

NATIONAL Assessment Centre Services (part 1 of 2) 540823380001

Date In: 03/03/2023 14:51	Job description	Date & Time Completed	Done by
Ref No: N/A 1722002294/4	SAS e-Milling		
Veh No: Y-0 4222P	E-mail (with photo, AIC 2003)		
D.O.A: 28/02/2023 19:30	1-Motor Claim Form		
QC (79) : Reporting Only	1-Motor W/O (with photo, AIC 2003)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand in Owner/Whan		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Vch No: SML 66844	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (WO): 10-0-30%, P: 21-70%, 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: KING TOH: 0788 0010

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Date/Turn: _____

N/A 2300649 TP Particulars: Owner: Contact No: Damaged Portion: Front Checked by (Engr-In-Charge): Station Comments: P.I.: L2/3	Invoice Preparation Checklist		Ass't
	1) AIC: Accident Particulars (\$300)		
	2) DA: Damage Assessment (\$1000)	INC (\$56)	
	3) TP: Towing Fee	\$10/\$45	
	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Emergency)	\$30	
	Resurveying regular 1200 Online (Cost: \$12 Inc 2023)		
	6) TR: Re-inspection	\$75	
	7) NI: Hst DA + SMRT Survey	\$140	
	8) NTUC Additional Fee (est):		
QNT			
*NI: Courtesy Car / Trip Allowance		\$5	
*NI: Repair Coordination		\$10	
*NI: Post Repair Inspection		\$25	
*NI: DV / Collect Excess Coordination		\$1	
TP (NI): TP (Non-INC) against INC		\$30	
P.N. 123456789		10	
Invoice dated		Fee Charged	

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	03/03/2023 14:51 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 17:30 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4222P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JAMES TOWING SERVICES 24HRS
Company Reg No	5XXXX374E
Email Address	xingyuping@icloud.com
Mobile Phone No	(Phone) +65-90157488
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	DMCVSNW00099342201

DRIVER

Name of Driver	JAMES LOW KONG LEE
NRIC No	SXXXX896F
Date Of Birth	10/09/1965
Occupation	Outdoor

Date Of Driving Pass	11/09/1965
Driving experience	57 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90157488
Alt. Phone Number	-
Email Address	xingyuping@icloud.com
Address	BLK 288 YISHUN AVENUE 6 #07-50
Address complement	-
Postcode	760288
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	XING YU PING
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 SKETCH PLAN

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	SML6684U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JAMES LOW KONG LEE
Gender	Male
Phone No	(Phone) +65-90157488
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YQ4222P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	XING YU PING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YQ4222P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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.

JAMES TOWING SERVICES 24 HRS
288 YISHUN AVENUE 6
#07-50 SINGAPORE 760288
TEL: 9015 7488

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

Handwritten signatures and dates are present above the sketch plan area.

Handwritten notes on the right side of the sketch plan:

- A: 7A 4222P
- B: PNL 6684U

The sketch plan itself is a grid with a drawing of a vehicle (a car) and three arrows pointing upwards from the bottom of the grid.

Describe Circumstance of the Accident

I was travelling along Upp Thomson Road towards Sembawang Rd. Suddenly, I felt a huge impact from the side of my vehicle. I stopped and got off my vehicle and realised vehicle (b) had changed lane and collided onto my vehicle.

Declaration

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

JAMES TOWING SERVICES 24 HRS
288 YISHUN AVENUE 6
#07-50 SINGAPORE 760288
TEL: 9015 7488

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident : 28/02/2023 . Accident Time: 1730 . (24-HR-FORMAT)
 Accident Place : UPP THOMSON Road towards Sembawang Rd .
 Vehicle Reg. No (Car plate No.) : Y12 4222P CC: 2009 .
 Insurance Company : China Taiping . Vehicle Make/Model: Isuzu NPR85
 Name of Registered Owner : Company / Individual James Towing Services 24hrs .
 ID of Registered Owner : Co Reg No: 53363374F . Owner's NRIC No: _____
 OWNER EMAIL ADDRESS: : Co Contact No: 90157488 . Owner's Contact No: _____
 xingyuping@icloud.com . DRIVER'S Name : James Low Kong Lee DRIVER'S NRIC No: S1703896F .
 DRIVER'S Date of Birth : 10/09/1965 . DRIVER'S License Pass Date 11/09/1985 .
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 288 . Yishun Ave 6 . #07-50 , S (760288) .
 DRIVER'S Contact No./ Alt No. : 1) 90157488 . 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : xingyuping@icloud.com .
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 2 Name & Gender: XING YU PING (Female) .
 Was the accident reported to the police? YES \ NO James Low Kong Lee (male) .
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) 1. Xing Yu Ping 2. James Low Kong Lee .
 Other Party Driver's Particulars (if any)
 Vehicle Reg No: SMC 6684U . Vehicle Reg No: _____
 Vehicle Make/Model: _____ Vehicle Make/Model: _____
 Name DRIVER: _____ Name DRIVER: _____
 IC No. DRIVER: _____ IC No. DRIVER: _____
 DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____
 REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
 WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



Motor Commercial

MZ301/C

R SN

AN0435A

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.	DMCVSNW00099342201	Engine No.: 4JJ14E7096
		Cha. No.: JAANPR85HK7100658
1. Index Mark and Registration Number of Vehicle	YQ4222P	AUTOSAFE =====
2. Name of Policy Holder	JAMES TOWING SERVICES 24HRS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/08/2022 (00:00:00)	Excess Sect. I. S\$1,000.00 Excess Sect. II S\$1,000.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of Insurance	12/08/2023	
5. Persons or Classes of Persons entitled to drive*		
(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.		
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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 racing, pace-making, reliability trial or speed-testing.		
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
(3) Use for the carriage of passengers for hire or reward.		
* 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: YETTA INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory