

NATURAL Assessment Centre Services

Date in 30/01/2023	Job description	Date & Time Completed	Done by
Ref NO NAIC123000906/04	SAS e-filing		
Veh NO GBL957SL	E-mail (within 8hrs. A/C 2hrs,		
DOA 28/01/2023	i-Motor Claim Form		
OD/ TP Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: /

Tel:

1792

TP Particulars:	Veh No: <u>GBC 8733B</u>	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	(IN 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 :

[illegible]

NA2300307		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Incident's Particulars :-				1st Bill	Add Bill
Driver/Owner:		1) AR : Accident Reporting (\$30);			
Contact No:		2) DA : Damage Assessment (\$100);	INC (\$80)		
Insured Portion:		3) TP : 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		
Checked by (Engr-In-Charge):		8) NTUC Additional Services:-			
		ON*			
		* N5: Courtesy Car / Tpt Allowance	\$5		
		* N6: Repair Co-ordination	\$10		
		* N7: Post Repair Inspection	\$25		
Inspectors' Comments :-		* 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	30/01/2023 19:14 (SGT)
Reported by	Driver
Date of Accident	28/01/2023 14:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 2 TOA PAYOH EXIT INTO PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL9575L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRECIA_ENZO
Company Reg No	5XXXX915E
Email Address	precia.enzo@gmail.com
Mobile Phone No	(Phone) +65-96989711
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	N VAN STYLE FUN TURBO 660 CVT
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	658

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00098482200

DRIVER

Name of Driver	CHUA POH LIH (CAI BAOLI)
NRIC No	SXXXX977C
Date Of Birth	29/12/1971
Occupation	Indoor

Date Of Driving Pass	03/04/2002
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97930394
Alt. Phone Number	-
Email Address	precia.enzo@gmail.com
Address	APT BLK 475A UPPER SERANGOON CRESCENT
Address complement	# 14-521
Postcode	531475
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	WIFE'S COMPANY CAR
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	Raining
Road Surface	Wet

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)	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	UNKNOWN
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

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	GBC8733B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YEO KEE WEE
Contact Number	(Phone) +65-82991872
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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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.

