

# NATIONAL Assessment Centre Services

Date: 18/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CT23003985/04	E-mail (within 8hrs, A/C 2hrs):		
Yeh No: GBL 8325 Z	i-Motor Claim Form:		
DOA: 17/04/2023 15:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD/TP Reporting Only	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: SMX 9742.C	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

NA2301124

Claimant's Particulars:	Invoice Preparation Checklist		Unit (\$)	Unit
Driver/Owner:	1) AR: Accident Reporting (\$30);		1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
Call 1:	For claiming against INC Only (wef 10 Jan 2005)			
Call 2/3:	6) TR: Re-inspection \$75			
	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 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	18/04/2023 15:10 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SHENTON WAY TOWARDS KEPPEL VIADUCT OUTSIDE OUE DOWNTOWN 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8325Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STREAMS OPS
Company Reg No	5XXXX950J
Email Address	jennifer@streamops.com.sg
Mobile Phone No	(Phone) +65-97627276
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	N VAN STYLE FUN TURBO 660 CVT
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	658

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00064542200

#### DRIVER

Name of Driver	JENNIFER ALPHONSO
NRIC No	SXXXX200D
Date Of Birth	19/04/1965



Occupation	Indoor
Date Of Driving Pass	15/07/1994
Driving experience	28 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97627276
Alt. Phone Number	-
Email Address	jennifer@streamops.com.sg
Address	APT BLK 47B EDGEFIELD PLAINS
Address complement	# 17-22
Postcode	828715
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Reasons for not uploading a video of the accident	WITH WKSP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX9742C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	.....	LIN CHAO HONG
Contact Number	.....	(Phone) +65-98466630
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

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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 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. 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.

#### 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.



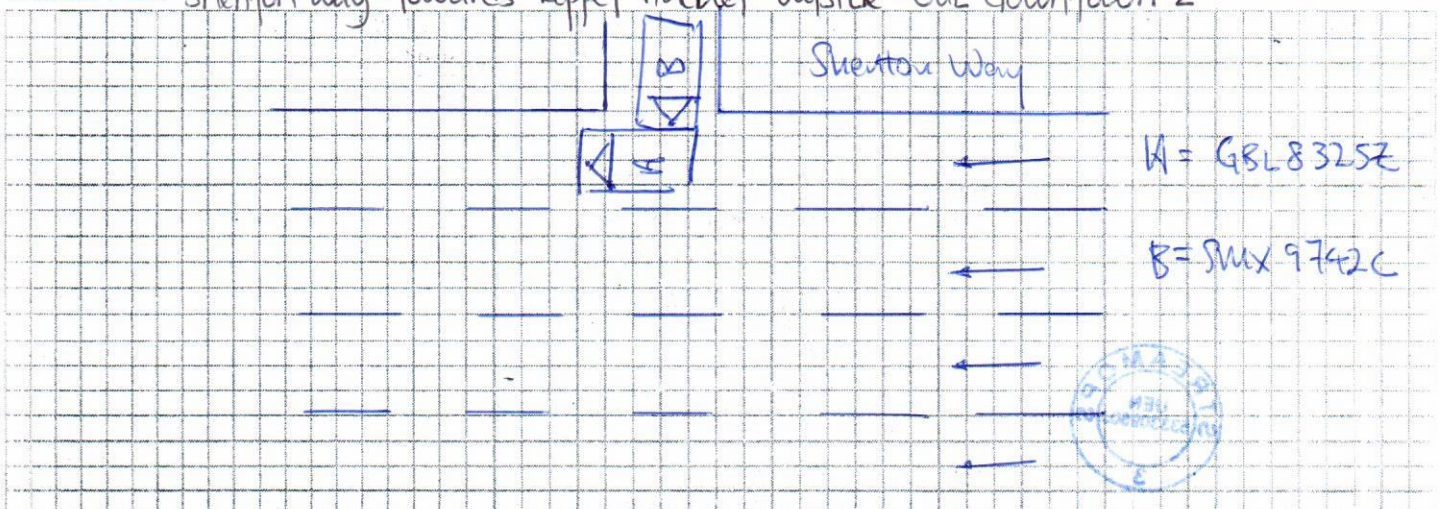
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

18/04/23

Sketch Plan Shenton way towards Keppel Viaduct outside OUE downtown 2





## Describe Circumstances of the Accident

I was travelling straight along Shenton Way when vehicle B suddenly turned out from ~~the~~ OUT DOWN TOWN 2 building and collided into my car.



## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 18/04/2023

**PROFI AUTOMOTIVE**

10 KAKI BUKIT ROAD 2 #01-05, FIRST EAST CENTRE, SINGAPORE 417868  
TEL: 94335558 EMAIL: profi.automotive@asia.com

Date of Accident : 17/04/2023 Accident Time: 15:10 hrs (24 HR Format)  
Accident Place : SHENTON WAY towards KEPPEL VIADUCT OUTSIDE ONE DOWNTOWN 2  
Vehicle Number : GBL8325Z Make/Model: HONDA N VAN  
Insurance Co. : CN TRIPING Policy No. : DMLVSNW00064542200  
Owner/Company Name & IC No. : STREAM OPS , 53330950J  
Owner/Company Tel No. : 97627276  
Driver Name and IC No. : JENNIFER ALPHONSO , S1727200J  
Driver Date of Birth : 19/04/1965 License Pass Date: 15-07-1994  
Driver Address : 8/47B 6046FIELD PLANS #17-22 S828715  
Driver Contact No : 97627276 Driver Occupation: Indoor | Outdoor  
Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: Owner  
Email Address : Jennifer@streamops.com.sg  
Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET  
Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance  
Number of Passenger (Including Driver) : 01 Vehicle Usage Purpose : Private Use | Work Purpose  
Was there any Video Capture by Car Camera : Yes | No (with whisp)  
Any Injury (State, if Yes) : NO

Details of Other Vehicle

Vehicle No. : <u>SMX 9742C</u>	Vehicle No. : _____
Make/Model : _____	Make/Model : _____
Driver Name : <u>LIN CHAOHONG</u>	Driver Name : _____
Driver Contact No. : <u>9846 6630</u>	Driver Contact No. : _____

\* NEW - Passenger Name & Gender :





Motor Commercial

MZ301/C

N SN

AN0655B

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.	DMCVSNW00064542200	Engine No.: S07B2218236	
		Cha. No.: JJ14104208	
1. Index Mark and Registration Number of Vehicle	GBL8325Z	AUTOSAFE	=====
2. Name of Policy Holder	STREAM OPS		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/05/2022 (13:12:03)	Excess Sect I .	\$S450.00
		EX ON WINDSCREEN .	\$S100.00
4. Date of Expiry of Insurance	19/05/2023		
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.			

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED

\* 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 ACEPRO INSURANCE AGENCY PTE LTD  
21 Woodlands Close  
#08-44 Primz Bizhub  
Singapore 737854  
Tel: 6777 8323 Fax: 6776 8323

Issued By: ACEPRO INSURANCE AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory