

# NATIONAL Assessment Centre Services

Date In 27/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/C1123003175/d4	SAS e-filing		
Veh No GBE 1650S	E-mail (within 8hrs, AP 2hrs)		
DOA 25/3/23 18:00	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBE 9361M	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

NA2300907	Invoice Preparation Checklist	Amc (\$)	Amc
Claimant's Particulars	1) AR : Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR : Re-inspection \$75		
Cal 2/3:	7) N1 : Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idau Mobile \$0		
	Invoice date/	Fee Charged	
	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	27/03/2023 15:42 (SGT)
Reported by	Actual Driver
Date of Accident	25/03/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE HEADING TO BOON LAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1650S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Company Reg No	2XXXXX964G
Email Address	judy@chillipadi.com.sg
Mobile Phone No	(Phone) +65-91998821
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00115232100

#### DRIVER

Name of Driver	AUNG BO BO LWIN
Passport No/FIN	GXXXX029Q
Date Of Birth	10/03/1982
Occupation	Outdoor

Date Of Driving Pass	08/10/2014
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83535495
Alt. Phone Number	-
Email Address	judy@chillipadi.com.sg
Address	BLK 3015 BEDOK NORTH STREET 5 , SHIMEI EAST KITCHEN
Address complement	# 06-27
Postcode	486350
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	DRIZZLING
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	GBG9361M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD SYAFIQ BIN JAMBERI
NRIC No	SXXXX243Z

Contact Number	.....	(Phone) +65-87744834
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 ~~report~~ report correctly the details of the accident to speed up the claims process.
2. This ~~form~~ 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 ~~use~~ use 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~~ 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~~ 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.

### 3. 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



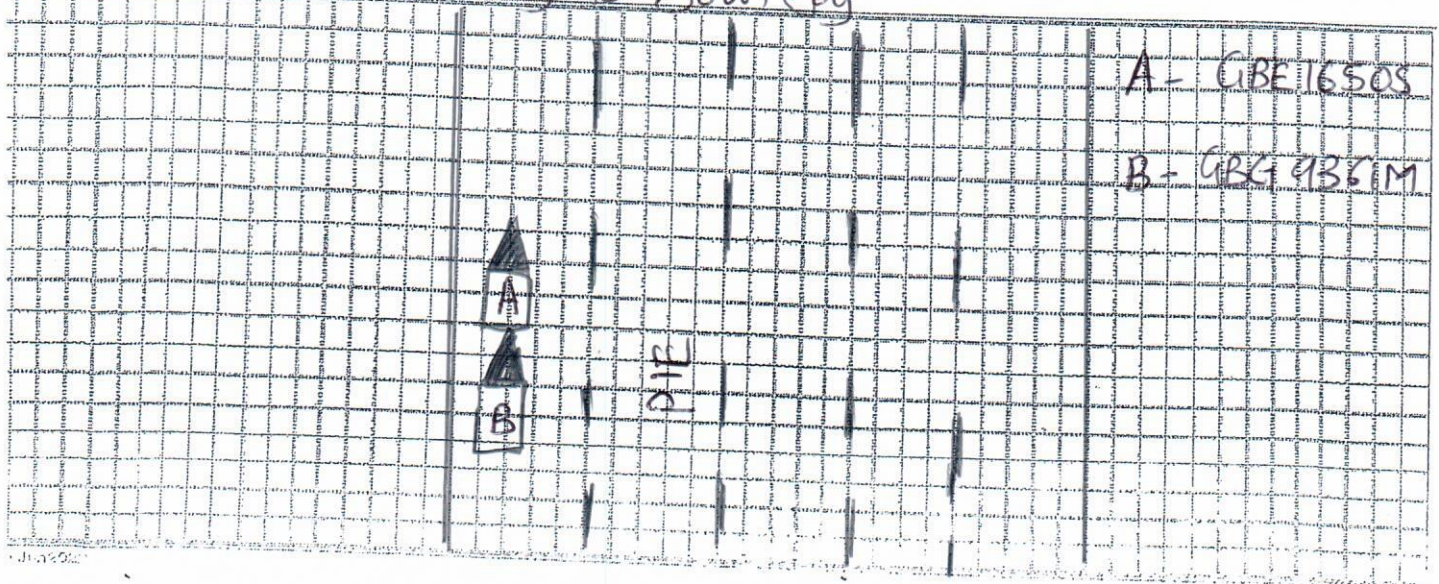
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE heading to Boon Lay



Describe Circumstance of the Accident

On the above stated date and time, I was travelling along PIE heading to 48 boon lay for a buffet delivery. It was a 5 lane wye road and I was on the 5th Lane. There was a turning to the left point ahead so I slowed down my vehicle as there were some vehicles turning to the left. Suddenly vehicle B came and into the rear portion of my vehicle.

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

27.3.2023

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

gumel 27/3/23

# ACCIDENT STATEMENT

ACCIDENT DATE: 25/03/2023 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: PIE heading to Boon Lay

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBE 1650S  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMCVSNW 00115232100  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Nissan/Cabstar 3.0 AUTO MANUAL  
 f) TYPE: (SAIDON / 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: Chilli Api Catering Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2002089649 CONTACT: 91998821  
 c) ADDRESS:

\* CONTINUE TO 3. & IF DRIVER ALSO POLICY HOLDER

DRIVER  
 a) NAME: Aung Bo Bo Lwin  
 b) NRIC/FIN/PASSPORT: G3014029 (MALE / FEMALE)  
 c) ADDRESS: BIK 3015 Bedok North Street 5, #06-27  
Shimei East Kitchen 5486350  
 d) DATE OF BIRTH: 10/03/1982 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 08/10/2014

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) Drizzling  
 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: GBG 9361M MODEL:  
 b) DRIVER'S NAME: Muhammad Syarif Bin Jamen  
 c) NRIC/FIN/PASSPORT: S90422432 CONTACT: 87744834

## 9. THIRD PARTY VEHICLE

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

Email = judy@chillipadi.com.sg

Phone =

Address = No

Motor Commercial

MZ300/C

N SN

BR0095A

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.	DMCVSNW00115232100	Engine No.: ZD30001591N	Cha. No.: JN1SC2F24Z0857692
1. Index Mark and Registration Number of Vehicle	GBE1650S	AUTOSAFE	=====
2. Name of Policy Holder	CHILLI API CATERING PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19/09/2021 (00:00:00)	Excess Sect I .	\$S\$600.00
		EX ON WINDSCREEN .	\$S\$100.00
4. Date of Expiry of Insurance	18/09/2022		
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: PROFESSIONAL INVESTMENT ADVISORY  
Authorised Officer  
Authorised Signatory