

# NATIONAL Assessment Centre Services

Date In 21/11/22	Job description	Date & Time Completed	Done by
Ref No NA/CTI22011674/13	SAS e-filing		
Veh No GBG6065M	E-mail (within 3hrs. Aft 2hrs)		
DOA 19/11/22 1445	i-Motor Claim Form		
OD/TP/ 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: 5BS3053D	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

NA2203289	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		Ist Bill	Add Bil
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iFT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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			
	TP (N11) : TP (Non INC) against INC \$20			
	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	21/11/2022 15:26 (SGT)
Reported by	Driver
Date of Accident	19/11/2022 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG MARYMOUNT RD TWDS AMK AVE 6 B4 SHUNFU RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6065M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DULY FLORIST & ENTERPRISE CO
Company Reg No	3XXXX200J
Email Address	yeo@dulygift.com.sg
Mobile Phone No	(Phone) +65-91907989
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00111412205

#### DRIVER

Name of Driver	YEO TECK HOCK
NRIC No	SXXXX521I
Date Of Birth	26/08/1959
Occupation	Indoor

Date Of Driving Pass	14/04/1981
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91907989
Alt. Phone Number	-
Email Address	yeo@dulygift.com.sg
Address	85 HILLVIEW AVE
Address complement	#04-02
Postcode	669587
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOY
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	SBS3053D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KUA ANN HWA
Contact Number	(Phone) +65-96158971

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

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 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.

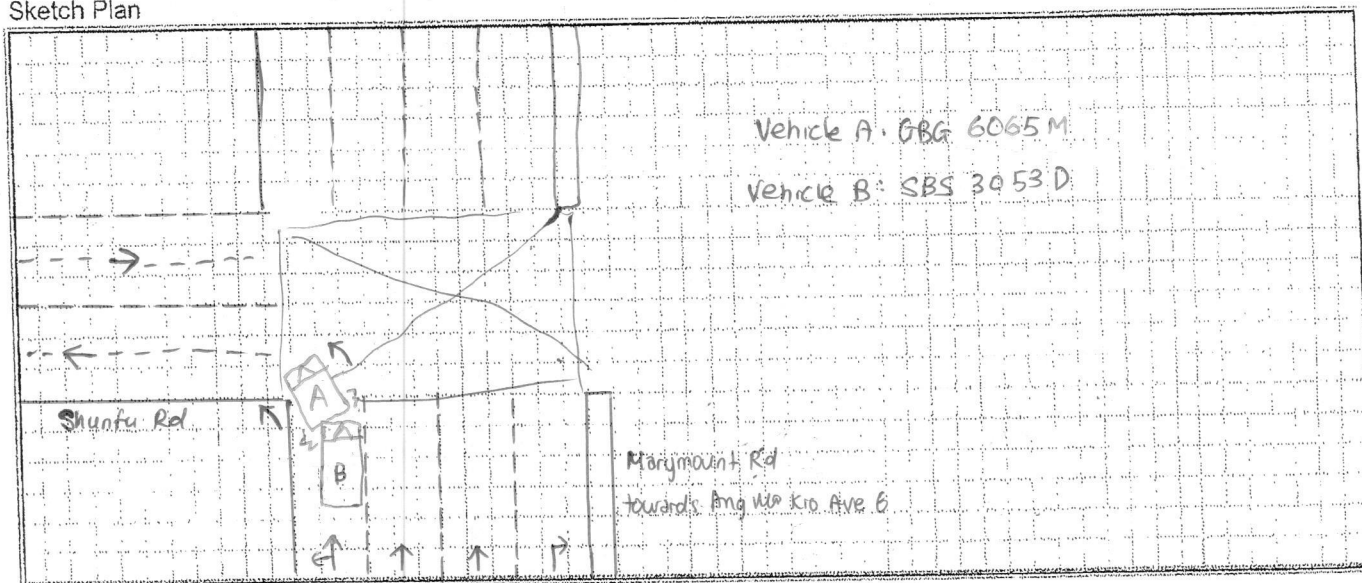
德利隆企业公司  
Duty Floor & Enterprise Co.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As above date and time, I was driving my vehicle (GBG 6065M) along Marymount Rd towards Ang Mo Kio Ave 6 along the extreme left lane of a 4 lane Rd. At the junction of Shunfu Rd, I was turning left and waiting for pedestrian to cross. My vehicle was stationary and out of a sudden, vehicle B (SBS 3053 D) collided into the rear portion of my vehicle.

