NATIONAL Assessment Centre Services

Date/In 17/05/2023	Job description / Date & Time Completed / Done by
RefNo NA/CT/23005065/04	SAS e-filing
VehNo GY4769A	E-mail (within 2hrs, AH 2hrs)
DOA 15/05/2023 17:57	I-Motor Claim Form
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, 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: Veh No: GBL 8687D. 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%. 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 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	Action

NA2301470

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Call 1:

Call 2 / 3:

Invoice Preparation Checklist		Amt ($) : 1st Bill	Amt : Add
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

SN09235G0006 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 16/05/2023 16:57 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 1 (16/05/2023 16:57 (SGT))

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 witholding 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	16/05/2023 16:57 (SGT)
Reported by	Actual Driver
Date of Accident	15/05/2023 17:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR CHUAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4769A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PARTY CONNECTION
Company Reg No	5XXXX801D
Email Address	burloon@yahoo.com.sg
Mobile Phone No	(Phone) +65-96604866
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00036032302

DRIVER

Name of Driver	LAI YOONG FERN
NRIC No	SXXXX570D
Date Of Birth	02/02/1972
Occupation	Outdoor

Date Of Driving Pass	17/01/2006
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96604866
Alt. Phone Number	-
Email Address	burloon@yahoo.com.sg
Address	APT BLK 806 KING GEORGE'S AVENUE
Address complement	# 08-210
Postcode	200806
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL8687D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ISLAM ASHRAFUL
Contact Number	(Phone) +65-84349533

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 Authorised 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. 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.

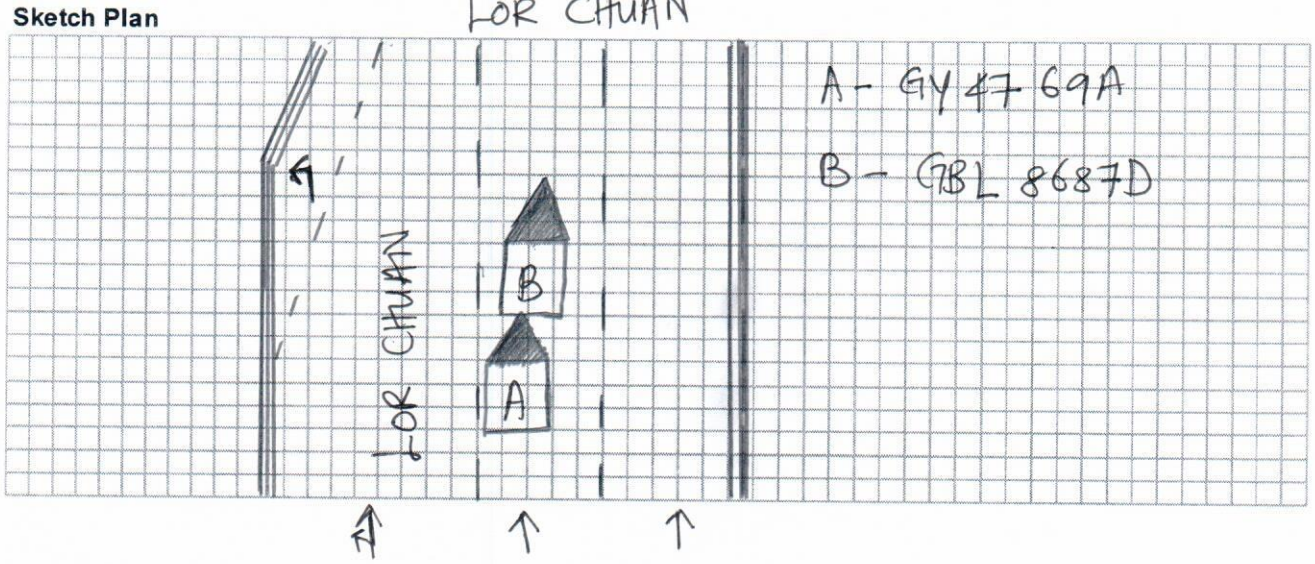
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	16/5/23	16/5/2023

Sketch Plan



Describe Circumstance of the Accident

on the above mentioned date and time, I was driving along for Chuan and I was on the second lane. Vehicle B was infront of me. Suddenly vehicle B put on a jam brake and i follow suit and i try to filter to the left to avoid the collision but my vehicle was pulled forward due to i jam braked and i hit vehicle B rear left portion of the vehicle.

