

NATACAL Assessment Centre Services

Date In 08/02/2023		Job description		Date & Time Completed	Done by
Ref# NA/CT123001314/W		SAS e-filing			
Veh# CBJ 9339 M		E-mail (within 2hrs. APT 2hrs)			
DOA 06/02/2023		I-Motor Claim Form			
(OD) TP/Repair Only		I-Motor W/O (Within: OD 2hrs. TP 4hrs)			
TP Insurer:		I-Photo Uploaded			
Preferred Wksp / INC Assign Wksp / QW: (Assessment/Survey Report			
		Ass't Report by Fax / Hand to Owner/Vksp			
TP Particulars:		Tel:		Fax:	
Veh No: SLN 4801 M		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: 67886616)					
() Apply for Transport Allowance () / Courtesy Car ()		Date & Time Completed		Done by	
() QC Check / Post Repair Inspection ()					
() Upload Resurvey Photo [Repair Cost > \$3000] ()					
Injury: ()					
Date/Time: ()					
Actions: ()					

NA2300391

NA2300391		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
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) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
		5) RT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR : Re-inspection \$75			
		7) NI : 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 \$5			
		* N8: DV / Collect Excess Coordination \$5			
Remarks/Comments:					

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	08/02/2023 11:15 (SGT)
Reported by	Driver
Date of Accident	06/02/2023 19:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Airport Road towards KPE at Bartley Intersection
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9339M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	The Food Caterers Pte Ltd
Company Reg No	2XXXXX769Z
Email Address	douglas@thecaterers.com.sg
Mobile Phone No	(Phone) +65-96224147
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00006622200

DRIVER

Name of Driver	Huang Xingwang, Douglas
NRIC No	SXXXX662F
Date Of Birth	07/11/1983
Occupation	Indoor

Date Of Driving Pass	05/10/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96224147
Alt. Phone Number	-
Email Address	douglas@thecaterers.com.sg
Address	Blk 699 Hougang Street 52
Address complement	#13-07
Postcode	530699
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	Collision - Head to Rear
Weather Conditions	Clear
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)	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

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	SLN4801M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lim Seow Yean (Lin Xiaoyan)
NRIC No	SXXXX607H

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 3

PASSENGER 1

Name Passenger
Gender Male

PASSENGER 2

Name Passenger
Gender Male

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 02 / 2023 (DD/MM/YYYY), TIME: 19 : 48 (HH:MM)

LOCATION: Airport Rd towards KPE at bartley intersection

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 9339 M
 b) INSURANCE COMPANY: CTI
 c) POLICY NUMBER: DMCVSNW00006622200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan NV200 Auto / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Employment
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? (Y / N) (Y)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: The Food Caterers Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2010157692 CONTACT: 9622 4147
 c) ADDRESS: 1010 Aljunied Ave 4 #01-02 389411

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Huang Xingwang, Douglas (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8335662F CONTACT: 9622 4147
 c) ADDRESS: Blk 699 Honggang Street 52 #13-02 530699

* d) DATE OF BIRTH: 07 / 11 / 1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05 / 10 / 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (N)

7. a) REPORTED TO POLICE (YES / NO) (N)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 4801 M MODEL: _____
 b) DRIVER'S NAME: Lim Seow Yean (Lin Xiaoyan)
 c) NRIC/FIN/PASSPORT: S7113607H CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = douglas@thefoodcaterers.com.sg

Pax = -

Video = -

No. of passengers
 (including driver)
(1)

No. of passengers
 (including driver)
(1F 2M)

No. of passengers
 (including driver)
()

IMPORTANT NOTICE

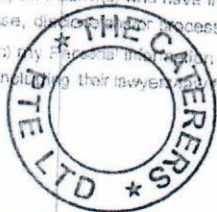
SKETCH PLAN

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.
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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 completion 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

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

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

08/02/2023

Sketch Plan

Describe the Circumstance of the Accident

On 08/02/2023 at approximately 14:50hrs Vehicle A was behind Vehicle B. Vehicle B was driving when all of a sudden traffic turned yellow and Vehicle B jam his brake and stop before the stop line. Vehicle A could not brake in time and collided into Vehicle B rear portion. Upon checking and alighting Vehicle A front portion was damage from the impact.

Declaration

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



Policyholder's Signature: Date & Time

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

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

08/02/2023



Motor Commercial

MZ300/C

N SN

BR0068A

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.

DMCVSNW00006622200

Engine No.: HR16133424D

Cha. No.: VM20128395

1. Index Mark and Registration
Number of Vehicle

GBJ9339M

AUTOSAFE
=====

2. Name of Policy Holder

THE FOOD CATERERS PTE LTD

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

28/01/2022
(00:00:00)

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

4. Date of Expiry of Insurance

27/01/2023

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: PHILLIP SECURITIES PTE LTD
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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