

NATIONAL Assessment Centre Services

Date In: 04/10/12	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22009786/13	SAS e-filing		
Veh No: GBJ6671Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/09/12 1035	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OE 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: GX88512	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

NA220768	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat 2 / 3:	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	04/10/2022 18:26 (SGT)
Reported by	Driver
Date of Accident	23/09/2022 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MACPHERSON RD TWDS BENDEMEER RD B4 ALJUNIED RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6671Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACTINIUM ENGINEERING PTE LTD
Company Reg No	2XXXXX223H
Email Address	wlyeo@actinium.sg
Mobile Phone No	(Phone) +65-98771116
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	DMCVSNW00072192203

DRIVER

Name of Driver	TAN CHAI HENG
NRIC No	SXXXX848C
Date Of Birth	11/06/1956
Occupation	Outdoor

Date Of Driving Pass	05/01/1980
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91781331
Alt. Phone Number	-
Email Address	wlyeo@actinium.sg
Address	BLK 942 JURONG WEST ST 91
Address complement	#02-453
Postcode	640942
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	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	GX8851Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM CHEOW AIK
Contact Number	(Phone) +65-81339313

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 GBF4796E
 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) -

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 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.

ACTINIUM ENGINEERING PTE LTD
27D Loyang Crescent, Blk 104C, TOPS Ave 1,
Loyang Offshore Supply Base, Singapore 506823
Tel: 6789 9888 Fax: 6789 2322

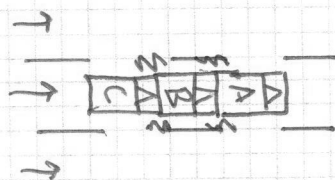
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(Bus stop Opp Jin muhibbah)



Macpherson rd towards Bendemeer rd before Aljunied rd

A - GBJ6671Y
B - GX8851Z
C - GBF4796E

Describe Circumstances of the Accident

As per above date and time, I was driving GBJ6671Y along Macpherson rd towards Bendomear rd on the center lane. Somewhere before Aljunied rd, vehicles in front of me slowed down and stopped due to traffic light ahead was red. As such, I applied brake and stopped accordingly. Out of sudden, I felt an impact from the rear. I alighted and discovered Veh(C) GPF4796E collided onto Veh(B) GX8851Z rear portion and Veh(B) collided onto my vehicle rear portion. I was involved in 3-vehicles chain collisions accident. Upon impact from the rear, my vehicle rear mirror dropped and broke.

Declaration

We declare the foregoing particulars are true in every respect.

ACTINIUM ENGINEERING PTE LTD
27D Loyang Crescent, Blk 104C, TOPS Ave 1,
Loyang Offshore Supply Base, Singapore 506823
Tel: 6789 9888 Fax: 6789 2322

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

VEHICLE NO: GBJ 6671 Y

MAKE & MODEL : Toyota Dyna

AUTO / MANUAL

DATE OF ACCIDENT	23 / 09 / 2022		*C.C:
TIME OF ACCIDENT	10:35 AM / PM		
LOCATION OF ACCIDENT	Macpherson rd towards Bendene rd before Aljunied rd		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Actinium Engineering Pte Ltd		
EMAIL: WLYEO@ACTINIUM.SG	Office:	MOBILE: 9877 1116	
NRIC	20111223H		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO ?		
INSURANCE CO.	China Taiping		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCVSNW00072192203		
NAME OF DRIVER	AS ABOVE / IF NO: Tan Chai Heng		
NRIC	S11568486		
DATE OF BIRTH	11 / 06 / 1956		
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER	N.A.		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	65 / 01 / 1980		
GENDER	Male / Female		
CONTACT NO.	Mobile: 91781331		Office: Home:
EMAIL:	-		
ADDRESS	942 Jurong West Str 91 #02-453 (S) 640942		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No:		INSURER:
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other :		
ROAD SURFACE	Dry / Wet / Other :		
ANY INJURIES	No / If yes : Who?		
CONTACT NO.			
POLICE REPORT	No / If yes : Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?		
VEHICLE B NO.	GX 8851 Z	Any Passenger : N.A.	
NAME	Lim Cheow	Aik	
CONTACT NO.	8133 9313		
VEHICLE C NO.	GBF 4796 E	Any Passenger : 1(m)	
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 / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
**WORKSHOP:	N-51 Automotive Pte Ltd		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		

Motor Commercial

MZ300/C

R SN

AN0677A

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.	DMCVSNW00072192203	Engine No.: 1KD2860102	Cha. No.:JTFAT35Y60K213686
1. Index Mark and Registration Number of Vehicle	GBJ6671Y	AUTOSAFE	=====
2. Name of Policy Holder	ACTINIUM ENGINEERING PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/07/2022 (00:00:00)	Excess Sect I . EX ON WINDSCREEN .	S\$500.00 S\$100.00
4. Date of Expiry of Insurance	10/07/2023		
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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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: CVD AUTO PTE LTD
Authorised Officer

Authorised Signatory