

# NATIONAL Assessment Centre Services

Date In: <b>3/11/2022</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CTI 22010988/r3</b>	SAS e-filing		
Veh No: <b>GZ 8458R</b>	E-mail (within 4hrs, A/C 2hrs)		
DOA: <b>1/11/2022 1300</b>	i-Motor Claim Form		
OD: <b>0</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GBL 2314 U** 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:	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

<p><b>NA2203087</b></p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1</p> <p>Cat 2 / 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>	<p>Ant (\$)</p> <p>1st Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>Invoice date:</p> <p>Invoice dated</p>	<p>Fee Charged</p> <p>Fee Charged</p>	

# 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	03/11/2022 15:15 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TUAS) CTE EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GZ8458R

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STAR69 TOWING
Company Reg No	5XXXX260W
Email Address	JIM.KOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87780090
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr69e
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	3059

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00101602200

### DRIVER

Name of Driver	CHU PUI PING
Passport No/FIN	FXXXX483K
Date Of Birth	08/11/1977
Occupation	Outdoor

Date Of Driving Pass .....	13/01/2021
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87780090
Alt. Phone Number .....	-
Email Address .....	JIM.KOH@HOTMAIL.COM
Address .....	47 JALAN PEMIMPIN #C01-02 HALCYON 2
Address complement .....	-
Postcode .....	577200
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) .....	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 REPORT

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 .....	GBL2314U
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 ..... CHU PUI PING  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GZ8458R  
 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 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.

STAR 69  
TOWING  
☎ 93667827  
53402260W

Q. 3/11/2022

Policyholder's Signature / Date & Time

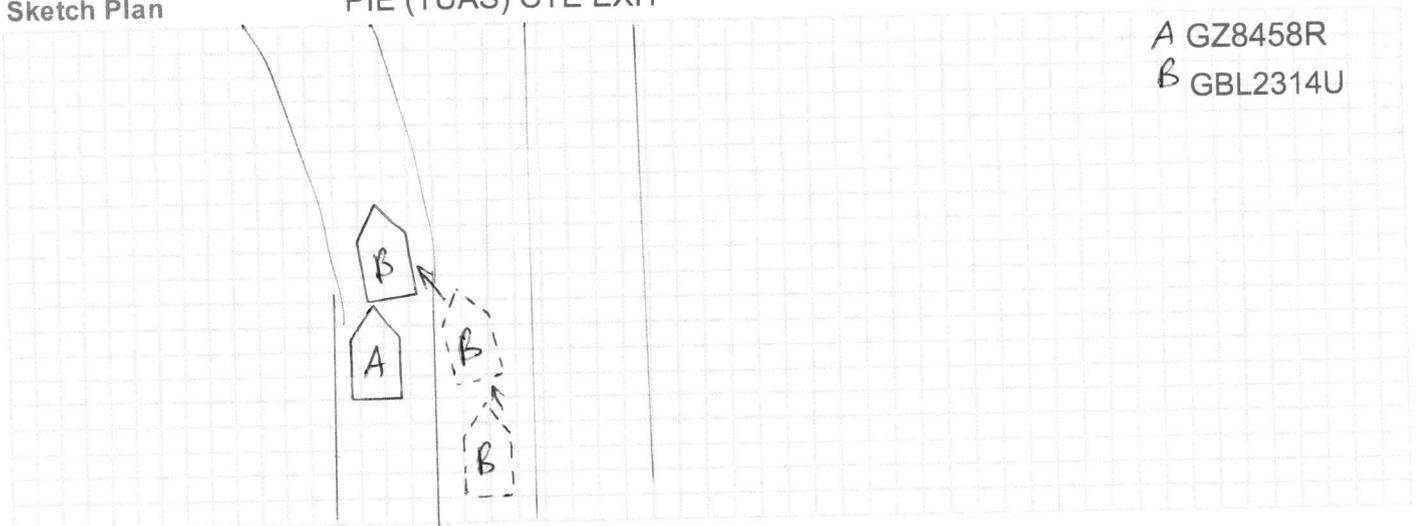
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**PIE (TUAS) CTE EXIT**

A GZ8458R  
B GBL2314U



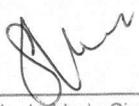
**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG PIE (TUAS) CTE EXIT. I WAS TRAVELLING STRAIGHT AHEAD ON MY LANE ON THE EXTREME LEFT LANE. SUDDENLY, VEHICLE B CUT IN FRONT OF ME INTO MY LANE AND COLLIDED WITH MY VEHICLE.

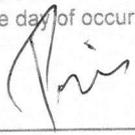
**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

STAR 69  
TOWING  
9366/827  
& Time



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

 3/11/2022  
Witnessed by Reporting Centre Personnel

53402260W

# Accident Reporting Draft

VEHICLE NO: **GZ8458R**

MODEL: **ISUZU NHR69E**

AUTO MANUAL

DATE OF ACCIDENT	1/11/2022	C.C: 3,059
TIME OF ACCIDENT	1300	HRS AM/PM
LOCATION OF ACCIDENT	PIE (TUAS) CTE EXIT	
EXACT PURPOSE USE DURING ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	STAR69 TOWING	
CONTACT NO.	87780090	EMAIL: JIM.KOH@HOTMAIL.COM
NRIC	53402260W	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : CHU PUI PING	
NRIC	F7906483K	ANY PASSENGER: 0
DATE OF BIRTH	8/11/1977	
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS	20/2/2020	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	87780090	EMAIL: JIM.KOH@HOTMAIL.COM
ADDRESS	47 JALAN PEMIMPIN #C01-02 HALCYON 2 S(577200)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY	
ANY INJURIES	NO / IF <u>YES</u> : YES - DRIVER (CHU PUI PING) (M)	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES:	NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	GBL2314U	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

*VEHICLE Body Damaged  
could not retrieve vehicle mileage and chassis no.*



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

Motor Commercial

MZ301C

N SN

AN0613A

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	DMCVSNW00101602200	Engine No	4JG2371674
		Cha. No	JAAHR69E67100215
1. Index Mark and Registration Number of Vehicle	GZ8458R		
2. Name of Policy Holder	STAR69 TOWING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/09/2022 (00:00:00)	Excess Sect. II	SS1,500.00
4. Date of Expiry of Insurance	31/08/2023		
5. Persons or Classes of Persons entitled to drive*			
(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.			
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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 racing, pace-making, reliability trial or speed-testing			
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle			
(3) Use for the carriage of passengers for hire or reward			
HIRE PURCHASE CO. OMEGA CREDIT PTE LTD			
*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: AUTO WORLD PTE LTD  
Authorised Officer

Authorised Signatory

