

NATIONAL Assessment Centre Services

Date In 26/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123000781/04	SAS e-filing		
Veh No YQ265S	E-mail (within 8hrs. Aft 2hrs)		
DOA 18/01/2023 13:45	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:

SBC01551G

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

NA2300262

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:-

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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OR*

* N5: Courtesy Car / Tpt Allowance \$5

* N6: Repair Co-ordination \$10

* N7: Post Repair Inspection \$25

* N8: DV / Collect Excess Coordination \$5

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	26/01/2023 12:24 (SGT)
Reported by	Driver
Date of Accident	18/01/2023 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 5 TOWARDS TAMPINESS MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ265S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUOXIN CONSTRUCTION PTE LTD
Company Reg No	2XXXXXX254N
Email Address	9938kimchi@gmail.com
Mobile Phone No	(Phone) +65-83509791
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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	2999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00002662304

DRIVER

Name of Driver	FARUK OMAR
Passport No/FIN	GXXXX798T
Date Of Birth	15/03/1987
Occupation	Outdoor

Date Of Driving Pass	16/04/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83509791
Alt. Phone Number	-
Email Address	9938kimchi@gmail.com
Address	27 NEW INDUSTRIAL ROAD, NOVELTY TECH POINT
Address complement	# 07-09
Postcode	536212
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 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	SBQ1551G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN SIANG LIN
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

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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

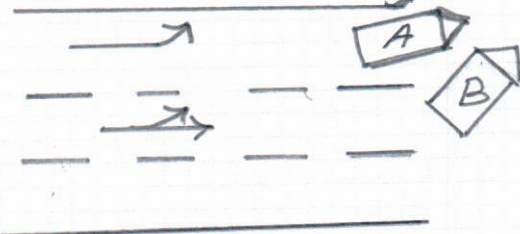
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Ave 5 Towards Tampines mall

TAMPINES MALL



A. YQ 265 S

B. SBQ 1551 G

Describe Circumstances of the Accident

MY VEH WAS TURNING INTO LEFT TOWARD PARKING WALL.
SUDDENLY VEH B CUT INTO MY LANE AND HIT ONTO MY VEH RH
FRONT PORTION.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel

gmu 26/1/23



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.
TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO:	<u>4Q2059</u>	MAKE/MODEL:	<u>ISUZU</u>
DATE OF ACCIDENT	<u>18/01/2023</u> DAY/MONTH/YEAR	TIME	<u>13</u> HR <u>45</u> MIN AM/PM <u>PM</u>
LOCATION OF ACCIDENT	<u>LAUNDRY AVE 5 TOWARDS TAMPINES WALL</u>		
EXACT PURPOSE USE DURING ACCIDENT	<u>WORKING</u>		
CAR OWNER			
NAME OF CAR OWNER	<u>SPUDXIN CONSTRUCTION PTE LTD</u>		
CONTACT NO	<u>2016022541</u>		
NRIC	<u>9938 KIMCHI @ GMAIL.COM</u>		
CLAIM TYPE	<input type="checkbox"/> OD	<input checked="" type="checkbox"/> THIRD PARTY	<input type="checkbox"/> REPORTING ONLY
INSURANCE COMPANY	<u>CHINA</u>		
TYPE OF COVERAGE	<input type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> THIRD PARTY FIRE & THEFT
POLICY NO			
ACCIDENT DRIVER	<input type="checkbox"/> AS ABOVE	<input type="checkbox"/> IF NOT- KINDLY FILL IN BELOW	
NAME OF DRIVER	<u>FARUK OMAR</u>		
NRIC	<u>4656278T</u>		
DATE OF BIRTH	<u>15-03-1987</u>		
OCCUPATION			
DATE OF DRIVING PASS	<u>16/04/2021</u>		
GENDER	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
CONTACT NO	<u>83509791</u>		
ADDRESS	<u>27. NEW INDUSTRIAL ROAD #07-09 NOVELTY TECH POINT</u> <u>536212</u>		
DRIVER OWN ANY VEHICLE	NO/ IF YES- REGISTRATION NO		
RELATIONSHIP	EMPLOYEE/SPOUSE IF NOT: <u>DRIVER</u>		
WEATHER CONDITION	<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/> RAINING	OTHER: _____
ROAD SURFACE	<input checked="" type="checkbox"/> DRY	<input type="checkbox"/> WET	OTHER: _____
ANY INJURIES	<input checked="" type="checkbox"/> NO IF YES- NAME: _____		
CONTACT NO	_____		
POLICE REPORT	<input checked="" type="checkbox"/> NO IF YES- LOCATION: _____		
VIDEO FOOTAGE	<input checked="" type="checkbox"/> NO YES _____		
3RD PARTY INFO			
VEHICLE B NO	<u>8BQ15516</u>	NO OF PASSENGER/S <input type="checkbox"/>	
NAME	<u>TAN SIANG LIN</u>		
CONTACT NO	_____		
VEHICLE C NO	_____	NO OF PASSENGER/S <input type="checkbox"/>	
VEHICLE D NO	_____	NO OF PASSENGER/S <input type="checkbox"/>	
VEHICLE E NO	_____	NO OF PASSENGER/S <input type="checkbox"/>	
VEHICLE F NO	_____	NO OF PASSENGER/S <input type="checkbox"/>	
ANY WITNESS	_____		
WITNESS CONTACT NO	_____		



Motor Commercial

MZ300/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)

R SN

AN0420A

Cov. Type:C

CERTIFICATE No.

DMCVSNA00002662304

Engine No.: 4JJ13W1610

Cha. No.:JAANNR85HJ7100313

1. Index Mark and Registration
Number of Vehicle

YQ265S

2. Name of Policy Holder

GUOXIN CONSTRUCTION PTE LTD

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

07/01/2023

(00:00:00)

Excess Sect I.

SS\$500.00

EX ON WINDSCREEN

SS\$100.00

4. Date of Expiry of Insurance

06/01/2024

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.: UNITED OVERSEAS BANK LIMITED 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



Lee Kian Heng Fred

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

张世义

Authorised Signatory