

NATIONWIDE Assessment Centre Services

Date: 09/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA 12123004695/d4	SAS e-filing		
Veh No: GIBK 6828H	E-mail (within 2hrs, AP: 2hrs)		
DOA: 06/05/2023 20:50	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: () Tol: Fax:

TP Particulars: Veh No: XB 8292B, 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%. P: 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 () / Non-INC ()	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

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$)	Am Add
NA2301353	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idas 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: Idas Mobile \$0		
	Invoice dated	Fee Charge	
	Invoice dated	Fee Charge	

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 09/05/2023 11:46 (SGT)
Reported by Actual Driver
Date of Accident 06/05/2023 20:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information KJE TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6828H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner H N WONG CONSTRUCTION
Company Reg No 5XXXX181C
Email Address SELPHK38@GMAIL.COM
Mobile Phone No (Phone) +65-93652483
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
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 DMCVSNW00126592202

DRIVER

Name of Driver WONG HENG NYOOT
NRIC No SXXXX523E
Date Of Birth 18/07/1956
Occupation Outdoor

Date Of Driving Pass	26/10/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93652483
Alt. Phone Number	-
Email Address	SELPHK38@GMAIL.COM
Address	APT BLK 490C CHOA CHU KANG AVENUE 5
Address complement	# 08-287
Postcode	683490
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?	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	XB8292B
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) -

SKETCH PLAN

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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.

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.

**H N WONG
CONSTRUCTION**

**H N WONG
CONSTRUCTION**

Policyholder's Signature / Date & Time

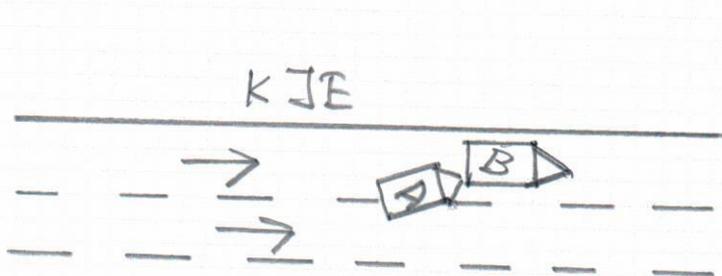
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

9/5/2023

Sketch Plan

KJE Towards Tuas



A. ABK6828H
B. XB8292B

Describe Circumstances of the Accident

I WAS TRAVELING ALONG KJE TOWARDS TWAS OUT OF
SUDDENLY MY VEH LOSS CONTROL AND HIT ONTO THE VEH REAR
PORTION.

Declaration

We declare the foregoing particulars are true in every respect.

H N WONG
CONSTRUCTION

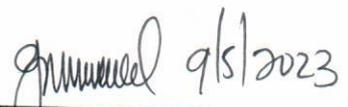


Policyholder's Signature / Date &
Time

H N WONG
CONSTRUCTION



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



Witnessed by Reporting Centre
Personnel



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

VEHICLE NO: G1BK0828H MAKE/MODEL: 4/DYNA

DATE OF ACCIDENT: 06/05/2023 TIME: 30 HR 50 MIN AM PM

LOCATION OF ACCIDENT: KJE TOWARDS YUAS.

EXACT PURPOSE USE DURING ACCIDENT: GOING HOME

CAR OWNER

NAME OF CAR OWNER: H N WONG CONSTRUCTION.

CONTACT NO: 93652483 SELPAK38@GMAIL.COM

NRIC: 53153181C

CLAIM TYPE: OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY: CHINA TAIPING

TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO: _____

ACCIDENT DRIVER

NAME OF DRIVER: WONG HENRY NYOOT

NRIC: S2634523E NO OF PASSENGER/S: 0

DATE OF BIRTH: 18.7.1956

OCCUPATION: _____ OUTDOOR INDOOR

DATE OF DRIVING PASS: 26.10.1994

GENDER: MALE FEMALE

CONTACT NO: 93652483

ADDRESS: BLK 490C CHOA CHU KANG AVE 5 #08-287 S683490

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO: NA

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: DRIVER

WEATHER CONDITION: CLEAR RAINING OTHER: _____

ROAD SURFACE: DRY WET OTHER: _____

ANY INJURIES: NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: NO/ YES

3RD PARTY INFO

VEHICLE B NO: XB8292B NO OF PASSENGER/S:

NAME: _____

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S:

VEHICLE D NO: _____ NO OF PASSENGER/S:

VEHICLE E NO: _____ NO OF PASSENGER/S:

VEHICLE F NO: _____ NO OF PASSENGER/S:

ANY WITNESS: _____

WITNESS CONTACT NO: _____

Motor Commercial

MZ300/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)

R SN

AN0101A

Cov. Type:C

CERTIFICATE No.	DMCVSNW00126592202	Engine No.: 1KDB044297 Cha. No.: JTFAT35Y90K215612
1. Index Mark and Registration Number of Vehicle	GBK6828H	AUTOSAFE =====
2. Name of Policy Holder	H.N WONG CONSTRUCTION	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22/10/2022 (00:00:00)	Excess Sect I . S\$500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	21/10/2023	

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.

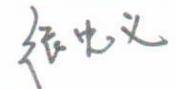
HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: _____
I TRUST 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