

NATIONAL Assessment Centre Services (part 1 of 2) **SN0828400004**

Date In: 26/04/2023 17:14	Job description	Date & Time Completed	Done by
Ref No: NBA/C7123004304/Y	SAS e-illing		
Veh No: GB5596J	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 26/04/2023 09:50	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (within 2hrs, AIC 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax (Hand to Owner/Victim)		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: **YQ 404X** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Inc Status (W/O): N: 0-30%, F: 21-72%, P: 30-100%)

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: (INC Ref No: 0788-0014) 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 of Injury: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NBA2801207

Invoice Preparation Checklist:

1) AIC: Accident Pass Sheet (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee (\$100/\$40)	
4) PT: Follow-Through Survey (\$120)	
5) PT: Follow-Through Survey (Barriers) (\$50)	
6) TR: Re-inspection (\$75)	
7) NT: New DA: DMFT Survey (\$140)	
8) NTUC Additional Fee (\$100)	
9) NTUC Additional Fee (\$100)	
10) NTUC Additional Fee (\$100)	
11) NTUC Additional Fee (\$100)	
12) NTUC Additional Fee (\$100)	
13) NTUC Additional Fee (\$100)	
14) NTUC Additional Fee (\$100)	
15) NTUC Additional Fee (\$100)	
16) NTUC Additional Fee (\$100)	
17) NTUC Additional Fee (\$100)	
18) NTUC Additional Fee (\$100)	
19) NTUC Additional Fee (\$100)	
20) NTUC Additional Fee (\$100)	

Checked by (Engi-In-Charge): ()

Signature: ()

Date: ()

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	26/04/2023 17:14 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 09:50 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	SLIP ROAD TO SLE (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL5926J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	48 COLD PTE LTD
Company Reg No	2XXXXX621M
Email Address	48cold@gmail.com
Mobile Phone No	(Phone) +65-96893909
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	DMCVSNW00130162201

DRIVER

Name of Driver	LOONG WAI MENG
Passport No/FIN	GXXXX372K
Date Of Birth	10/02/1991
Occupation	Outdoor

Date Of Driving Pass	16/06/2017
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93808937
Alt. Phone Number	-
Email Address	loongwaimeng91@gmail.com
Address	31 WOODLANDS CLOSE #08-18
Address complement	-
Postcode	737855
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	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?	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	LIEW VINCENT
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 SKETCH PLAN

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ4084X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	LOONG WAI MENG
Gender	Male
Phone No	(Phone) +65-93808937
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBL5926J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIEW VINCENT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBL5926J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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.
 - (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.

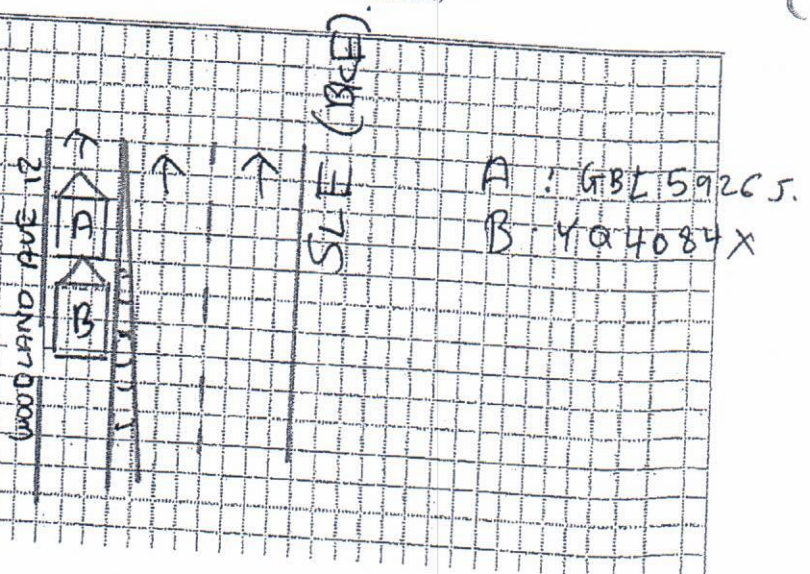


Policyholder's Signature / Date & Time

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

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

Sketch Plan

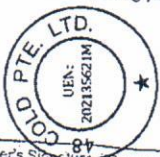


Describe Circumstance of the Accident

I am travelling along WOODLAND AVE 12 SLIP ROAD.
to SLE (BKE). The traffic was heavy, the vehicle
in front of me stop, so I followed to slow down and
stop. Suddenly, I felt an huge impact from the rear of
my vehicle. I got down and see, vehicle B had hit
onto the rear of my vehicle.

Declaration

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



Policyholder's Signature, Date & Time

[Signature]

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

[Signature] 26/04/2023
Witnessed by Reporting Centre Personnel

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Date of Accident : 26042023 Accident Time: 0950 (24-HR-FORMAT)
Accident Place : WOODLAND AVE 12 SLIP ROAD TO SLE (BKE)
Vehicle Reg. No (Car plate No.) : GBL5926J CO: 2800 Vehicle Make/Model: HIACE
Insurance Company : TAIPING CHINA FAIRPLAY Policy No. DM CUSN W00130162201.
Name of Registered Owner : Company / Individual 48 COLD PTE LTD
ID of Registered Owner : Co Reg No: 202135621M Owner's NRIC No: -
OWNER EMAIL ADDRESS: 48 COLD @ GMAIL . com . Co Contact No: 96893909 NANCY. Owner's Contact No: -
DRIVER'S Name : LOONG WAI MENG DRIVER'S NRIC No: G6899372K
DRIVER'S Date of Birth : 10621991 DRIVER'S License Pass Date: 16062017
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: -
DRIVER'S Address : 31 WOODLAND CLOSE #08-18 S737855.
DRIVER'S Contact No./ Alt No. : 1) 9380 8937 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address : LOONG WAI MENG 91 @ GMAIL . 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: LOONG WAI MENG / M.
Was the accident reported to the police? YES / NO LIEW VINCENT / M.
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): -
Other Party Driver's Particulars (if any)
Vehicle Reg No: YR 4084 X . 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



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 Commercial

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)

MZ300/C

R SN

AN0676A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00130162201

Engine No.: 1GD8774401

Cha. No.: GDH2012021463

1. Index Mark and Registration
Number of Vehicle

GBL5926J

AUTOSAFE

=====

2. Name of Policy Holder

48 COLD PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

19/11/2022

Excess Sect I. S\$350.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

18/11/2023

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.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: EYZ-1 SERVICES PTE LTD

Authorised Officer

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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