

NATIONAL Assessment Centre Services

Date In 21/11/02	Job description	Date & Time Completed	Done by
Ref No NA/CTI22011653/13	SAS e-filing		
Veh No GBD1576A	E-mail (within 3hrs. A/C 2hrs)		
DOA 17/11/02 1130	i-Motor Claim Form		
OD/TP/ <u>Reporting Only</u>	i-Motor W/O (Within: OE 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: Vch No: **SKP 8797S** 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

Claimant's Particulars :-	NA2203273		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	Driver/Owner:	Contact No:	Damaged Portion:	QC Checked by (Engr-In-Charge):	1st Bill	Add Bill
Auditors' Comments :-	Cat 1:		Cat 2/3:		1) AR: Accident Reporting (\$30);	
					2) DA: Damage Assessment (\$100); INC (\$80)	
					3) TF: Towing Fee \$40/\$45	
					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) NI: 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	
					TP (N11): TP (Non INC) against INC \$20	
					9) N12: Idac Mobile 30	
					Invoice date:1	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	21/11/2022 09:32 (SGT)
Reported by	Driver
Date of Accident	17/11/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP CHANGI RD NORTH NEAR JLN MAYAANAM
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1576D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NAM YONG INDUSTRADES
Company Reg No	4XXXX200A
Email Address	ngahapseng@gmail.com
Mobile Phone No	(Phone) +65-90306235
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 - Reporting only
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	DMCVSNW00079792203

## DRIVER

Name of Driver	NG HAP SENG
NRIC No	SXXXX779G
Date Of Birth	01/10/1958
Occupation	Outdoor

Date Of Driving Pass .....	23/03/1982
Driving experience .....	40 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81874031
Alt. Phone Number .....	-
Email Address .....	ngahapseng@gmail.com
Address .....	BLK 616 HOUGANGAVE 8
Address complement .....	#09-382
Postcode .....	530616
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) .....	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

PLS REFER TO THE 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 .....	SKP8797S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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**

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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]*  
18/11/22

*[Signature]*  
18/11/22

*[Signature]*  
21/11/22

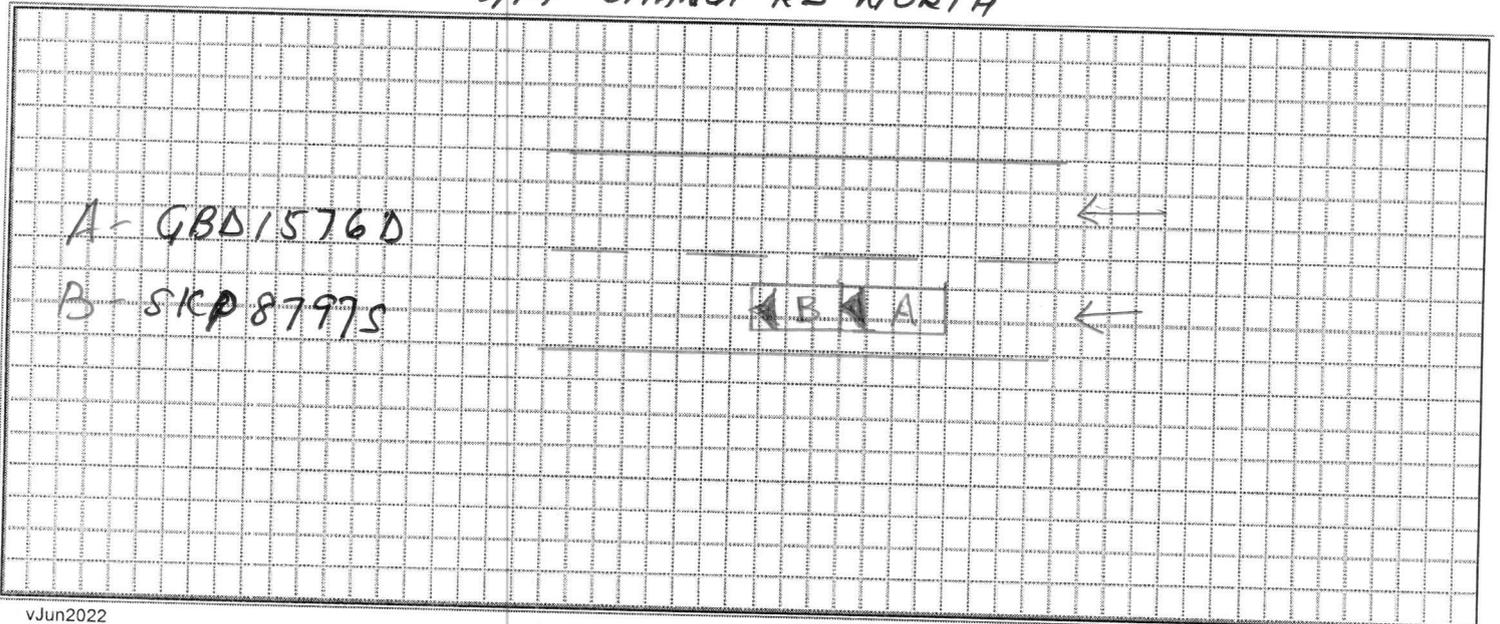
\*  
Policyholder's Signature / Date & Time

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

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

Sketch Plan

UPP CHANGI RD NORTH

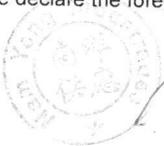


Describe Circumstance of the Accident

I was travelling straight along Upp Changi Rd North. After <sup>i passed</sup> the ~~red~~ traffic light junction suddenly in front of my veh stop. I can't stop on time and my veh hit onto the rear portion of veh B.

Declaration

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



\*

Policyholder's Signature / Date & Time

*[Signature]*  
18/11/22

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

*[Signature]*  
18/11/22

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

*[Signature]* 21/11/22

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/01/22) (DD/MM/YYYY), TIME: (11.30) (HH:MM)

LOCATION: UAP CHANGI RD NORTH NEAR JLN MAYAANAM

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G B D 1576 A  
b) INSURANCE COMPANY: CHINA  
c) POLICY NUMBER: DMCUSN00079792203  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: \_\_\_\_\_ AUTO / (MANUAL)  
f) TYPE: (SALOON / COUPE / MPV / VAN / (LORRY) / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) \_\_\_\_\_  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: NAM YONG INDUSTRADES (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90306235  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
a) NAME: NG HAP SENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S13297796 CONTACT: 81874031  
c) ADDRESS: BLK 616 HOUGANG AVE 8  
#09-382 (S30616)

\* d) DATE OF BIRTH: (01/10/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / (OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_ 03/03/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS \_\_\_\_\_  
b) ROAD SURFACE: (DRY) / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP87975 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

18/11/22

company stamp  
sketch plan  
with sketch  
will pass  
on mon

Email = nghapseng@gmail.com

fax =

VIDEO = 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, 1999 (Malaysia)

CERTIFICATE No.

DMCVSNW0007979  
2203

Engine No.: 1KD2395732  
Cha. No.: KDY2318015640

1. Index Mark and Registration  
Number of Vehicle

GBD1578D

AUTOSAFE  
=====

2. Name of Policy Holder

NAM YONG INDUSTRADES  
NAM YONG INDUSTRADES

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

03/07/2022 03/07/22  
(00:00:00)

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

4. Date of Expiry of Insurance

02/07/2023 02/07/23

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.: ABWIN PTE 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: 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

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