

NTUC Assessment Centre Services

Date In 09/02/2023

Ref NO NAICT123001408 / d4

Veh NO GBK5840C

DOA 08/02/2023 12:58

OD/ TP (Reporting Only)

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SMR 8970Z

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Tel: (

Cover Type: (

Confirmed by: (

Date: (

Time: (

Insured / Driver Liability: (

% [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 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)

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Time: ()

Actions: ()

NA2300412

Client's Particulars:

Owner:

t No:

ed Portion:

checked by (Engr-In-Charge):

rs' Comments:

Invoice Preparation Checklist

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) NI: Idac DA + SMR Survey \$160

8) NTUC Additional Services:-

*N1: Courtesy Car / Tpl Allowance \$5

*N6: Repair Coordination \$10

*N7: Post Repair Coordination \$25

*N8: DV / Collect Repair Coordination \$5

Amnt (\$)

1st Bill

Amnt (\$)

Add Bill

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	09/02/2023 16:50 (SGT)
Reported by	Driver
Date of Accident	08/02/2023 12:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TAMPINES ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5840C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE (S) PTE LTD
Company Reg No	2XXXXX064W
Email Address	sales.vroomauto@gmail.com
Mobile Phone No	(Phone) +65-93371048
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00095092200

DRIVER

Name of Driver	GOH WEI HAO
NRIC No	SXXXX577C
Date Of Birth	06/06/1997
Occupation	Outdoor

Date Of Driving Pass	23/03/2018
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88890875
Alt. Phone Number	-
Email Address	sales.vroomauto@gmail.com
Address	APT BLK 786C WOODLANDS DRIVE 60
Address complement	# 08-75
Postcode	733786
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL LEASING
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	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR8970Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DARA ROK ING
NRIC No	SXXXX374I

Contact Number (Phone) +65-87155938
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

IMPORTANT NOTICE

SKETCH PLAN

1. Please recheck 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 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.

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 possess or 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 insurers 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 my work dealing with my instructions corresponding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me which may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelope/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 and 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 also 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 situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date

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

Witnessed by Reporting Centre Personnel
(Name and FICID card)

Sketch Plan

Along Tampines Road

Vehicle A: GBK5840C

Vehicle B: SMR8970Z



TAMPINES ROAD

Describe Circumstance of the Accident


At the stated date and time, I was travelling along Tampines Road.
Traffic light was red and the car in front slowed down and stop. I could
not brake in time and collided onto vehicle B rear left.

Declaration:

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


Policyholder's Signature & Time


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


Witnessed by Filing Centre Personnel
(Name & ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2023 (DD/MM/YYYY) TIME: 12:58 (HH:MM)

LOCATION: Along Tampines Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 5840C
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMCVSNW 00095092200
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Hiace Auto / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working time
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Gusto Enterprise (s) pte ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 202018064W CONTACT: 9337 1048
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Wei Huo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 89719577C CONTACT: 8889 0875
 c) ADDRESS: APT BLK 786C woodlands Drive 60 #08-75
5733-786

* d) DATE OF BIRTH: 06/06/1997 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23/03/2018

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

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMR 8970Z MODEL: _____
 b) DRIVER'S NAME: Dara Rok Ing
 c) NRIC/FIN/PASSPORT: 570843741 CONTACT: 8715 5938

9. THIRD PARTY VEHICLE

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

Email = sales.vroomauto@gmail.com

Fax = _____

Video = Yes, with owner



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

E SN

AN0663A

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.

DMCVSNW00095092200

Engine No.: 1GD8585977

Cha. No. GDH2012013001

1. Index Mark and Registration

GBK5840C

Number of Vehicle

AUTOSAFE

=====

2. Name of Policy Holder

GUSTO ENTERPRISE (S) PTE LTD

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

01/08/2022

(00:00:00)

Excess Sect. I SS\$1,500.00

Excess Sect. II SS\$1,500.00

4. Date of Expiry of Insurance

31/07/2023

EX ON WINDSCREEN SS\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person, who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

(1) Use in connection with the Policyholder's business and Hirer's Business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and Hirer's business.

(3) Use for social, domestic or pleasure purpose.

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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: TECK WEI CREDIT PTE LTD

* 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:

Chua Suat Lay Sally

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

6212 033

www.sg.cntaiping.com