

NATIONAL Assessment Centre Services: [Unit 1 Job No] 21022970006

Ref No: 21022970006	Job description: SAS e-filing	Date & Time Completed: 18/07	Done by: [Signature]
Ch No: GBH 4688P	E-mail (within 2hrs, A/C 3hrs)		
Q.A: 21022970006 13:00	1-Motor Claim Form		
	1-Motor W/O (within 2hrs, A/C 3hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assign Wksp / QW:	Toll	Fax:
P Particulars: Yeh No: SKX 66704	INC () / Non-INC ()	
Owner / Driver:	Toll	
Policy No: ()	Cover Type: ()	
Period: ()	Date: ()	Time: ()
Confirmed by: ()	% (Note: Est. Status (W/O): N: 0-20%; P: 21-79%; F: 80-100%)	
Insured/Driver Liability: ()	Warranty: YES () / NO ()	
Year of Registration: ()	Loading: \$1,000 () / \$2,000 ()	
Excess: ()		

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: () / ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury: ()

Date of the accident: ()

Location: ()

Weather: ()

Time of day: ()

Vehicle description: ()

Driver's license: ()

Insurance policy: ()

Witness: ()

Police report: ()

Other: ()

NA2202696	Invoice / Preparation / On-site	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TF: Towing Fee	\$50/\$40
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Pinsurvey)	\$30
	6) TR: Repair Estimation	\$73
	7) NI: Inc: DA + SMRT Survey	\$140
	8) NT/OC Additional Services	
	9) NI: Inc: 24hrs	
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	100) NI: Inc: 24hrs	

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	29/09/2022 18:07 (SGT)
Reported by	Driver
Date of Accident	28/09/2022 13:00 (SGT)
Exact Location of Accident	MacRitchie Viaduct, Singapore
Additional Location Information	TOWARDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4648P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SYSMEC SERVICES PTE LTD
Company Reg No	2XXXX943K
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-84882121
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	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00061772200

DRIVER

Name of Driver	CHONG KIET LEE
NRIC No	SXXXX979Z
Date Of Birth	10/04/1989
Occupation	Outdoor

Date Of Driving Pass	16/04/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97660979
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 244 YISHUN RING ROAD #02-1133
Address complement	-
Postcode	760224
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)	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	UNKNOWN
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

PLEASE REFER TO SKETCH PLAN

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	SKX6670U
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	CHONG KIET LEE
Gender	Male
Phone No	(Phone) +65-97660979
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH4648P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH4648P
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 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 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

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

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

Sketch Plan

Handwritten sketch plan on grid paper showing a road layout with two vehicles labeled A and B. Vehicle A is a hatchback and vehicle B is a van. The vehicles are positioned on a road that curves to the right. To the left of the road, the text "Hatchback - Braddell" is written vertically. To the right of the road, the text "A = GBH 4648P" and "B = SKX 66704" is written.

Describe Circumstance of the Accident

I was traveling along MacIntosh Viaduct towards
Bladdell Road, Suddenly Vehicle B Collided onto
the rear of my vehicle.

Declaration

I/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

29/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

(M)

Email: sm@idac.com.sg Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 28 09 2022 (dd/mm/yy) Time of Accident: 13 : 00 (24-HR-FORMAT)

Vehicle No: GBH4648P Vehicle Make & Model / Engine (cc): Toyota Hiace Private Hire: (Y) (N)

Exact location of Accident: Malhotra viaduct towards Braddell Road

Policyholder's Name / IC No.: SYSMEC SERVICES PTE LTD ROC/UEH (Company): 20122993K

Driver's Name / IC No.: Chong Kiet Lee S(84864792) (As Above) ☐

Driver's Contact No.: 9766 0979 Company Contact No / Owner Contact No: 8488 2121

Driver's Address: B1K 244 Yishun Ring Road #02-1133 S(760244)

Owner Email address: Insurance Company: China Taiping

Driver Email address: CS8558CS@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 2

*Passenger Name: 1 Passenger Gender: Male / Female (X)

*Passenger Name: Gender: Male / Female (X)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver & Passenger

Injuries Sustain: Body Neck Injured Person in Which Vehicle: GBH4648P

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SKF 6670 U

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

Independent Witness (If Any): Contact No:

Witness at Work (If Any): Contact No:

Motor Commercial

MZ306/C

N SN

AN0688A

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. OMCVSNW00061772200

Engine No. 1KD2807070

Chassis No. JTFHT02P700243154

1. Index Mark and Registration Number of Vehicle GBH4648P

AUTOSAFE

2. Name of Policy Holder SYSMEC SERVICES PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 13/06/2022 (00 00 00)

Excess Sect I \$5500.00
EX ON WINDSCREEN \$3100.00

4. Date of Expiry of Insurance 12/06/2023

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 also apply*

- (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. - HL BANK

* 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 THIS MARKETING INSURANCE AGENCY
Authorised Officer


Authorised Signatory