

NATIONAL Assessment Centre Services

Date In 21/09/22	Job description	Date & Time Completed	Done by
Ref No NA/CT202009307/13	SAS e-filing		
Veh No GBH89JXR	E-mail (within 3hrs, A/C 2hrs)		
DOA 20/09/22 1350	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: 5476558Z	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) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : 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 \$0		
	Invoice date:	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	21/09/2022 16:56 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP BUKIT TIMAH RD TWDS CCK RD B4 GOMBAK DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8924R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HABITAT FINEWORKZ PTE LTD
Company Reg No	2XXXXX852D
Email Address	kk.chua@a-exquisite.com.sg
Mobile Phone No	(Phone) +65-94507633
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	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00130322101

DRIVER

Name of Driver	CHUA KOON KOK
NRIC No	SXXXX869D
Date Of Birth	30/10/1973
Occupation	Indoor

Date Of Driving Pass	28/03/1995
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94527633
Alt. Phone Number	-
Email Address	kk.chua@a-exquisite.com.sg
Address	BLK 49 WHAMPOA SOUTH
Address complement	#06-04
Postcode	330049
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)	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	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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ6558Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN SOK CHENG
Contact Number	(Phone) +65-96864711
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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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

C. Loo

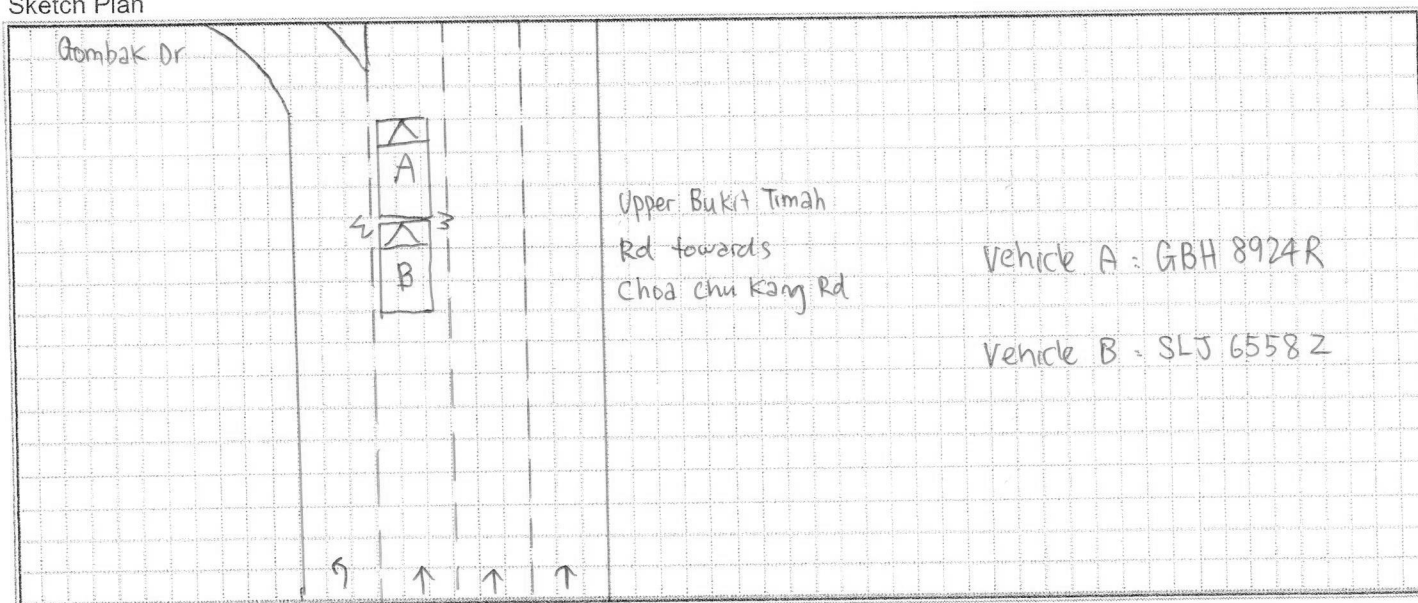
Driver's Signature (if driver is not the policyholder) / Date & Time

C. Loo

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

Slynn 21/09/22

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (GBH 8924R)

Along Upper Bukit Timah Rd towards Choa Chu Kang Rd before Gombak Dr.

My vehicle was stationary and out of a sudden Vehicle B

(SLJ 6558 Z) collided into the rear portion of my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

C. Koutok

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

C. Koutok

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

Lyn 28/09/22

VEHICLE NO: GBH 8924 R	MAKE & MODEL: Toyota Dyna	AUTO / MANUAL
DATE OF ACCIDENT:	20/09/2022	CC: 3-0
TIME OF ACCIDENT:	1350 HRS	
LOCATION OF ACCIDENT:	Along Upper Bukit Timah Rd towards Choa Chu Kang Rd before Gombak Dr	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Habitat Frameworkz Pte Ltd	
TEL NO:	H/P: 9450 7633	OFFICE: HOME:
NRIC:	201500852D	
ADDRESS:	30 Kakit Bukit Road 3 #07-12 S417819	
EMAIL:	KK.CHUA@A-EXQUISITE.COM.SG	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE COMPANY:	China Taiping	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	DMCVSNW00130322101	
NAME OF DRIVER:	AS ABOVE / IF NO: Chua Koon Kok	
NRIC:	S7338869D	ANY PASSENGER: 1 (1M)
DATE OF BIRTH:	30/10/1973	LICENCE PASSED DATE: 28/03/1995
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	MAL / FEMALE	
CONTACT NO:	H/P: 9450 7633	OFFICE: HOME:
ADDRESS:	Apt BIK 49 Whampoa South #06-04 S330049	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Employee	
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	DRY / WET / OTHER:	
ANY INJURIES:	NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B REG NO:	SLJ 6558 Z	ANY PASSENGERS: N/A
NAME OF DRIVER:	Tan Sok Cheng	CONTACT NO: 96864711
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:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO	
ACCIDENT PORTION:	Rear portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

Motor Commercial

MZ300/C

R SN

AN0646A

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.

DMCVSNW00130322101

Engine No.: 1KD2828200

Cha. No.: JTFAT35Y50K211699

1. Index Mark and Registration
Number of Vehicle

GBH8924R

AUTOSAFE
=====

2. Name of Policy Holder

HABITAT FINEWORKZ PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment25/10/2021
(00:00:00)Excess Sect I. S\$350.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

24/10/2022

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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC 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: NET LINK COMMERCIAL PTE LTD
Authorised Officer
Authorised Signatory