

NATIONAL Assessment Centre Services (part 1 Jan 2022) **SN0J22C2000A**

Date In: 02/12/2022 16:11	Job description	Date & Time Completed	Done by
Ref No: NPA/C11220/2105V	SAS e-filing		
Veh No: GBE 2578 J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 28/11/2022 13:00	i-Motor Claim Form		
OD <input checked="" type="radio"/> TP / Reporting Only	i-Motor W/O (within 3hrs, TP 1hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

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

TP Particulars: Vch No: **BMW 154L** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-30%, P: 31-79%, 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 6016) 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:

MA2203378

Client's Particulars:	Invoice Preparation Checklist:	AMT	Acc of Bill
Driver/Owner:	1) AR: Accidental Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$10/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$150		
Notes/Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	Excludes repair cost INC Only (w/ 15 Jan 2022)		
	6) TR: Re-inspection \$75		
	7) NI: Has DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	OD:		
	*NI: Courtesy Car / Trip Allowance \$5		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$15		
	*NI: DV / Collect Excess Coordination \$1		
	TP (NI): TP (Non-INC) against INC \$10		
	9) NI: 150 Miles \$10		
	Invoice Date:	Fee Charged	
		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	02/12/2022 16:11 (SGT)
Reported by	Driver
Date of Accident	28/11/2022 13:00 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2558J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RONGYAO AIRCON PTE LTD
Company Reg No	2XXXXX797R
Email Address	jaymenler86@gmail.com
Mobile Phone No	(Phone) +65-97217832
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00069032203

DRIVER

Name of Driver	WANG YONG
NRIC No	SXXXX577B
Date Of Birth	25/01/1983
Occupation	Outdoor

Date Of Driving Pass 26/10/2015
 Driving experience 7 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-97217832
 Alt. Phone Number -
 Email Address jaymenler86@gmail.com
 Address BLK 611 BUKIT PANJANG RING ROAD #10-880
 Address complement -
 Postcode 670611
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured OWNER
 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 - Change/cross lane
 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) 2
 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 -

PASSENGER 1

Name CHAI YUFEI
 Gender Male

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 SMN154L
 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANG YONG
Gender	Male
Phone No	(Phone) +65-97217832
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	GBG2558J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

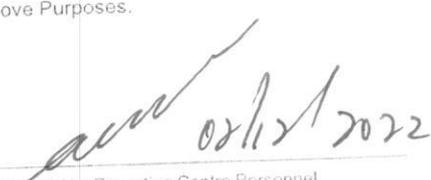
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

