

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 8/11/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CI22011129/r3	SAS e-filing		
Veh No: GX 7730 X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 7/11/2022 1200	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 Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GX 2452G 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%. P: 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

NA 2203128	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		fit Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	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*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Pat 1:	TP (N11) : TP (Non INC) against INC \$20			
Pat 2 / 3:	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	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 .....	08/11/2022 13:16 (SGT)
Reported by .....	Driver
Date of Accident .....	07/11/2022 12:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KAKI BUKIT RD 3JUNC OF KAKI BUKIT IND TERRACE
Country/State of Loss .....	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number .....	GX7730X
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**INSURED/POLICYHOLDER**

Is company? .....	Yes
Name Of Registered Owner .....	BAN JOO INVESTMENT (PTE) LTD
Company Reg No .....	1XXXXX747M
Email Address .....	michaellss@banjoo.com.sg
Mobile Phone No .....	(Phone) +65-65338338
Alternative Phone No .....	-

**VEHICLE PARTICULARS**

Manufacturer .....	Toyota
Model .....	Liteace
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 .....	1166

**INSURANCE COMPANY**

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNA00084612204

**DRIVER**

Name of Driver .....	LEOW SEE SONG
NRIC No .....	SXXXX154A
Date Of Birth .....	05/07/1951
Occupation .....	Outdoor

Date Of Driving Pass .....	16/09/1982
Driving experience .....	40 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97526609
Alt. Phone Number .....	-
Email Address .....	michaellss@banjoo.com.sg
Address .....	BLK 102 SIMEI ST 1
Address complement .....	#11-922
Postcode .....	520102
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? .....	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 .....	GX2452G
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) ..... -



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME I WAS TRAVELLING ON  
 KACI BUKIT RD 3.  
 OUT OF NOWHERE, VEH B EXITED FROM KACI BUKIT  
 IND TERRACE AND HIT ONTO MY VEH'S RIGHT PORTION AT  
 A GREAT SPEED AND THE IMPACT PUSHED MY VEH TO THE LEFT  
 CAUSING MY VEH TO MOUNT THE KERB.

Declaration

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

X



Policyholder's Signature / Date & Time

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

*[Handwritten signature]* 8/11/2022

Witnessed by Reporting Centre Personnel

VEHICLE NO: Gx 7730xMAKE & MODEL: TOYOTA LITENCEAUTO/MANUAL

DATE OF ACCIDENT	<u>07 / 11 / 22</u>	C.C.
TIME OF ACCIDENT	<u>1200</u>	<u>AM/PM</u>
LOCATION OF ACCIDENT	<u>KAKI BUKIT RD 3 x KAKI BUKIT IND TERRACE</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>BAN JOO INVESTMENT (PTE) LTD.</u>	
EMAIL	<u>ENQC@BANJOO.COM.SG.</u>	OFFICE: MOBILE: <u>6533 8338</u>
NRIC	<u>198004797m</u>	
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>	
FLEET POLICY	<u>YES/NO?</u>	
INCURENCE CO.	<u>CN THAIING.</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO.	<u>Dm CVSNA0008 4612204.</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: LEOW SEE SONG.</u>	
NRIC	<u>S0067159A</u>	
DATE OF BIRTH	<u>05 / 07 / 51</u>	
ANY PASSENGER	<u>YES/NO: DRIVER ONLY</u>	
NAME OF PASSENGER	<u>-</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>16 / 09 / 82.</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	Mobile: <u>74526609</u> Office: Home:	
EMAIL	<u>MICHAELLS@BANJOO.COM.SG.</u>	
ADDRESS	<u>102 SIMCI ST 1 #11-922 S (S20102).</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO / If yes, Reg No: INSURE: -</u>	
RELATIONSHIP	<u>Employee / If No:</u>	
WEATHER CONDITION	<u>Clear / Raining / Other:</u>	
ROAD SURFACE	<u>Dry / Wet / Other:</u>	
ANY INJURIES	<u>No / If yes, Who?</u>	
CONTACT NO.		
ROLICE REPORT	<u>No / If yes, Where?</u>	
NOTICE OF INTENDED PROSECUTION?	<u>No / If yes, Who?</u>	
VEHICLE B NO.	<u>Gx 2452 G.</u>	Any Passenger: <u>1 DRIVER</u>
NAME		<u>1 PASSENGER.</u>
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.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES/NO</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES/NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES/NO</u>	
WHO IS REPORTING	<u>DRIVER/ OWNER/ BOTH</u>	
Original Language Used	<u>English/ Mandarin/ Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES/NO</u>	



**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 6N

AN01B5A

Gov. Type:T

**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. DMCVSNAC0084612204

Engine No.: 3C3899874

Cha. No.:CR426010392

1. Index Mark and Registration  
Number of Vehicle

GX7730X

2. Name of Policy Holder

BAN JOO INVESTMENT (PTE) LTD

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

01/08/2022  
(00:00:00)

4. Date of Expiry of Insurance

31/07/2023

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: Lim Lee Choo  
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