle A was stationary on the stated venue due to red traffic light. Suddenly, I felt a huge impact on the rear portion of my vehicle. I then came down to check and realised that it was vehicle B who have collided into my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

Shin

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

Shin 31/08/22

Witnessed by Reporting Centre Personnel

Date of Accident : 30/08/2022 Accident Time: 1120 (24-HR-Format)
 Accident Place : Along Woodland Road
 Vehicle No. (Car Plate No.) : 9BC2743L Make/Model: Toyota Dyna (2900cc)
 Insurance Company : Chinn Taiping Policy No: DMCVSNA00078882201
 Owner or Company Name /IC No. : Joon Thiam Enterprise (26132000M)
 Owner or Company Contact No. : 8121 9736 Owner's Hp — Company Tel —
 DRIVER'S Name / IC No. : Miah Shepon (62511016T)
 DRIVER'S Date Of Birth : 15/12/1995 DRIVER'S License Pass Date 21/09/2018
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
 DRIVER'S Address : Kranji Lodge 1 Dormitory
 DRIVER'S Contact No./ Alt No. : 1) 9810 5692 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : SHEPONAHMED079@GMAIL.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Driver

Other Party Driver's Particular (if any)

Vehicle No: <u>XD 205 X</u>	Vehicle No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>Ng wee yon</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>67637351K / 63689118</u>	IC No. Driver/Contact: <u>—</u>

*** NEW - Passenger's name & gender:**

Motor Commercial

MZ300/C

R SN

AN0671A

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.

DMCVSNA00078882201

Engine No.: 1KD2118452

Cha. No.: JTFAT35Y90K201712

1 Index Mark and Registration
Number of Vehicle

GBC2743L

AUTOSAFE

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2 Name of Policy Holder

JOON THIAM ENTERPRISE

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment25/06/2022
(00:00:00)Excess Sect I. S\$2,000.00
EX ON WINDSCREEN S\$100.00

4 Date of Expiry of Insurance

24/06/2023

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

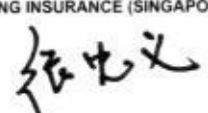
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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: Chua Suat Lay Sally
Authorised Officer
Authorised Signatory