

NATIONAL Assessment Centre Services (M11 Jan 22) **SUCR 22BY0001**

Date In: 04 Jul 2022 10:55	Job description	Date & Time Completed	Done by
Ref No: NBA/C12220/1018/Y	SAS e-filing		
Veh No: GR3 9594	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01 Jul 2022 16:15	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (within OD 2hrs, TP 1hr)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Veh No: **YK 5500L** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: 1st 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 repeller.

() 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

N/A 2203 095 Insured's Particulars: Owner/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments: 1 12/3	Invoice Preparation Checklist		TR Bill	TR Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TP: Towing Fee	\$10/\$40		
	4) FT: Follow-Through Survey	\$100		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	Resurveying against INC Only (up to 10 Jan 2023)			
	6) TR: Reformation	\$75		
	7) NI: 1st DA + SMRT Survey	\$140		
	8) NTUC Additional Technical			
QTY				
*NI: Courtesy Car / Tnt Allowance	\$5			
*NI: Repair Coordination	\$10			
*NI: Post Repair Inspection	\$20			
*NI: DV / Collect Excess Coordination	\$5			
*NI: 1st DA + SMRT Survey	\$140			
*NI: 1st DA + SMRT Survey	\$140			
*NI: 1st DA + SMRT Survey	\$140			
Invoice Date:	Fee Charged:			
	Fee Received:			

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	04/11/2022 10:55 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 16:15 (SGT)
Exact Location of Accident	18 Joo Koon Cir, Singapore 629050
Additional Location Information	OPPOSITE MAZAK BUILDING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ959H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FUJIN PTE LTD
Company Reg No	2XXXXX442G
Email Address	wongyy1980@yahoo.com
Mobile Phone No	(Phone) +65-87003637
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	DMCVSNW00001922200

DRIVER

Name of Driver	WONG YEE YANG
NRIC No	SXXXX354G
Date Of Birth	29/05/1980
Occupation	Outdoor

Date Of Driving Pass	18/06/2011
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87003637
Alt. Phone Number	-
Email Address	wongyy1980@yahoo.com
Address	BLK 762 WOODLANDS AVENUE 6 #12-88
Address complement	-
Postcode	730762
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 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	YK5500L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BEH AH CHYE
NRIC No	SXXXX849I

Contact Number	(Phone) +65-84209999
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



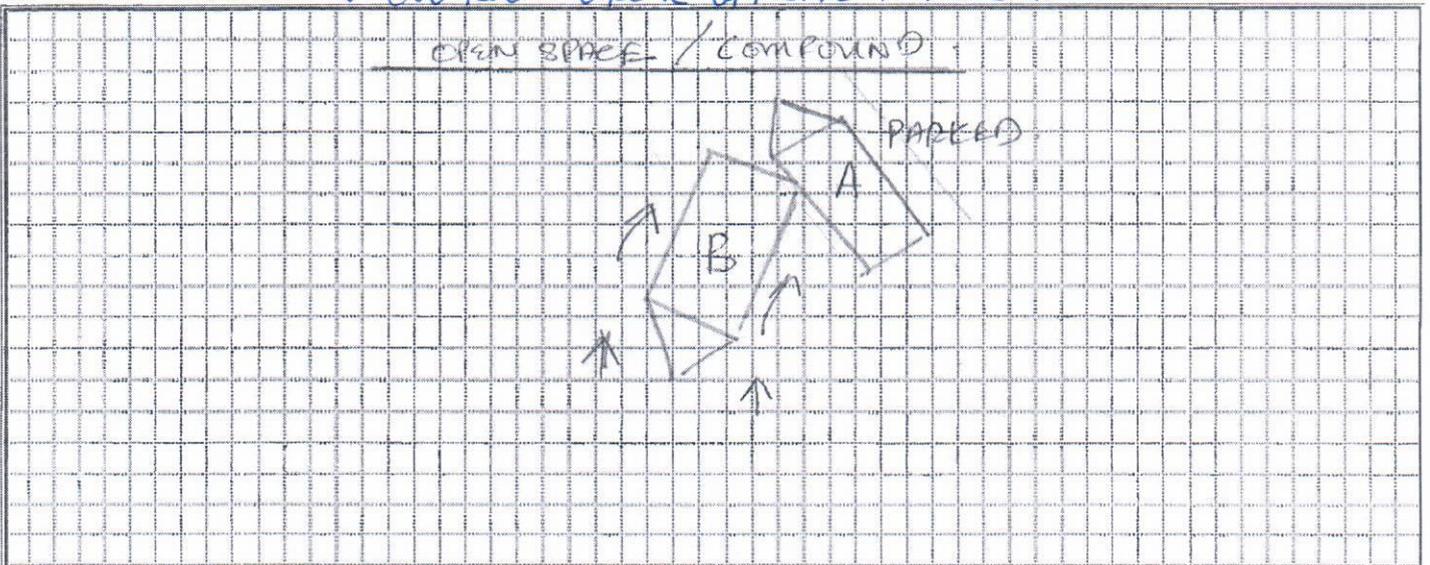
[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 08/11/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

