

NATIONAL Assessment Centre Services (part 1 of 2) SM0822A/0003

Date In: 17/10/2022 12:44	Job Description: SAS e-Miling	Date & Time Completed:	Done by:
Ref No: NPA/C7220/0261/y	L-mill (white shirt, A/C shirt)		
Web No: CB 6338R	I-Motor Claim Form		
D.O.A: 15/10/2022 11:00	I-Motor W/O (white: OD shirt, A/C shirt)		
CO () Reporting Only	I-Photo Uploaded		
TP Location:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wxsp / INC Assgn Wxsp / CW: ()		Tel: ()	Fax: ()
TP Particulars:	Yeh No: FBL6750S	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()	
Insured Driver Liability: ()	P1 (Note-List Status (WO): 10-0-00%, P- 21-79%, P- 30-100%)		
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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: () N/A ()

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

2) QO Check / Post Repair Inspection ()

3) Upload Recovery Photo [Repair Cost > \$3000] ()

Injury: ()

Date / Time: ()

Actions: ()

<p>NA2002863</p> <p>Important Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Forth Comments:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$55)</td> </tr> <tr> <td>3) TP: Towing Fee (\$15)</td> <td>\$15/\$45</td> </tr> <tr> <td>4) PF: Yellow Through Survey (\$15)</td> <td>\$15</td> </tr> <tr> <td>5) PT: Yellow Through Survey (Parity)</td> <td>\$30</td> </tr> <tr> <td>6) TR: Assessment (\$15)</td> <td>\$15</td> </tr> <tr> <td>7) NI: New DA / DMFT Survey (\$15)</td> <td>\$15</td> </tr> <tr> <td>8) NIUC / Additional Fee (\$15)</td> <td></td> </tr> <tr> <td>9) QO</td> <td></td> </tr> <tr> <td>10) NI: Courtesy Car / Towing Allowance (\$15)</td> <td>\$15</td> </tr> <tr> <td>11) NI: Repair Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>12) NI: Post Repair Inspection (\$15)</td> <td>\$15</td> </tr> <tr> <td>13) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>14) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>15) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>16) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>17) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>18) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>19) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> <tr> <td>20) NI: DV / Collect Loss Coordination (\$15)</td> <td>\$15</td> </tr> </table>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$55)	3) TP: Towing Fee (\$15)	\$15/\$45	4) PF: Yellow Through Survey (\$15)	\$15	5) PT: Yellow Through Survey (Parity)	\$30	6) TR: Assessment (\$15)	\$15	7) NI: New DA / DMFT Survey (\$15)	\$15	8) NIUC / Additional Fee (\$15)		9) QO		10) NI: Courtesy Car / Towing Allowance (\$15)	\$15	11) NI: Repair Coordination (\$15)	\$15	12) NI: Post Repair Inspection (\$15)	\$15	13) NI: DV / Collect Loss Coordination (\$15)	\$15	14) NI: DV / Collect Loss Coordination (\$15)	\$15	15) NI: DV / Collect Loss Coordination (\$15)	\$15	16) NI: DV / Collect Loss Coordination (\$15)	\$15	17) NI: DV / Collect Loss Coordination (\$15)	\$15	18) NI: DV / Collect Loss Coordination (\$15)	\$15	19) NI: DV / Collect Loss Coordination (\$15)	\$15	20) NI: DV / Collect Loss Coordination (\$15)	\$15
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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	17/10/2022 12:44 (SGT)
Reported by	Driver
Date of Accident	15/10/2022 11:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE ENG NEO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6338R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANSLAND SINGAPORE PTE. LTD.
Company Reg No	2XXXXX629C
Email Address	carrie@transland.com.sg
Mobile Phone No	(Phone) +65-91383665
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00002462201

DRIVER

Name of Driver	TAN CHIAP NAM
NRIC No	SXXXX045J
Date Of Birth	10/07/1954
Occupation	Outdoor

Date Of Driving Pass	11/04/1979
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92326600
Alt. Phone Number	-
Email Address	carrie@transland.com.sg
Address	BLK 548B SEGAR ROAD #06-676
Address complement	-
Postcode	672548
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)	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?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT J/20221017/7020

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL6750S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 willful 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<p style="font-size: 1.2em;">PIE reward changi</p>	1	
<p style="font-size: 1.2em;">—</p>	2	
<p style="font-size: 1.2em;">—</p>	3	
<p style="font-size: 1.2em;">—</p>	4	
<p style="font-size: 1.2em;">—</p>	5	

