

NTUC Assessment Centre Services

Date In 16/02/2023
 Ref No NA/C1123001726/d4
 Ref No GBC 3657 X
 DOA 15/02/2023 @ 10:15
 ID/TP/Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs. Aft 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksn		

Insurer:
 Referred Wksp / INC Assign Wksp / QW: ()

Particulars: Vch No: SM2 5986G Tel: Fax:
 Owner / Driver: () INC () / Non-INC ()
 Policy No: () Tel: ()
 Confirmed by: () Period: () Cover Type: ()
 Insured / Driver Liability: () Date: Time:
 Year of Registration: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]
 Excess: (\$) Warranty: YES () / NO ()
 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.
 Towed-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Time	Actions

Particulars	Invoice Preparation Checklist	Amnt (\$) Est Bill	Amnt (\$) Add Bill
Owner:	1) AR: Accident Reporting (\$30);		
No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Portion:	3) TF: Towing Fee \$40/\$45		
Worked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idsc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Tpt \$2		

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 16/02/2023 11:45 (SGT)
Reported by Driver
Date of Accident 15/02/2023 10:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information STILL ROAD GOING TO LANGSAT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC3657X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENG CHAI ELECTRIC (S.E) PTE LTD
Company Reg No 1XXXXX122Z
Email Address engchai@singnet.com.sg
Mobile Phone No (Phone) +65-96261290
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 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00013162301

DRIVER

Name of Driver HERH CHOON KIAT @ POH THIAM KIAT
NRIC No SXXXX184C
Date Of Birth 24/12/1961
Occupation Outdoor

Date Of Driving Pass	28/10/1982
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96456956
Alt. Phone Number	-
Email Address	engchai@singnet.com.sg
Address	APT BLK 677B YISHUN RING ROAD
Address complement	# 10-1972
Postcode	762677
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	STOPPED 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)	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	SMZ5986G
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

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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.



Jan 16/2/23

Jan 16/2/2023

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)

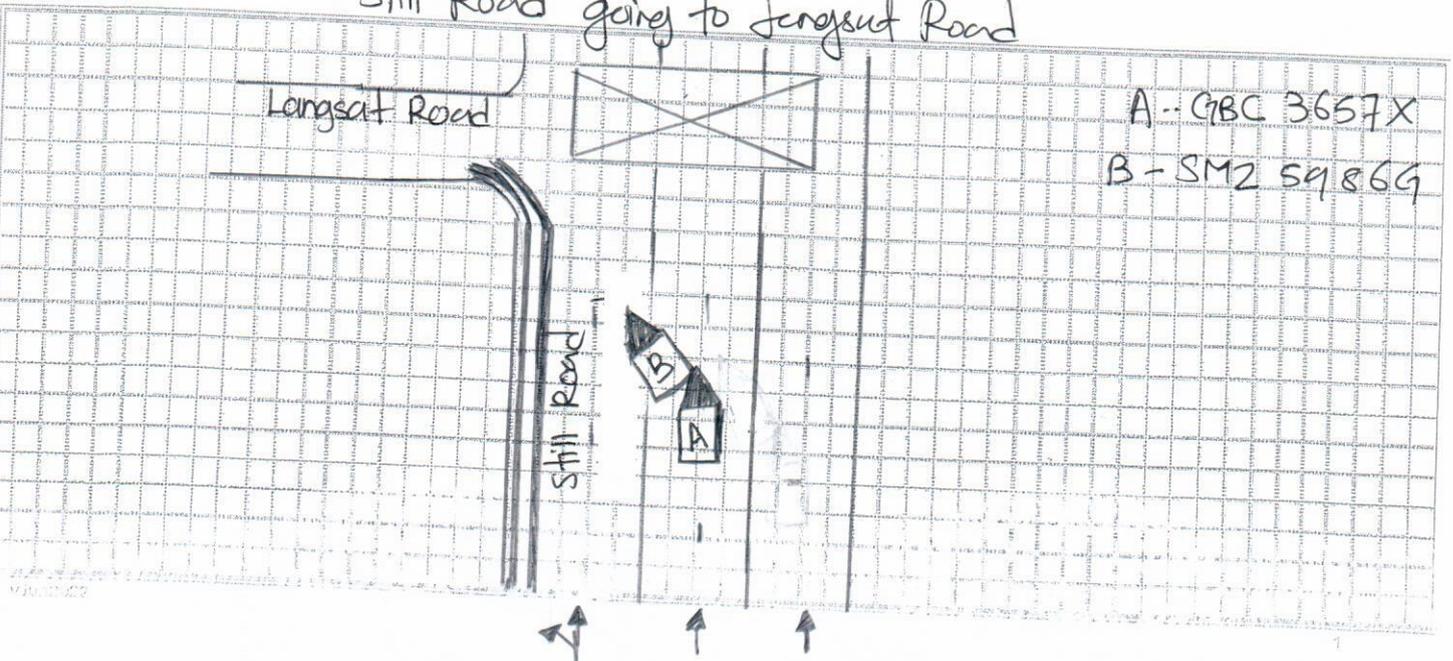
Sketch Plan

Still Road going to Jongsut Road

Longsat Road

Still Road

A - GBC 3657X
 B - SM2 5986G



Describe Circumstance of the Accident

on the above stated date and time I was driving along still road and I was on the second lane. on my left there is a turning lane to being cut lane. Vehicle B was in front of me and he suddenly signaled as he wanted to change to first lane.

As he was turning to the first lane, he suddenly jam break as there was another accident in front of us, so I follow suit and hit his rear right portion of the vehicle. due to the road surface is wet and slippery my vehicle skidded and hit his vehicle I braked.

Declaration

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



[Signature] 16/2/23

[Signature] 16/2/2023

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)

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 02 / 2023 (DD/MM/YYYY), TIME: 10 : 15 (HH:MM)
LOCATION: Still Road Going to Tangsat Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 3657X
- b) INSURANCE COMPANY: China Taiping
- c) POLICY NUMBER: DMCVSNA00013162301
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Toyota Hiace Auto AUTO / MANUAL
- f) TYPE: (SEDAN / 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: Eng chai Electric (S.E) Pte Ltd (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 1997 03122Z CONTACT: 96261290
- c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Herh choon Kiat @ Poh Thiam Kiat MALE / FEMALE
- b) NRIC/FIN/PASSPORT: S1483184C CONTACT: 9645 6956
- c) ADDRESS: APT BLK 677B Yishun Ring Road # 10-1972
S762677

d) DATE OF BIRTH: 24 / 12 / 1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28/10/1982

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 / OTHER: Stop Raining)

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: SMZ 5986G MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = engchai@singnet.com.sg

Fax =

Mobile = NO

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
()

No. of passengers
(including driver)
()

Motor Commercial

MZ300/C
R SN
AN0357A
Cov. Type F

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.	DMCVSNA00013162301	Engine No: 1KD2157914 Chs. No.: JTFHT02P700088122
1. Index Mark and Registration Number of Vehicle	GBC3657X	
2. Name of Policy Holder	ENG CHAI ELECTRIC (S.E) PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10/02/2023 (00.00.00)	
4. Date of Expiry of Insurance	09/02/2024	
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.	

* 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.

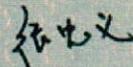
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INSUREPAC ASSOCIATES PTE LTD

Authorised Officer



Authorised Signatory