

NATIONAL Assessment Centre Services (Ref: 12-121) **MOF22A00001**

Date Recd: **26/10/2022 10:42** Job description: **SAS e-filing** Date & Time Completed: **26/10/2022 09:18** Done: ☒

Ref No: **NBA/11220205574** E-mail (include full A/C No): **5165 5720 S**

Val No: **5165 5720 S** i-Motor Claim Form

D.O.A: **25/10/2022 09:18** i-Motor W/O (where applicable)

CC: **(?)** i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax: **Hand to Owner/Whom**

Preferred Wknd / INC Assign Wknd / CW: **5/6038m** Tel: **INC () / Non-INC ()** Fax:

TP Particulars: **5/6038m** Tel: **INC () / Non-INC ()**

Owner / Driver: **5/6038m** Cover Type: **INC () / Non-INC ()**

Policy No: **5/6038m** Period: **5/6038m** Date: **5/6038m** Time: **5/6038m**

Confirmed by: **5/6038m** Date: **5/6038m** Time: **5/6038m**

Ins. Ref. Driver's License: **5/6038m** (Note: Use Status (NO) **5/6038m** P: **5/6038m** P: **5/6038m** P: **5/6038m**)

Year of Registration: **5/6038m** Warranty: **YES () / NO ()**

Excess: **5/6038m** Loading: **5/6038m** / **5/6038m**

General Remarks: **5/6038m**

☒ Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of reporter.

☒ Total Loss Case: **5/6038m** to e-mail Insurer **URGENTLY**.

Draw-In: **5/6038m** Towed-In: **5/6038m** Invoice: **YES () / NO ()** Towing Cost: **5/6038m**

Remarks: **5/6038m** (Note: Use Status (NO) **5/6038m** P: **5/6038m** P: **5/6038m** P: **5/6038m**)

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

2) C/C Check / Post Repair Inspection ()

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

Injury: **5/6038m**

Date/TIME: **5/6038m** Accident: **5/6038m**

2/A2202981

Invoice Preparation Checklist

Item	Amount	INC (550)	Non-INC (550)
1) AR: Assessment Fee (550)	550		
2) DA: Damage Assessment (550)	550		
3) TP: Towing Fee	550		
4) TP: Towing Allowance	550		
5) TP: Towing Survey (Survey)	550		
6) TR: Repair Fee	550		
7) TR: Repair Survey	550		
8) TR: Repair Survey	550		
9) TR: Repair Survey	550		
10) TR: Repair Survey	550		
11) TR: Repair Survey	550		
12) TR: Repair Survey	550		
13) TR: Repair Survey	550		
14) TR: Repair Survey	550		
15) TR: Repair Survey	550		
16) TR: Repair Survey	550		
17) TR: Repair Survey	550		
18) TR: Repair Survey	550		
19) TR: Repair Survey	550		
20) TR: Repair Survey	550		

Checked by (Engr-In-Charge): **5/6038m**

Signature: **5/6038m**

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	26/10/2022 10:42 (SGT)
Reported by	Driver
Date of Accident	25/10/2022 09:18 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS POTONG PASIR BEFORE HOUGANG STREET 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5720S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIN SECURITY SYSTEMS
Company Reg No	5XXXX081L
Email Address	lian_062004@hotmail.com
Mobile Phone No	(Phone) +65-82996629
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00148562101

DRIVER

Name of Driver	TOH ZONGLIAN
NRIC No	SXXXX836Z
Date Of Birth	06/08/1988
Occupation	Outdoor

Date Of Driving Pass	01/09/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82996629
Alt. Phone Number	-
Email Address	lian_062004@hotmail.com
Address	BLK 952 HOUGANG AVENUE 9 # 13-706
Address complement	-
Postcode	530952
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	TOH BOO SIONG
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	GY6038M
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 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.

Sin Security System

Blk 952 Hougang Ave

#01-706 Singapore 5309

25/10/22

[Signature]

