

NATIONAL Assessment Centre Services

(Call 1 800 441 1111)

SNR833480002

Date In: 28/04/2013 16:55	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: NPA/C122004854	E-mail (within 24hrs, A/C 2hrs)		
Veh No: GBF 594SK	I-Motor Clean Form		
D.O.A: 27/04/2013 16:50	I-Motor W/O (within: OD 2hrs, 24 hrs)		
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whelp		

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

FBR 5013L

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note: Inc Status (WO): N: 0-30%, F: 21-70%, 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 info of repair.

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

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

Remarks: INC 100% (0788 0014)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date of Injury:

Date of Report:

Date of Repair:

Date of Payment:

Date of Settlement:

Date of Completion:

Date of Final Report:

Date of Final Payment:

Date of Final Settlement:

Date of Final Completion:

Date of Final Final Report:

Date of Final Final Payment:

Date of Final Final Settlement:

Date of Final Final Completion:

Date of Final Final Final Report:

Date of Final Final Final Payment:

Date of Final Final Final Settlement:

Date of Final Final Final Completion:

Date of Final Final Final Final Report:

Date of Final Final Final Final Payment:

Date of Final Final Final Final Settlement:

Invoice Preparation Checklist		Amount
1) All: Accident Passbook (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$100/\$45	
4) PE: Follow Through Survey	\$135	
5) PE: Follow Through Survey (Emergency)	\$50	
Breakdown on repair (240 Daily Cost of 1st 24hrs)		
6) TR: Re-Inspection	\$75	
7) NI: New DA + SMRT Survey	\$140	
8) NTUC Additional Services		
GR:		
*NI: Courtesy Car / Tel Allowance	\$50	
*NI: Repair Coordination	\$100	
*NI: Post Repair Inspection	\$20	
*NI: DV / Collect Excess Coordination	\$10	
*TP (NI): TP (Non-INC) involves INC	\$200	
TP: 24hrs Break	\$0	
Invoice total		
Net Charged		

NA2301237

Insurance Particulars:

Owner/Owner:

Contact No:

Arranged Portion: Wksp

Checked by (Engr-In-Charge):

Customer Comments:

C.L.

L.P.S.

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	28/04/2023 16:56 (SGT)
Reported by	Actual Driver
Date of Accident	27/04/2023 16:30 (SGT)
Exact Location of Accident	Loyang Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5945K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN GUAN & CO
Company Reg No	0XXXX600J
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-88461681
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00143682202

DRIVER

Name of Driver	MUHAMMAD FADZLI BIN SAMSON
NRIC No	SXXXX868H
Date Of Birth	03/03/1979
Occupation	Outdoor

Date Of Driving Pass	13/04/2021
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-88461681
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	BLK 212B PUNGGOL WALK #04-721
Address complement	-
Postcode	822212
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 SKETCH PLAN

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	FBR5013L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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) -

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.

BAN GUAN & CO

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

Vehicle A: GBF5945K

Vehicle B: FBR50132

Loyang Way

10

5

1

Describe Circumstance of the Accident

on the stated date and time, I, vehicle A,
was travelling straight along the stated route. I was
within my lane and suddenly heard a crash.

When I alighted I then saw vehicle B shifting his
bike away. The said rider had collided onto my
vehicle's left portion while lane-splitting.

Declaration

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

BAN GUAN & CO

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)

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 27/04/2023

Time of Accident: 4.30 (AM / PM)

Location of Accident: Loyang Way.

Country/State of Loss: SG.

Type of Accident: Head to side.

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type:

No. of vehicles Involved in the accident (include own vehicle) 02.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name:

Was notice of Prosecution given? Yes / No

If yes, against whom?

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: JB 5945K

Vehicle Category: Commercial

Vehicle Manufacturer: Toyota Vehicle Model: Dyna

Transmission: Manual / Auto Cc: _____

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: _____

Gender: _____ Male / Female

Passenger Name: _____

Gender: _____ Male / Female

Own Vehicle Policy

Handling Insurer: China Taiping

Coverage Type: Comprehensive / ACT / Third Party / Third Party, Fire & Theft

Fleet Policy: No / Yes

Registered Owner Name: Ban Huan & Co

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 042536003

Email: elin.cq.w@gmail.com

Mobile No: _____

Alt. No Type: _____ Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: Muhammad Fadli Bin Samson

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S79058684

Date of Birth: 03/03/1979

Driving Pass Date: 13/04/2021

Mobile No: _____

Email: 88461681

Address 1: 212B Punggor Walk

Address 2: 7104-721 Postal Code: 822212

Occupation: Indoor / Outdoor

Driver Owner Relationship Employee

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: 7BR 5013 L

(ii) Vehicle Category: motorcycle

(iii) No. of passengers (including driver) 01 male

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: _____
- (ii) Gender: _____ Male / Female
- (iii) Injured Person in which Vehicle? _____
- (iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



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

AN0655B

Cov. Type:C

CERTIFICATE No.

DMCVSNW00143682202

Engine No.: 1KD2663613

Cha. No.: JTFAT35YX0K207163

1. Index Mark and Registration
Number of Vehicle

GBF5945K

AUTOSAFE

2. Name of Policy Holder

BAN GUAN & CO

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

28/12/2022

(00:00:00)

Excess Sect I .

\$\$500.00

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

27/12/2023

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: ACEPRO INSURANCE AGENCY 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

🌐 www.sg.cntaiping.com