18 JOO KOON CIRCLE OPPOSITE MAZAK BUILDING



Describe Circumstance of the Accident

On the stated date and time, My vehicle A (G1BJ959H) was parking at JOO KOON CIRCLE 18 (greenspace area) opp MAZAK BUILDING. Vehicle B (YK5500L) was making a reverse and the rear left portion hit onto my left front side passenger door and my door was dent and glass shatter. I was informed by my staff about the incident and I went over to check the situation. Both the driver and myself had exchange particular and the vehicle B then left the scene.

Vehicle A G1BJ959H

Vehicle B YK5500L

Declaration

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



[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 05/11/2022
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Date of accident: 01-11-2022 Time: 1615HRS
 Location of accident: JOO KOON CIRCLE (18 / OPP MAZAK BUILDING)

Details of Own Vehicle

Vehicle Number: GRT 959H Make/Model: TOYOTA DYN
 Insurer: CHINA TAIPIING INSURANCE Passenger (incl. Driver): 1
 Policy No: DMCVSNW00001922200 Policy Type: TPFT/TPG

Policyholder

Name: FUJIN PTE LTD
 Contact no.: 8700 3637

NRIC/FIN no.: 2014104429

Driver

Name: WONG YEE XANG
 Contact no.: 8700 3637
 Email: wongyx1980@yahoo.com
 Address: BLK 762 WOODLANDS AVE 6 #12-88 (730762)

NRIC/FIN no.: S8061854G

D.O.B.: 29.05.1980

Occupation: OUTDOOR

Driving pass date: 18.06.2011

Relationship with Policyholder:

General Information

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom:

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>YK5500L</u>	
Driver name:	<u>BEN AH CHYE</u>	
NRIC/ FIN no.:	<u>S2614849I</u>	
Contact no.:	<u>8420 9999</u>	
Insurance Co.:	<u>M& FIRST CAPITAL INSURANCE</u>	
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage Third Party / Reporting Only

Policyholder driver

Workshop: _____

Signature: [Signature]



Motor Commercial

MZ300/C

N SN

AN0736A

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.	DMCVSNW00001922200	Engine No.: 1KD2834220	
		Che. No.: JTFAT35Y20K212048	
1. Index Mark and Registration Number of Vehicle	GBJ959H	AUTOSAFE *****	
2. Name of Policy Holder	FUJIN PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03/01/2022 (00:00:00)	Excess Sect 1 . S\$500.00 EX ON WINDSCREEN . S\$100.00	
4. Date of Expiry of Insurance	02/01/2023		
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.		

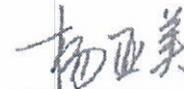
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: BMP
Authorised Officer



Authorised Signatory