

ATION: Assessment Centre Services

Date: 15/05/2023	Job description	Date & Time Completed	Done by
RefNo NA1CT123004973/d4	SAS e-filing		
VehNo GBL6637L	E-mail (within 2hrs, A/C 2hrs)		
DOA 12/05/2023 15:44	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
	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:	Vch No: GBE 51937	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 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

NA2301442

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$)	Amc
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idau DA + SMRT Survey \$160		
	8) NTUG Additional Services:-		
	Q1*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	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	15/05/2023 16:05 (SGT)
Reported by	Actual Driver
Date of Accident	12/05/2023 15:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 205 KOVAN CENTRAL CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6637L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A-VINZ PTE LTD
Company Reg No	2XXXXX811Z
Email Address	yeosanny2177@gmail.com
Mobile Phone No	(Phone) +65-65701622
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00145552201

DRIVER

Name of Driver	YEO SANNY
NRIC No	SXXXX995I
Date Of Birth	03/02/1955
Occupation	Outdoor



Date Of Driving Pass	02/07/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91430606
Alt. Phone Number	-
Email Address	yeosanny2177@gmail.com
Address	APT BLK 256B SUMANG WALK
Address complement	# 16-631
Postcode	822256
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 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	GBE5193T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
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

IMPORTANT NOTICE

1. Please ~~fill~~ 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 ~~is~~ use 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 ~~submission~~ 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.

3. 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Blk 205 Kovan Central Complex



Describe Circumstance of the Accident

On 12/05/2023 @ 1544hrs I was driving the vehicle
GSL 6637L along the carpark driveway of #1203
Kovan Condo when the vehicle GBE 5193T came out
of the parking lot in my left side causing my front
bumper to hit his driver's door. No injury involved.

Declaration

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



Policyholder's Signature / Date & Time

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

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

[Signature] 15/5/2023



(Co.Reg.No: 201117811Z)

7030 ANG MO KIO AVE 5, #07-37 NORTHSTAR@AMK , Singapore 569880. Tel: +65 6570 1622 Fax: +65 6570 1633

Letter of Authorisation

Company Name	A-VINZ PTE LTD
BRN/ UEN	201117811Z

I, NGO BEE CHOO (Director) S7664266D (NRIC) declare that I am the director to the above-mentioned company and hereby certified that YEO SANNY (Name) S1713995I (NRIC) is the authorise user of the company vehicle No. GBL6637L.

Signature of Director

Name: NGO BEE CHOO

Date:

A-VINZ PTE LTD
(Co. Reg. No.: 201117811Z)
7030 ANG MO KIO AVE 5
#07-37 NORTHSTAR@AMK
SINGAPORE 569880
TEL: 6570 1622 FAX: 6570 1633

Company Stamp

Note: This format to be printed on Company letterhead

ACCIDENT STATEMENT

ACCIDENT DATE: 12/05/2023 (DD/MM/YYYY), TIME: 15:44 (HHMM)

LOCATION: B1K205 Kovan Central Carpark

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBL 6637L
 b) INSURANCE COMPANY: China Taipei
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) Auto / MANUAL
 e) MAKE & MODEL: Hisson 350
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: A-Ving Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201178112 CONTACT: 65701622
 c) ADDRESS: B1K7030 Ang Mo Kio Ave 8 07-37

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Yeo Sunny (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1713995 CONTACT: 91430606
 c) ADDRESS: 51256B Sumeng Walk #16-2621

d) DATE OF BIRTH: 03/02/1955 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: CLASS 3 02/07/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBE 5193 T MODEL: Toyota Dyna
 b) DRIVER'S NAME
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = yeosunny2177@gmail.com

Phone = _____

ID No = _____

1. 50% passenger
 (1) side driving driver

1. 50% passenger
 including driver
 (1)

1. 50% passenger
 including driver
 (1)



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

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00145552201

Engine No.: QR20022374R

Cha. No.: VR2E26138193

1. Index Mark and Registration
Number of Vehicle

GBL6637L

AUTOSAFE
=====

2. Name of Policy Holder

A-VINZ PTE. LTD.

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

31/12/2022

(00:00:00)

Excess Sect I . S\$500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

30/12/2023

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: ABS 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