Declaration

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

Policyholder's Signature / Date & Time

16/5/23

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

16/5/2023

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

ACCIDENT STATEMENT

- **VEHICLE REG NO:** GY 4769A **VEHICLE MAKE/MODEL:** _____

  VEHICLE TRANSMISSION: (AUTO\MANUAL)

  ACCIDENT DATE: 15/05/2023 **ACCIDENT TIME:** 17:57 **(AM / (PM))**
- **ACCIDENT PLACE:** FOR CHUAN
- **INSURANCE COMPANY:** China Taiping **POLICY NO:** DMCVSNIU00036032302
- **REPORTING TYPE:** REPORTING ONLY \ CLAIM OTHER PARTY \ CLAIM OWN INSURANCE
- **EXACT PURPOSE FOR WHAT VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT:**

  PRIVATE USE \ EMPLOYMENT \ PRIVATE HIRE
- **VEHICLE TYPE: SALOON/COUPE/MPV/(VAN)/LORRY/MOTORCYCLE/OTHERS**
- **VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)**
- **OWNER / COMPANY NAME:** Party Connection
- **OWNER/COMPANY (NRIC/REG) NO:** 53016801D
- **OWNER/COMPANY CONTACT NUM:** _____
- **DRIVER'S NAME:** Lai Yoong Fern **DRIVER'S NRIC:** S7203570D
- **DRIVER'S D.O.B:** 02/02/1972 **DRIVER'S LICENSE PASSING DATE:** 17/01/2006
- **DRIVER'S ADDRESS:** Apt Blk 806 King George's Avenue #08-210, S200806
- **DRIVER'S OCCUPATION: (INDOOR / OUTDOOR)** **DRIVER'S CONTACT NO:** 9660 4866
- **EMAIL ADDRESS:** burloon@yahoo.com.sg
- **RELATIONSHIP OF OWNER & DRIVER:**

  SPOUSE / PARENTS / CHILDREN / SIBLINGS / (EMPLOYEE) / HIRER / OTHER: _____
- **NUMBER OF PASSENGERS (INCLUDING DRIVER):** 1 **(FEMALE/MALE)**

  _____ _____

  _____ _____
- **WEATHER & ROAD SURFACE:** CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

ACCIDENT STATEMENT

- WAS THE ACCIDENT REPORTED TO THE POLICE: (YES/NO)

- WAS ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT: (YES/NO)

- ANYBODY INJURED: (YES/NO) *INJURED PERSON: (DRIVER / PASSENGER/BOTH)

- INJURY SUSTAINED: —

- ANY VIDEO CAPTURED BY CAR CAMERA : (YES/NO)

- WERE SEAT BELTS WORN: (YES/NO)
- WAS THIS INJURED CONVEYED TO HOSPITAL BY AMBULANCE: (YES/NO)

- WAS NOTICE OF INTENDED PROSECUTION GIVEN: (YES/NO)

  IF YES, PLEASE SPECIFY: —

- WAS THIS STATEMENT TRANSLATED FROM ANOTHER LANGUAGE: (YES/NO)

  IF YES, PLEASE SPECIFY: —

- HAS THE DRIVER BEEN APRROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE: (YES/NO)

  IF YES, PLEASE SPECIFY: —

- **VEHICLE B PARTICULARS**

  VEHICLE REG NO: GBL 8687D

  VEHICLE MAKE\MODEL: _____

  DRIVER'S NAME: Islam Ashraful

  DRIVER'S NRIC: _____

  DRIVERS'S CONTACT NO: 8434 9533

  NUM OF PASSENGERS: _____ MALE ( ) FEMALE( )

- **VEHICLE C PARTICULARS**

  VEHICLE REG NO: _____

  VEHICLE MAKE\MODEL: _____

  DRIVER'S NAME: _____

  DRIVER'S NRIC: _____

  DRIVERS'S CONTACT NO: _____

  NUM OF PASSENGERS: _____ MALE ( ) FEMALE( )

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

MZ300/C

R SN

AN0509A

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, 1959 (Malaysia)

Engine No.: ZD30046760

CERTIFICATE No. DMCVSNW00036032302 Cha. No.:JN1MG4E25Z0712788

1. Index Mark and Registration Number of Vehicle: GY4769A
2. Name of Policy Holder: PARTY CONNECTION
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 20/04/2023 (00:00:00)
4. Date of Expiry of Insurance: 19/04/2024
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. : HITACHI CAPITAL ASIA PACIFIC P L

** 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: NITA 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