Declaration

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

德利花屋企业公司  
Duly Florist & Enterprise Co.

Policyholder's Signature / Date & Time

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

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



VEHICLE NO: <u>GBG 6065 M</u>	MAKE & MODEL <u>Nissan Cabstar</u>	AUTO <input checked="" type="checkbox"/> (MANUAL)
DATE OF ACCIDENT:	<u>19 / 11 / 2022</u>	CC: <u>2-0</u>
TIME OF ACCIDENT:	<u>1445</u> HRS	
LOCATION OF ACCIDENT:	<u>Along Marymount Rd towards Ang mo Kio Ave 6 before Shunfu Rd</u>	
EXACT PURPOSE USE DURING ACCIDENT:	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER:	<u>Duly Florist &amp; Enterprise CO</u>	
TEL NO:	H/P: <u>91907989</u>	OFFICE: HOME:
NRIC:	<u>30987200J</u>	
ADDRESS:	<u>Midview City, 18 Sin Ming Lane #02-02, S573960</u>	
EMAIL:	<u>YEO@DULYGIFT.COM.SG</u>	
CLAIM TYPE:	<u>OD / (THIRD PARTY) / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES (NO?)</u>	
INSURANCE COMPANY:	<u>China Taiping</u>	
TYPE OF COVERAGE:	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO:	<u>DMCVSNW00115212104</u>	
NAME OF DRIVER:	<u>AS ABOVE / IF NO: Yeo Teck Hock</u>	
NRIC:	<u>S1387521I</u>	ANY PASSENGER: <u>N/A</u>
DATE OF BIRTH:	<u>26 / 08 / 1959</u>	LICENCE PASSED DATE: <u>14 / 04 / 1981</u>
OCCUPATION:	<u>OUTDOOR / (INDOOR)</u>	
GENDER:	<u>MALE / FEMALE</u>	
CONTACT NO:	H/P: <u>as above</u>	OFFICE: HOME:
ADDRESS:	<u>85 Hillview Avenue #04-02 Singapore 669587</u>	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<u>NO / IF YES, REG NO:</u>	INSURER:
RELATIONSHIP:	<u>Self Employed</u>	
WEATHER CONDITION:	<u>CLEAR / RAINING / OTHERS:</u>	
ROAD SURFACE:	<u>DRY / WET / OTHER:</u>	
ANY INJURIES:	<u>NO / IF YES, WHO?</u>	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<u>NO / IF YES, WHERE?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO / IF YES, WHO?</u>	
VEHICLE B REG NO:	<u>SBS 3053 D</u>	ANY PASSENGERS: <u>Unknown</u>
NAME OF DRIVER:	<u>Kua Ann Hwa</u>	CONTACT NO: <u>9615 8971</u>
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<u>YES / (NO)</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES / (NO)</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES / NO</u>	
ACCIDENT PORTION:	<u>Rear Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES / (NO)</u>	
WORKSHOP PARTICULAR:	<u>N-51 Automotive Pte Ltd</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:	<u>Steve</u>	
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</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 SN

AN0421A

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.

DMCVSNW00111412205

Engine No.: ZD30024858N

Cha. No.: JN1SC2F24Z0859873

1. Index Mark and Registration  
Number of Vehicle

GBG6065M

AUTOSAFE

=====

2. Name of Policy Holder

DULY FLORIST & ENTERPRISE CO

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

14/09/2022  
(00:00:00)

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

4. Date of Expiry of Insurance

13/09/2023

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: VITESSE SOLUTIONS  
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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