

NATIONAL Assessment Centre Services

Date In 13/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT1230000416/d4	SAS e-filing		
Veh No CB8055T	E-mail (within 8hrs. Aft 2hrs,		
DOA 12/01/2023 0815	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: SJL 2274 G	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:	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

NA2300132	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
at: _____	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl 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			
	NA212: Blue Mobile 30			

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	13/01/2023 13:37 (SGT)
Reported by	Both
Date of Accident	12/01/2023 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK OF BEDOK NORTH STREET 4, (NEAR BLOCK 91)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8055T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH KOK CHUAN
NRIC No	SXXXX323B
Email Address	wamingoh@gmail.com
Mobile Phone No	(Phone) +65-91911588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	DMB1SNW00004522204

DRIVER

Name of Driver GOH KOK CHUAN

Occupation	Outdoor
Date Of Driving Pass	13/12/1986
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91911588
Alt. Phone Number	-
Email Address	wamingoh@gmail.com
Address	BLK 612 ANG MO KIO AVENUE 4
Address complement	# 02-1113
Postcode	560612
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	5
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	JASPER
Gender	Male

PASSENGER 2

Name	ANNA
Gender	Female

PASSENGER 3

Name	AH BOY
Gender	Male

PASSENGER 4

Name	TAN LEE LEE
Gender	Female

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

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 SJL2274G
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

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 Authorised 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. The 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

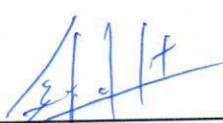
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

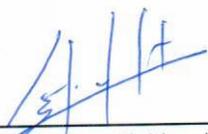
(collectively the "**Purposes**")

(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

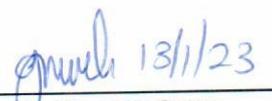
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

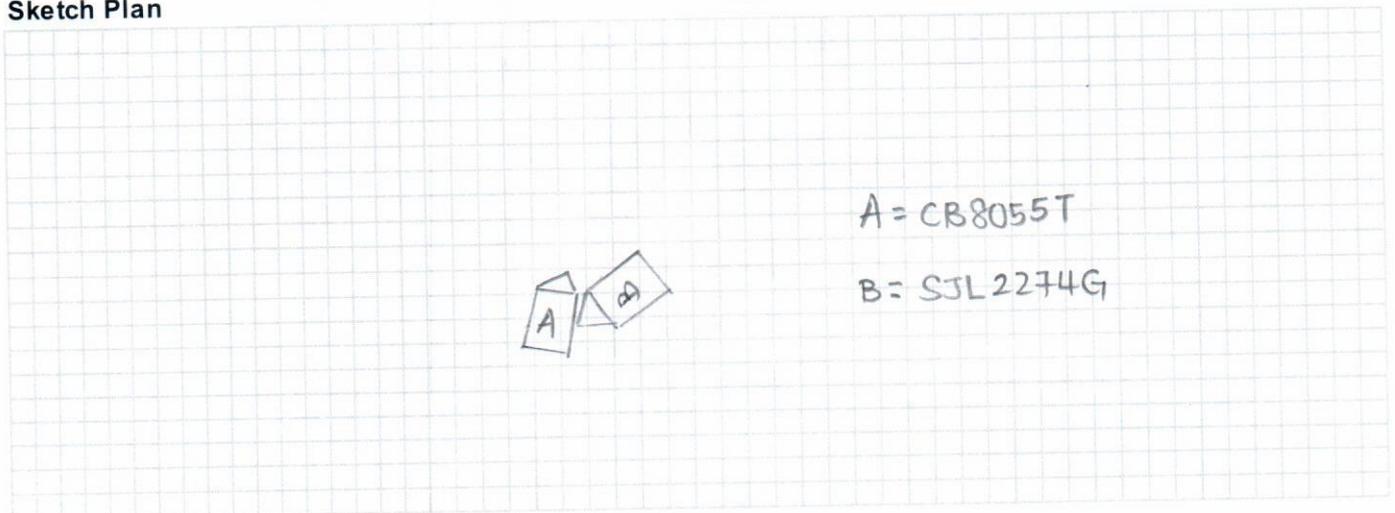


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



A = CB8055T
B = SJL2274G

Describe Circumstances of the Accident

Refer to Attached

Declaration

We declare the foregoing particulars are true in every respect.

31/1/23
Policyholder's Signature / Date & Time

31/1/23
Driver's Signature (If driver is not the policyholder) / Date & Time

gnd 13/1/23
Witnessed by Reporting Centre Personnel

On 12.01.2023 at about 08:15 hours at Open Carpark OF Bedok North Street 4, (near Block 91), while I was turning at the corner of the above mentioned location, suddenly I saw vehicle (B) dashed out from opposite direction and coming in a fast speed. I tried to avoid the oncoming vehicle (B) and swerved to the upmost right but I could not swerve in time hence the vehicle (B) collided onto the right hand side portion of my vehicle (A). The damages of vehicle (B) is only minor scratches on the front right hand side bumper.

I wish to state that I have 4 passengers in my vehicle (A).

Vehicle (A): CB 8055T

Vehicle(B): SJL 2274G

A handwritten signature in blue ink, consisting of stylized, cursive letters that appear to be 'S. H.' or similar, with a horizontal line drawn through the middle of the characters.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/01/2023	Time: 08:15	(hh:mm) 24 hr format
Location Open Carpark of Bedok North Street 4, (Near Block 91)		
Vehicle Number CB8055T		
Insured Name Goh Kok Chuan		
NRIC /FIN S1744323B	Contact Number 91911588	
Make Toyota	Model Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMB1SNW00004522204		
Name of Driver Goh Kok Chuan () Same as Insured		
NRIC / FIN S1744323B Contact Number		
Date of Birth 12/10/1966		
Driving Pass Date 13/12/1986		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address weimingoh@gmail.com () NO EMAIL		
Address of Driver Blk 612 Ang Mo Kio Avenue 4 # 02-1113 Singapore 560612		
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured -		
(/) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (/) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle -		
Insurance Company of Driver's Own Vehicle -		
Weather Conditions (/) Clear () Raining () Others		
Road Surface (/) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? () Yes (/) No		
If yes, injured detail -		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? () Yes (/) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SJL 22749	
Veh C		
Veh D		
Veh E		
Veh F		

Passanger (1) = Jasper (M)

passenger (3) = Ah Boyi (M)

Passanger (2) = Anna (F)

passenger (4) = Tan Lee Lee (F)

Motor Bus

MZ601/F

R SN

AN0597A

Gov. 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 1989 (Malaysia)

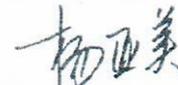
CERTIFICATE No.	DMB1SNW0004522204	Engine No.: 1KD2761424 Cha. No.: KDH2230035306
1. Index Mark and Registration Number of Vehicle	CB8055T	AUTOSAFE *****
2. Name of Policy Holder	GOH KOK CHUAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/04/2022 (00:00:00)	Excess Sect. I. S\$1,500.00 Excess Sect. II S\$3,000.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	12/04/2023	
5. Persons or Classes of Persons entitled to drive* (a) The Policyholder. (b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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: Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule. The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO. : HL BANK 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: ABS INSURANCE AGENCY PTE LTD.
Authorised Officer



Authorised Signatory