25/10/22

[Signature] 26/10/2022

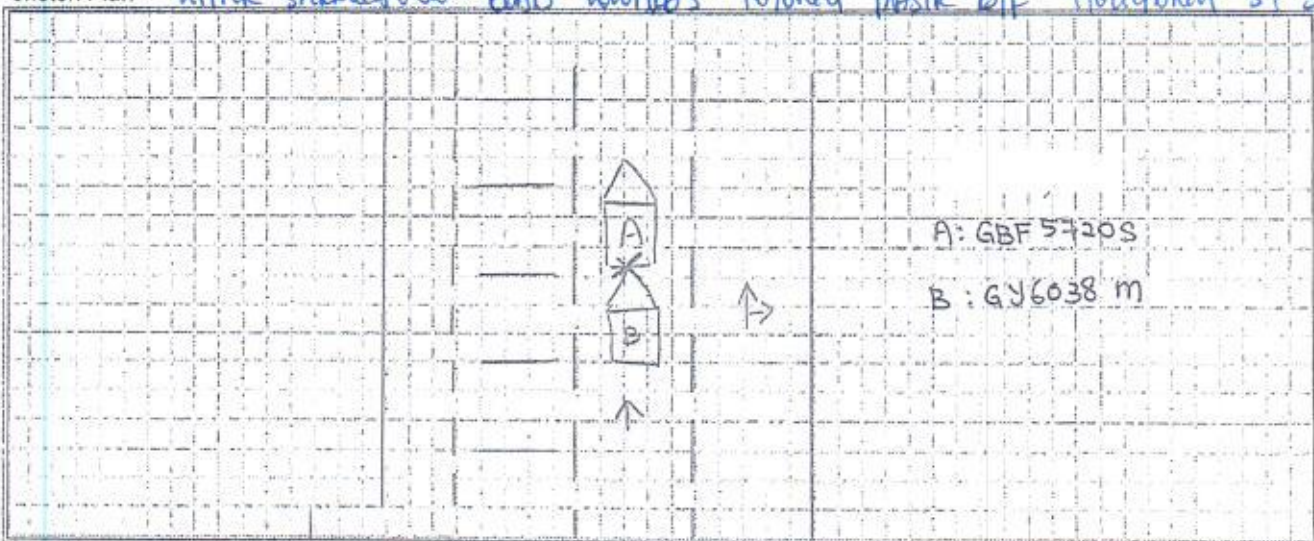
Policyholder's Signature / Date & Time

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

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

Sketch Plan

UPPER SINGAPOUR ROAD TOWARDS POLICE HQ BLK 952 HOUANG ST 31



Describe Circumstances of the Accident

On 25/10/2022 at 09:18 am, I was at junction of upper serangoon rd towards potong pasir before hougang street 31. Due to red light traffic, I was stationary. Suddenly I felt an impact from my rear portion. When I alighted from my vehicle (GBF 57203) and I realised vehicle B (GY6038M) had collided onto my rear portion.

Declaration


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

Sin Security Syster

Blk 952 Hougang Ave

***13-706 Singapore 5309**


Policyholder's Signature / Date & Time
25/10/22


Driver's Signature (If driver is not the policyholder) / Date & Time
25/10/22


Witnessed by Reporting Centre Personnel
26/10/2022

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25 / 10 / 2022 (dd/mm/yy) Time of Accident: 9 : 18 (24-HR-FORMAT)
Vehicle No.: QBFF 57203 Vehicle Make & Model: NISSAN NV350
*Transmission : ☐ Manual ☐ Auto *C.c.: _____
Exact location of Accident: UPPER SERANGOON RD TOWARDS POTONG PASIR BEFORE HOUGANG STREET 31
Policyholder's Name: SIN SECURITY SYSTEMS NRIC/FIN/REG No.: 52838081L - PTE - 01
*Policyholder's email address: lian.062004@hotmail.com
Driver's Name: TOH ZONGLIAN NRIC/FIN/REG No.: 98828836E
*Driver's email address: lian.062004@hotmail.com
Driver's Contact No.: 8299 6629 Company Contact No (if any): _____
Date of birth: 06 AUG 1988 Driving Pass Date: 1 SEP 2008
Driver's Address: APT BLK 952 HOUGANG AVENUE 9 #13-706 (S) 530952
Insurance Company: CHINA TRIPING
Policy No.: DMCV3NW00148562101 Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft
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)
Type of Accident
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver: 2
*Passanger Name: TOH BOO SIONG Gender: Male Female
*Passanger Name: _____ Gender: Male / Female
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 Car camera? ☐ Yes / ☐ No
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: G4 6038 M
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: _____
Preferred Workshop Name: _____ Contact No: _____



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 Commercial

MZ300/C

R SN

AN0679A

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

DMCVSNW00148562101

Engine No.: YD25403657A

Cha. No.: JN1MC2E26Z0006960

1. Index Mark and Registration
Number of Vehicle

GBF57203

AUTOSAFE

2. Name of Policy Holder

SIN SECURITY SYSTEMS

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

23/12/2021
(00:00:00)

Excess Sect I : S\$500.00
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

22/12/2022

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. : 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: ABWIN PTE LTD
Authorised Officer

Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com