

# NATIONAL Assessment Centre Services

Date In 16/03/2023

Ref NO NA/CT123002748/d4

Veh No GBJ1124T

DOA 15/03/2023 14:45

OD/TP/Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs, 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/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: S4X8383 H.

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: 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:

Date/Time

Actions

NA2300777

Invoice Preparation Checklist

Am't (\$)

Am't

1st Bill

Add

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: 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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charge

Invoice dated

Fee Charge

Call 1:

Call 2/3:



## 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	16/03/2023 16:00 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	510 GEYLANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1124T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHENJI PTE. LTD.
Company Reg No	2XXXXX883W
Email Address	serene@shenjirental.com
Mobile Phone No	(Phone) +65-91813187
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Opel
Model	Combo
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00085502201

#### DRIVER

Name of Driver	RUSLEE BIN ABDUL RAHMAN
NRIC No	SXXXX899C
Date Of Birth	24/01/1964
Occupation	Outdoor



Date Of Driving Pass	15/04/2021
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82813831
Alt. Phone Number	-
Email Address	serene@shenjirental.com
Address	APT BLK 16 MARINE TERRACE
Address complement	# 05-62
Postcode	440016
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	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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX8383H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG CHEE TIONG
Contact Number	(Phone) +65-90093775

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



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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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.  
(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.

## SKETCH PLAN

Policyholder's Signature / Date  
& Time

16/3/23

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

1100  
16/3/23

Witness by Reporting Centre  
Personnel

16/3/2023

Sketch Plan

1100hrs



510  
Geylang  
Road

A: GBJ1124T

B: SGX 8383H

**Describe Circumstance of Accident**


I WAS TRAVELLING ALONG 510 GEYLANG ROAD LANE 4. AFTER I GAVE LEFT SIGNAL, I START TO MOVE INTO LANE 5. ALL OUT OF SUDDEN, VEHICLE SGX8383H CAME IN FAST SPEED FROM MY RIGHT SIDE TO OVERTAKE ME. MY VEHICLE FRONT RIGHT PORTION WAS HIT BY SGX8383H.

**Declaration**

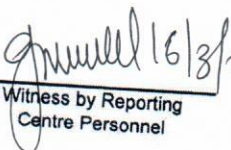
I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature /  
Date & Time

16/3/2023  
1100hrs

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

1100 16/3/23

  
Witness by Reporting  
Centre Personnel

16/3/2023



# SINGAPORE ACCIDENT STATEMENT

Date & Time of Accident Date 15 Mar 2023 Time 1445 hrs  
Date & Time of Reporting Date 16 Mar 2023 Time 1100 hrs  
Location 510 Geylang Road

## VEHICLE (A)

Name of owner	SHENJI PTE. LTD.	Veh Reg. No.	GBJ1124T
NRIC no	202006883W	Make/Model	Opel Combo Glass Panel (M)
Email	serene@shenjirental.com		
HP	9181 3187		
Type of claim	Third Party		
Purpose of use	Commercial		

## INSURANCE COMPANY DETAILS

Type of Policy	Comprehensive
Policy number	

## DRIVER/ PAX DETAILS

Name of driver:	Ruslee Bin Abdul Rahman	Gender:	Male
NRIC no:	S1639899C	Any Passenger:	No
Date of birth:	24/1/1964	Driving Pass Date:	15-Apr-21
Contact No:	8281 3831	Email:	serene@shenjirental.com
Occupation:	Outdoor	Relationship with Insured:	Employee / Spouse / Relations
Address:	Apt Blk 16 Marine Terrace #05-62 (S) 440016		
Does the driver own any other vehicle: No / Yes if Yes, Veh No:			
Passenger (1) Name:			
Passenger (2) Name:			

## TYPE OF COLLISION

Weather conditions / Road surface	Clear / Dry
Any Police Report lodged	No
Notice of Intended Prosecution Given?	No
Anybody injured in the accident?	No
Any other material or property damaged?	Yes
Any foreign vehicle involved?	No
Any video captured by car camera?	No
Any witness?	No

## VEHICLE (B) - THIRD PARTY

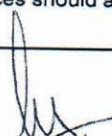
Name of driver	Ong Chee Tiong
Vehicle No:	SGX8383H
NRIC / FIN no. / Passport number	
Contact	9009 3775
Insurance Company	
Details of Witness:	HP:

## OTHER VEHICLE

(C)	Any Passenger:	
(D)	Any Passenger:	
(E)	Any Passenger:	

## DRIVER'S DECLARATION

I declare that the information in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.


Driver's Signature

16/3/23
Date

Motor Commercial

MZ407/C

R SN

BR0085A

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.

DMCVSNA00085502201

Engine No.: 263A90008171196

Cha. No.: W0L6WZS1BJ9625079

1. Index Mark and Registration  
Number of Vehicle

GBJ1124T

2. Name of Policy Holder

SHENJI PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment13/07/2022  
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

12/07/2023

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 passenger (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.

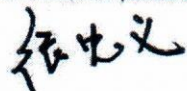
HIRE PURCHASE CO.: THIAM HENG AUTO (S) PTE LTD

\* 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: Gan Li Jia Jesca  
Authorised Officer  
Authorised Signatory