

NATIONAL Assessment Centre Services

Date In: 14/05/2023 10:07
 Ref No: NA2801417
 Job description: SAS e-tiling
 Date & Time Completed: 18/05/2023 18:00
 Done by: TP Insured
 E-mail (within 24hrs, A/C 2hrs)
 i-Motor Claim Form
 i-Motor W/O (within 24hrs, A/C 2hrs)
 i-Photo Uploaded
 Assessment/Survey Report
 Ass'n Report by Fax/Hand to Owner/Whom

Preferred Pickup / INC Ass'n Pickup / QW: ()
 TP Particulars: Yell No: STR 8572A INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () (Note: Bst Status (WO): 10:0-30%, P: 21-70%, 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 Referral of repairer.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
 Date of Injury: ()
 Date of Claim: ()
 Date of Assessment: ()
 Date of Repair: ()
 Date of Completion: ()

NA2801417
 Invoice Preparation Checklist
 1) AR: Accident Report (300)
 2) DA: Damage Assessment (3000) INC (55)
 3) TP: Towing Fee (50/542)
 4) PE: Follow-Up Survey (300)
 5) TR: Repair Estimate (300)
 6) NI: New DA + Survey (300)
 7) ATUC: Additional Estimate (300)
 8) QC: QC Check (300)
 9) NQ: New DA + Survey (300)
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 96) NQ: New DA + Survey (300)
 97) ATUC: Additional Estimate (300)
 98) QC: QC Check (300)
 99) NQ: New DA + Survey (300)
 100) ATUC: Additional Estimate (300)

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	15/05/2023 10:07 (SGT)
Reported by	Actual Driver
Date of Accident	12/05/2023 18:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6334B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANSLAND SINGAPORE PTE LTD
Company Reg No	2XXXXX629C
Email Address	carrie@transland.com.sg
Mobile Phone No	(Phone) +65-91383665
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW0020542200

DRIVER

Name of Driver	SOH POH HOCK
NRIC No	SXXXX358F
Date Of Birth	21/10/1951
Occupation	Outdoor

Date Of Driving Pass	05/03/1961
Driving experience	62 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91451273
Alt. Phone Number	-
Email Address	carrie@transland.com.sg
Address	BLK 130 ANG MO KIO AVENUE 3 #07-1577
Address complement	-
Postcode	560130
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)	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	SUNYINAN
Gender	Female

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	SJR8572A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROY KWA YU ZE
NRIC No	SXXXX458Z
Contact Number	(Phone) +65-91141119
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

3. Consent under the Personal Data Protection Act (PDPA)



C1E TOWARDS BAKSTIKR ROAD

CTE

(A) CB6334B

(B) SJR8572A

CTE

A

B

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG CTE TOWARDS BAILESTIER ROAD.

THE VEHICLE IN FRONT SLOWED DOWN TO STOP, I FOLLOWED

TO SLOW DOWN AND STOP.

SUDDENLY, I FELT AN IMPACT FROM THE REAR.

Declaration

I/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

15/05/2023

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

5

ACCIDENT STATEMENT

Date of accident: 12/05/2023 Time: 18:00

Location of accident: CTE TOWARDS BALESTIER ROAD

Vehicle Number: CB6334B

Make/Model: TOYOTA HILUX

Insurer: CHINA TAIPIING

Eng. cc & Transmission: 3.0

Policy No: DMBISNW0002054760

Policy Type: C/TPET/TPO

Name: TRANSLAND SINGAPORE PTE LTD

NRIC/FIN no.: 201009629C

Email: CARRIE@TRANSLAND.COM.SG

Contact no.: 9138 3665

Driver:

Name: SOH POH HOCK

NRIC/FIN no.: S013 5358F

Email: -

Contact no.: 9145 1273

Occupation: Indoor / Outdoor

D.O.B: 21-10-1951

Address: BLK 130 ANG MO KIO AVENUE 3 #07-1577 SINGAPORE 560130

Driving pass date: 05-03-1961

Relationship with Policyholder: EMPLOYEE

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom: -

Passenger (incl. Driver): 2 Please provide ALL passengers details:-

Passenger 1

Passenger 2

Name: SUNYINAN

Gender: Male / Female

Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1

Witness 2

Name: -

Contact no.: -

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
-	-	Yes / No	Yes / No
-	-	Yes / No	Yes / No

Vehicle B

Vehicle C

Vehicle no.: SJR8572A

Driver name: ROY KWA YU ZE

NRIC/ FIN no.: S9717458Z

Contact no.: 9114 1119

Insurance Co:

Remarks:

(Vehicle, Model, Passenger, Property Info etc)

Claim Type: Own Damage / Third Party / Reporting Only

Policyholder:

Workshop:

Signature:

Motor Bus

M2601

N SN

AN0580A

Cov. Type F

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, 1999 (Malaysia)

CERTIFICATE No.	DME1SNW00020542200	Engine No.: 1KD1744604	Cha. No.: KDH2010011736
1. Index Mark and Registration Number of Vehicle	CB6334B		
2. Name of Policy Holder	TRANSLAND SINGAPORE PTE LTD		
3. Effective date of the Commencement of insurance for the purposes of the Regulations, (09:43:30) Ordinance or Enactment	28/12/2022	Excess Sect. II	S\$750.00
4. Date of Expiry of Insurance	27/12/2023		
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>		
6. Limitations as to use:	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>The Policy does not cover:</p> <p>(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.</p>		

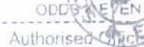
* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

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

☎ 6359 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

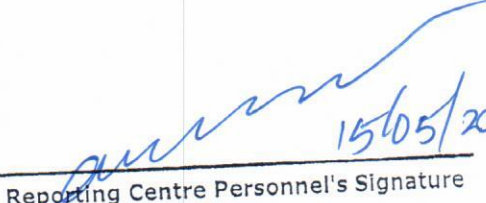
Original Report No: SN082350001 Vehicle Registration No: CB6334B
Name (as shown in NRIC): Solt Poh Hock NRIC/FIN/Passport No: 8xxxx358F
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91451273
Email Address: _____
Date of Accident: 12/05/2023 Time of Accident: 18:00
Place of Accident: C7E Jambak BUKIT KECIL ROAD
Insurance Company: CHINA MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured HP number 91388665

Policyholder / Actual Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 15/05/2023