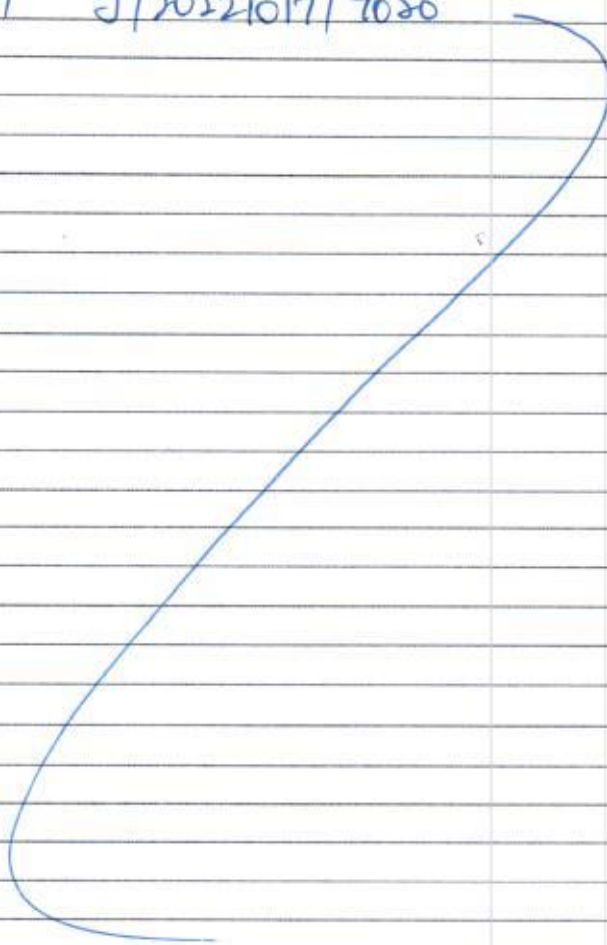
A) CB6338R

B) FB26750S

Describe Circumstances of the Accident

I was driving along PIE towards Changi at the 5 lane traffic
I was on the 4 lane, I checked my blind spots is clear
before I swiped to 3rd lane. My vehicle have fully
into the 3rd lane and I felt a impact from my right
so I stopped completely and ~~was~~ alerted I saw
motor cycle have cut into my lane and collided onto
my front right side of my vehicle.

POLICE REPORT J/20221017/7020



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

Witnessed by Reporting Centre Personnel

17/10/2022



SINGAPORE POLICE FORCE



J/20221017/7020

1 of 2

POLICE REPORT (NP299)

Report No. J/20221017/7020

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 17/10/2022 11:43	Vide Report No.		Station Diary No.	
Name Of Informant TAN CHIAP NAM	Address 548B SEGAR ROAD #06-676 SINGAPORE 672548			
ID Type / ID No. NRIC NO / S0147045J	Contact No. Home/Office:		Mobile: 92326600	
Nationality SINGAPORE CITIZEN	Email Address alexbeh.pc@gmail.com			
Occupation Bus driver	Sex Male	Age 68	Date of Birth 10/07/1954	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 15/10/2022 11:00 - 15/10/2022 11:00	Location Of Incident 548B SEGAR ROAD #06-676 SINGAPORE 672548			

Brief details.

I was driving along pie toward changi on the 5 lane traffic ON the 4 lane ,before i change lane i checked my blind spot is clear I swiped to the 3rd lane and my vehicle have in the 3rd lane completely i felt a impact from my right so I stooped my vehicle and alighted I saw a motorcycle FBL 6750 S have cut into my lane and collided onto my front right side of my vehicle. The rider and the passenger felt toward road and was injured and sent to hospital by ambulance.

IO Sufian 65476247

E/20221015/0083

Signature Of Officer Recording The Report;

Not applicable

Signature Of Informant;

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Signature Of Interpreter:

Not applicable

Date/Time:

17/10/2022 11:43

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221017/7020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221017/7020

Subjects Involved			
Victim			
Person Name	TAN CHIAP NAM		
ID Type	NRIC NO	ID No	S0147045J
Gender	Male	Age	68
Race	Chinese	Language	English
Occupation	Bus driver	Address	548B SEGAR ROAD #06-676 SINGAPORE 672548
Mobile No	92326600	Is Informant A Victim?	Yes
Person Name	TAN CHIAP NAM (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
17/10/2022 11:43

Classification Of Case:

M

Date of Accident : 15/10/2022 Accident Time: 11 00 (24-HR-Format)
Accident Place : PIE toward changi ~~at~~ before EngNEO
Vehicle No. (Car Plate No.) : CB 633 8R Make/Model: TOYOTA HIALF
Insurance Company : China TAIPINES Policy No: DMBISNW00002462201
Owner or Company Name / IC No. : TRANSLAND SINGAPORE PTE LTD
Owner or Company Contact No. : 91383665 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : TAN CHIAP NAM S0147045J
DRIVER'S Date Of Birth : 10071954 DRIVER'S License Pass Date 11 04 1979
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : APT BLK 548B SEGAR ROAD #06-676 ^{Singapore} 672578
DRIVER'S Contact No./ Alt No. : 1) 92326600 2) _____
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
Email Address : CARRIE@TRANSLAND.COM.SG
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): 0 /
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): NIL

Other Party Driver's Particular (if any)

Vehicle No: FBL 6750S	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

84150254

* NEW - Passenger's name & gender:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

M2801

R SN

AND30A

Cov. Type F

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.

DMB1SNW00002462201

Engine No.: 1KD1748381

Chs. No.: KDH42010012048

1 Index Mark and Registration
Number of Vehicle

CB8338R

2 Name of Policy Holder

TRANSLAND SINGAPORE PTE LTD

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

03/03/2022
(00:00:00)

Excess Sect. II S\$750.00

4 Date of Expiry of Insurance

02/03/2023

5 Persons or Class of Persons entitled to cover

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) 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



Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Arcon Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.chinataiping.com