RONGYAO AIRCON PTE LTD

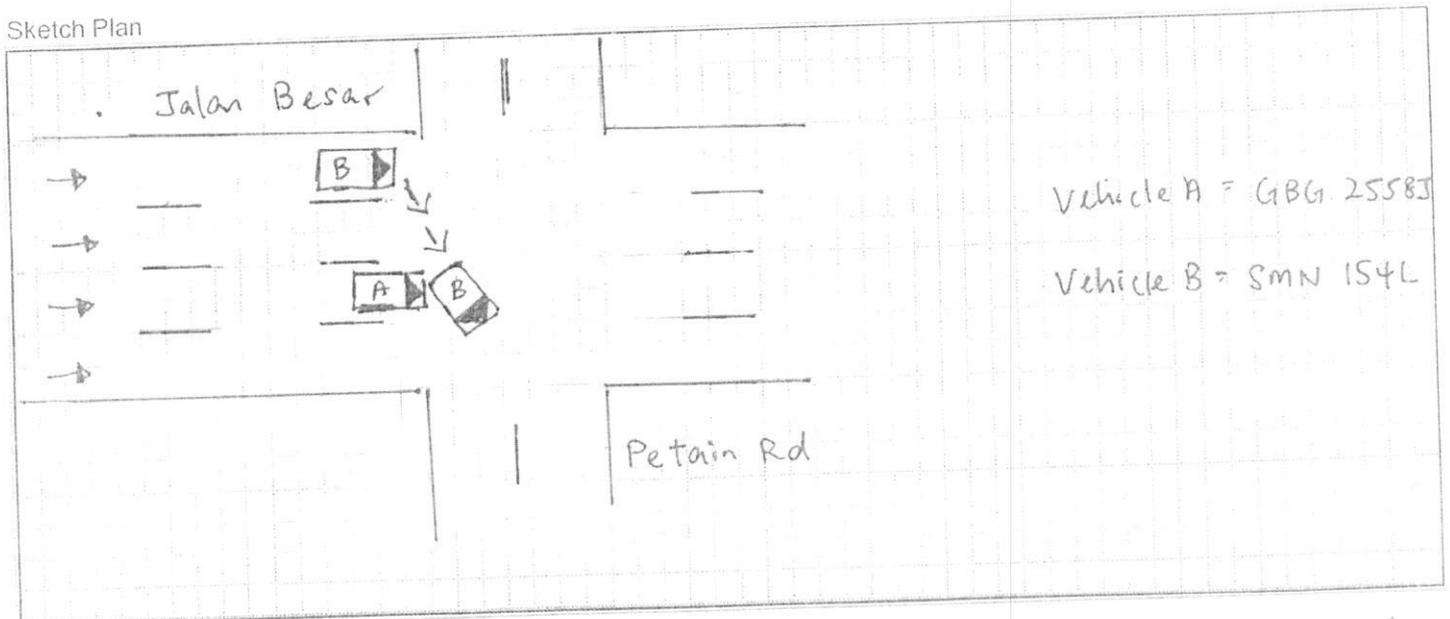
152 Beach Road #14-03
Gateway East Singapore 189721
HP: 9721 7832
Email: wangyong0125@gmail.com

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



Vehicle A = G1BG 2558J

Vehicle B = SMN 154L

Describe Circumstance of the Accident

On the stated date and time, I vehicle A (GBG 2558J)
was travelling straight on the stated venue.
Suddenly vehicle B (SMN 154L) abruptly cut into my lane
and collided onto my vehicle.

Declaration

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

RONGYAO AIRCON PTE LTD

152 Beach Road #14-03
Gateway East Singapore 189721

Policyholder's Signature / Date & Time

RONGYAO AIRCON PTE LTD

152 Beach Road #14-03
Gateway East Singapore 189721
HP: 9721 7832
Email: wangyong0125@gmail.com



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



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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 28 / 11 / 2022 (dd/mm/yy) Time of Accident: 13 : 00 (24-HR-FORMAT)

Vehicle No.: G8G 2558J Vehicle Make & Model / Engine (cc): Toyota Hiace Private Hire: (Y/N)

Exact location of Accident: Along Jalan Besar

Policyholder's Name / IC No.: Rongyao Aircon Pte Ltd ROC/UEN (Company): 201711797R

Driver's Name / IC No.: Wang Yong S8367577B (As Above)

Driver's Contact No.: 97217832 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 611 Bukit Panjang Ring Road #10-880

Owner Email address: jaymenler86@gmail.com Insurance Company: China Taiping

Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): _____

*Passenger Name: Chai Yufei Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (IF YES) Injured Person's Name: Wang Yong

Injuries Sustain: Neck, Back Injured Person in Which Vehicle: G8G 2558J

Police Report filed: Yes / No (IF YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMN 154L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNW00069032203	Engine No.: 1KD2684966	
		Cha. No. KDH2010216054	
1. Index Mark and Registration Number of Vehicle	GGG2558J	AUTOSAFE	=====
2. Name of Policy Holder	RONGYAO AIRCON PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/07/2022 (00:00:00)	Excess Sect I .	SS350.00
		EX ON WINDSCREEN .	SS100.00
4. Date of Expiry of Insurance	06/07/2023		

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.

HIRE PURCHASE CO. - HITACHI CAPITAL ASIA PACIFIC 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