

NATIONAL Assessment Centre Services

Date In 26/10/2022	Job description	Date & Time Completed	Done by
Ref No NA/CT122010580/8	SAS e-filing		
Veh No GBF5978 R	E-mail (within 8hrs, A/C 2hrs)		
DOA 22/10/2022 1205	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YN 982	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

NA2202995	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	26/10/2022 15:43 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS SLE AFTER PUNGGOL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5978R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SENG INTERIOR
Company Reg No	5XXXXX87-C
Email Address	SENGINTERIOR@YAHOO.COM
Mobile Phone No	(Phone) +65-97471161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00154662104

DRIVER

Name of Driver	LOW CHEE SENG
NRIC No	SXXXX960J
Date Of Birth	18/09/1970
Occupation	Outdoor

Date Of Driving Pass	16/01/1992
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97471161
Alt. Phone Number	-
Email Address	SENGINTERIOR@YAHOO.COM
Address	BLK 82B Circuit Rd #12-44
Address complement	-
Postcode	S (372082)
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

Please refer to 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	YN98Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-98160098

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	PC8606U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW CHEE SENG
Gender	Male
Phone No	(Phone) +65-97471161
Address	BLK 82B Circuit Rd #12-44
Address Complement	-
Post Code	S (372082)
Approximate Age Years Old	52
Injuries Sustained	Slight
Injured person in which vehicle?	GBF5978R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

VEHICLE NO: GBF 5978R

MAKE & MODEL: NISSAN CABSTAR

APPO / MANUAL

DATE OF ACCIDENT

22 10 2022

2933

TIME OF ACCIDENT

1205 AM PM

LOCATION OF ACCIDENT

TPE TOWARDS SLE AFTER PASADOL EXIT

TYPE OF DAMAGE TO VEHICLE

EMPLOYMENT PRIVATE USE PRIVATE HIRE

NAME OF OWNER

SENG INTERIOR

NAME

Office

MOBILE 97471161

NAME

53116387-C

CLAIM CODE

OP

THIRD PARTY

REPORTING ONLY

POLICY NO

YES / NO

INSURANCE CO

CHINA TAIPING

TYPE OF COVERAGE

Comprehensive Third Party Third Party Fire & Theft

POLICY NO

DMCVSNA00154662104

NAME OF DRIVER

AS ABOVE IF NO LOW CHEE SENG

NAME

S7081960J

DATE OF BIRTH

18 09 1970

ANY PASSENGER

YES / NO

NAME OF PASSENGER

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

16 01 1992

GENDER

Male

Female

CONTACT NO

Mobile 97471161

Office

EMAIL

SENGINTERIOR @ YAHOO.COM

ADDRESS

BLK B2B CIRCUIT ROAD #12-44 S(372082)

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? LOW CHEE SENG.

CONVEYED BY AMBULANCE

No / If yes, Who?

POLICE REPORT

No / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

YN98Z

Any Passenger: NO

NAME

CONTACT NO

98160098

VEHICLE C NO

PC86064

Any Passenger: 1

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

Person Reporting

Driver / Owner / Both

Original Language Used

English / Mandarin / Others:

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / NO

SENG INTERIOR @ YAHOO.COM

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

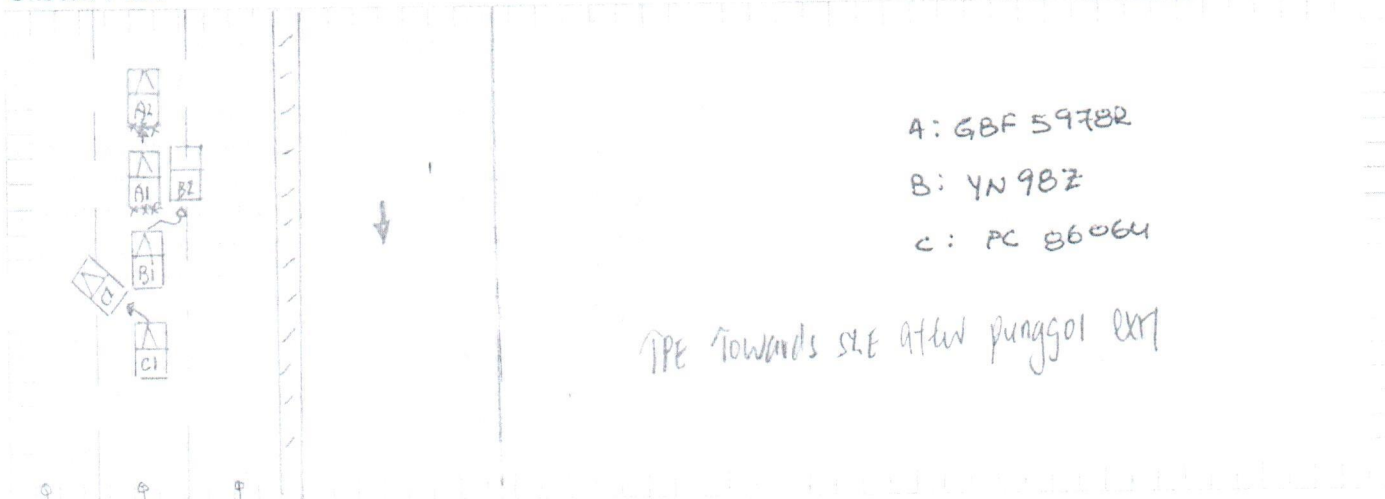


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

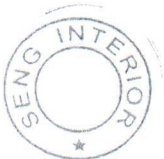


Describe Circumstances of the Accident

I WAS TRAVELLING ALONG THE TOWARDS SLE ON THE CENTRE
LANE OF 3 LANES, AS I WAS TRAVELLING STRAIGHT, VEHICLE IN
FRONT BRAKE AND STOP, I THEN APPLIED MY BRAKE TO SLOW DOWN,
M/LURRY YN 98E WAS TRAVELING BEHIND ME, WHEN SUDDENLY I
HEARD A BANG, FOLLOWED BY AN IMPACT AT THE REAR OF MY VEHICLE,
I THEN CAME OUT OF MY VEHICLE AND REALISED A TOTAL OF 3
VEHICLES INVOLVED IN THE ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

[Signature]

[Signature] · 26/10/2022
Witnessed by Reporting Centre
Personnel



Motor Commercial

MZ300/C

R SN

AN0633A

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.

DMCVSNA00154662104

Engine No.: ZD30014544N

Cha. No.:JN1SC2F24Z0859127

1. Index Mark and Registration
Number of Vehicle

GBF5978R

AUTOSAFE
=====

2. Name of Policy Holder

SENG INTERIOR

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

24/12/2021
(00:00:00)

Excess Sect I, S\$350.00
EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

23/12/2022

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.: ETHOZ CAPITAL LTD 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.

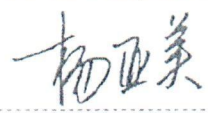
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Tan Mingjie
Authorised Officer


Authorised Signatory