

NATIONAL Assessment Centre Services

Date In 29/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/C123003259/d4	SAS e-filing		
Veh No PC8798Z	E-mail (within 2hrs, AP 2hrs)		
DOA 28/03/2023 14:20	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: SKG 1880C	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 repeler.

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

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

Remarks	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

NA2300923	Invoice Preparation Checklist	Amnt (\$)	Amnt
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)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idao 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: Idao Mobile 30		
	Invoice dated	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	29/03/2023 14:14 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FARRER ROAD TOWARDS QUEENSWAY BEFORE JALAN SERENE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8798Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CNP TRANSPORTATION SERVICES
Company Reg No	5XXXX754K
Email Address	elifedrive@gmail.com
Mobile Phone No	(Phone) +65-91074587
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 - Claiming third party
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	DMB1SNW00003362300

DRIVER

Name of Driver	ROSRIZAL BIN SAID
NRIC No	SXXXX876E
Date Of Birth	10/11/1971

Occupation	Outdoor
Date Of Driving Pass	12/11/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91074587
Alt. Phone Number	-
Email Address	elifedrive@gmail.com
Address	APT BLK 412 BUKIT BATOK WEST AVENUE 4
Address complement	# 09-312
Postcode	650412
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOYED
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)	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	OLIVER MARSHALL SOH
Gender	Male

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	SKG1880C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHIEW PING
Contact Number	(Phone) +65-98319965
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



[Handwritten Signature]