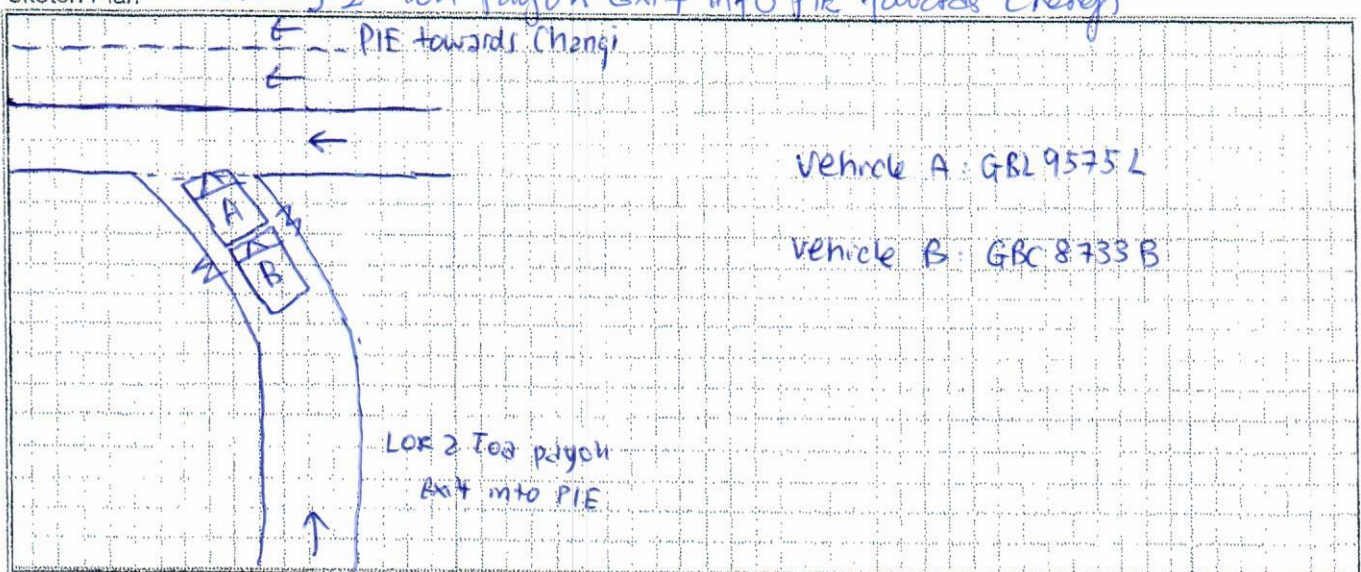


Policyholder's Signature / Date & Time

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 of above date and time, I was driving my vehicle (GBL9575L) along LOR 2 To2 parish towards PIE > Changi. Before the Awe-way line. I stopped my vehicle due to oncoming traffic. Out of a sudden, vehicle B (GBC 8733B) collided into the rear portion of my vehicle. My rear bonnet is unable to open and my left side door got sound after the accident.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

[Signature]

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

[Signature] 30/1/23

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

VEHICLE NO: <u>GBL 9575 L</u>	MAKE & MODEL <u>Honda N van</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT: <u>28 / 01 / 2023</u>	CC: <u>660</u>	
TIME OF ACCIDENT: <u>1405</u> HRS		
LOCATION OF ACCIDENT: <u>Lor 2 Toa payoh Exit into PIE towards Changi</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: <u>PRECIA ENZO</u>		
TEL NO: <u>H/P: 9698 9711</u>	OFFICE:	HOME:
NRIC: <u>53324915 E</u>		
ADDRESS: <u>Apt BIK 475A Upper Serangoon Crescent #14-521 S531475</u>		
EMAIL: <u>PRECIA.ENZO@Gmail.com</u>		
CLAIM TYPE: <u>OD / THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY: <u>YES</u> / <u>NO</u>		
INSURANCE COMPANY: <u>China Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO: <u>DMCVSNW00098482200</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: Chua Poh Lih (CAI BAOLI)</u>		
NRIC: <u>S7147977C</u>	ANY PASSENGER: <u>1 (1F)</u>	
DATE OF BIRTH: <u>29 / 12 / 1971</u>	LICENCE PASSED DATE: <u>03 / 04 / 2002</u>	
OCCUPATION: <u>OUTDOOR / INDOOR</u>		
GENDER: <u>MALE</u> / FEMALE		
CONTACT NO: <u>H/P: 9793 0394</u>	OFFICE:	HOME:
ADDRESS: <u>Apt BIK 475A Upper Serangoon Crescent #14-521 S531475</u>		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <u>NO</u> / IF YES, REG NO:	INSURER:	
RELATIONSHIP: <u>wife's company car</u>		
WEATHER CONDITION: <u>CLEAR</u> / <u>RAINING</u> / OTHERS:		
ROAD SURFACE: <u>DRY</u> / <u>WET</u> / OTHER:		
ANY INJURIES: <u>NO</u> / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: <u>NO</u> / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO</u> / IF YES, WHO?		
VEHICLE B REG NO: <u>GBC 8733 B</u>	ANY PASSENGERS: <u>N/A</u>	
NAME OF DRIVER: <u>Yeo Kee Wee</u>	CONTACT NO: <u>8299 1872</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</u> / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES</u> / <u>NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES</u> / <u>NO</u>		
ACCIDENT PORTION: <u>Rear portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES</u> / <u>NO</u>		
WORKSHOP PARTICULAR: <u>N-51 Automotrol 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>		



Motor Commercial

MZ300/C

N 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.

DMCVSNW00098482200

Engine No.: S07B4017596

Cha. No.: JJ16002704

1. Index Mark and Registration
Number of Vehicle

GBL9575L

2. Name of Policy Holder

PRECIA_ENZO

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

10/08/2022
(00:00:00)

Excess Sect I . S\$450.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

09/08/2023

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.: UNITED OVERSEAS BANK LIMITED

* 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: _____
Elise Lim Xin Yi
Authorised Officer

Authorised Signatory