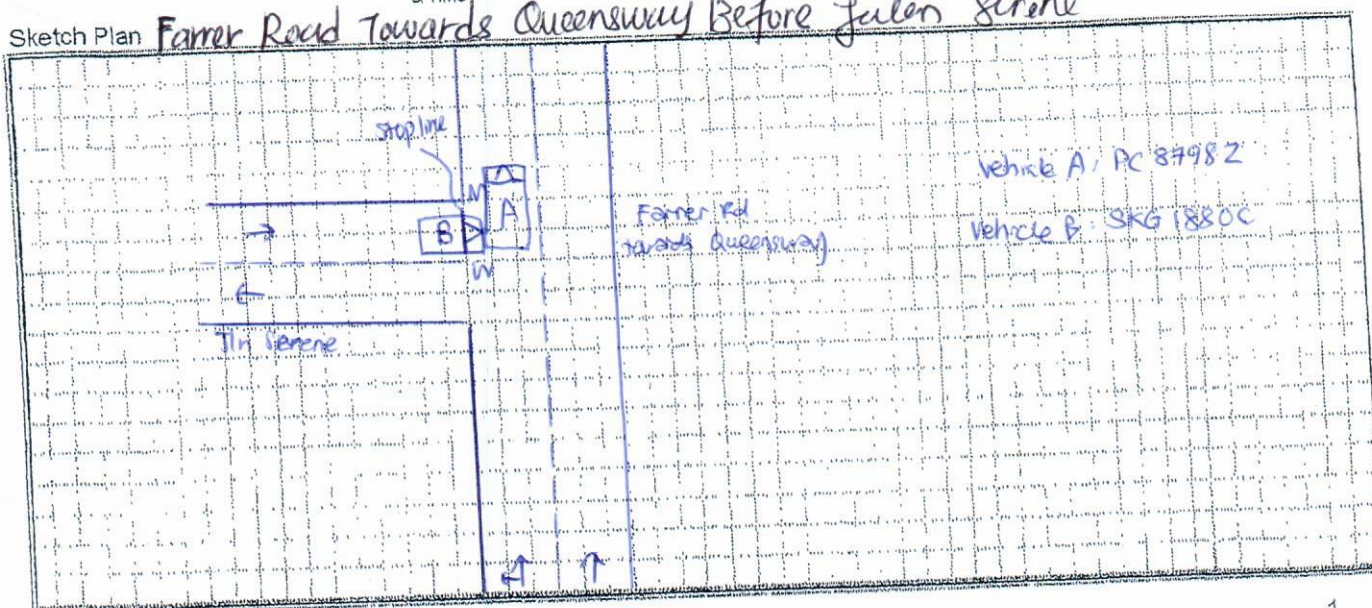
Policyholder's Signature / Date & Time

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

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

[Handwritten Signature] 24/3/2023

Sketch Plan *Farrer Road Towards Queensway Before Jalan Serene*



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (PC 8798Z) along Farrer Rd towards Queensway on the left lane of a 2 lane Rd. Somewhere near Jln Serene, I was driving straight in my lane and suddenly, vehicle B (SKG 1880C) came out of Jln Serene and collided into my vehicle left rear portion. video footage Attached.

Declaration

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



Policyholder's Signature / Date & Time

Levin *Levin*

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

James 29/3/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: <u>PC 8798Z</u>	MAKE & MODEL <u>Toyota Hiace commuter</u> <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT: <u>28 / 03 / 2023</u>	CC: <u>2.8</u>	
TIME OF ACCIDENT: <u>1420</u> HRS		
LOCATION OF ACCIDENT: <u>Farrer Rd towards Bugisway before Jin Serene</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u></u>		
NAME OF OWNER: <u>CNP Transportation Services</u>		
TEL NO:	H/P: <u>9107 4587</u>	OFFICE: HOME:
NRIC: <u>53181754K</u>		
ADDRESS: <u>157 Jalan Tekong white #04-121, S 680157</u>		
EMAIL: <u>ELIFEDRIVE@gmail.com</u>		
CLAIM TYPE: <u>OD / <u>THIRD PARTY</u> / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / <u>NO</u></u>		
INSURANCE COMPANY: <u>China Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire & Theft</u>		
POLICY NO: <u>DMB1SNW00003362300</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: <u>Rozizal Bin Said</u></u>		
NRIC: <u>S7139876E</u>	ANY PASSENGER: <u>1 (1M)</u>	
DATE OF BIRTH: <u>10 / 11 / 1971</u>	LICENCE PASSED DATE: <u>12 / 11 / 2008</u>	
OCCUPATION: <u>OUTDOOR / INDOOR</u>		
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO:	H/P: <u>as above</u>	OFFICE: HOME:
ADDRESS: <u>Apt BIK 412 Bukit Batok West Avenue 4 #09-312 S650412</u>		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <u>NO / IF YES, REG NO:</u>	INSURER:	
RELATIONSHIP: <u>Self-Employed</u>		
WEATHER CONDITION: <u>CLEAR / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>DRY / WET / OTHER:</u>		
ANY INJURIES: <u>NO / IF <u>YES</u>, WHO?</u>		
NAME & CONTACT: <u>Oliver Marshall Soh (87278968)</u>		
NAME & CONTACT:		
POLICE REPORT: <u>NO / IF YES, WHERE?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SKG 1880 C</u>	ANY PASSENGERS: <u>N/A</u>	
NAME OF DRIVER: <u>Tan Chiew Ping</u>	CONTACT NO: <u>9831 9965</u>	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? <u>YES / NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / <u>NO</u></u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>Left Rear Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / <u>NO</u></u>		
WORKSHOP PARTICULAR: <u>Twincar Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



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 Bus

MZ601

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)

N SN

AN0580A

Cov. Type:C

CERTIFICATE No.	DMB1SNW00003362300	Engine No.: 1GD8382746	Cha. No.:GDH2232001401
1. Index Mark and Registration Number of Vehicle	PC8798Z	AUTOSAFE =====	
2. Name of Policy Holder	CNP TRANSPORTATION SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (12:25:46) Ordinance or Enactment	02/03/2023	Excess Sect. I.	S\$1,500.00
		Excess Sect. II	S\$1,500.00
4. Date of Expiry of Insurance	07/04/2024	EX ON WINDSCREEN.	S\$100.00
5. Persons or Classes of Persons entitled to drive*	Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:*	Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule. 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.		

HIRE PURCHASE CO.: TATCO 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: _____

Authorised Officer

Authorised Signatory

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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