

NATIONAL Assessment Centre Services (all items) **5108235-10006**

Date In: 29/05/2023 18:01	Job description	Date & Time Completed	Done by
Ref No: NA2301588	SAS e-filing		
Veh No: ABC 3967	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 21/05/2023 16:00	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 1day)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SMP 3573E** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): 10: 0-30%, 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police: ()

Medical: ()

Other: ()

NA2301588

Invoice Preparation Checklist

1) All Accident Particulars (100%)	
2) DA: Damage Assessment (100%)	INC (100%)
3) TP: Towing Fee	\$100.00
4) PT: Follow-Up through Survey	\$100.00
5) PT: Follow-Up through Survey (Emergency)	\$50.00
6) TR: Assessment	\$75.00
7) NI: Hst DA + Survey Summary	\$100.00
8) NTUC Additional Services	
OD:	
* No: Courtesy Car / Tel Allowance	\$50.00
* No: Repair Coordination	\$10.00
* No: Post Repair Inspection	\$10.00
* No: DV / Collect Excess Coordination	\$10.00
* No: TP (Hst) / TP (Hst) / TP (Hst) / TP (Hst)	\$10.00
TP: NI: Hst DA + Survey Summary	\$100.00
TP: NI: Hst DA + Survey Summary	\$100.00

Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

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	29/05/2023 18:01 (SGT)
Reported by	Actual Driver
Date of Accident	27/05/2023 16:00 (SGT)
Exact Location of Accident	Jln Seh Chuan, Singapore
Additional Location Information	CARPARK NO:J0055
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC396T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	U-CARE RECYCLING (1996)
Company Reg No	5XXXX341B
Email Address	sep0607@yahoo.com.sg
Mobile Phone No	(Phone) +65-90692637
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00007742302

DRIVER

Name of Driver	NG CHEE KIONG (HUANG ZHIQIANG)
NRIC No	SXXXX315J
Date Of Birth	27/02/1971
Occupation	Outdoor

Date Of Driving Pass	08/04/1994
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90692637
Alt. Phone Number	-
Email Address	sep0607@yahoo.com.sg
Address	BLK 473 SEGAR ROAD #15-312
Address complement	-
Postcode	670473
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON (FAMILY BUSINESS)
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 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	SMP3573E
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG PENG SEONG
NRIC No	SXXXX179J

Contact Number	(Phone) +65-97479179
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.



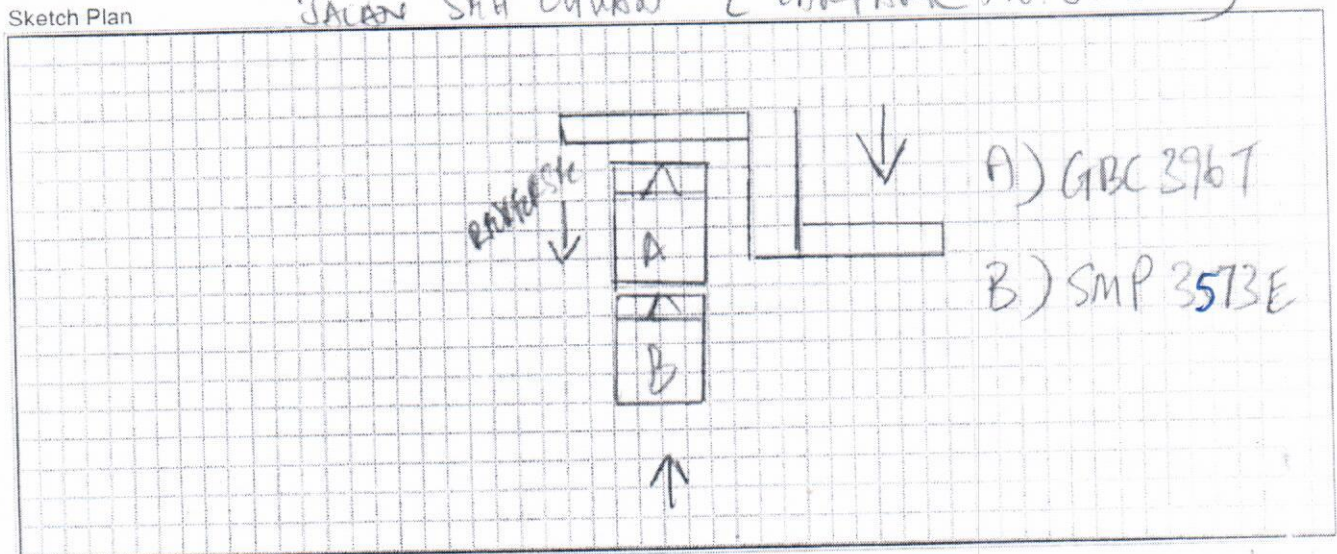
Policyholder's Signature / Date & Time

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

JACAN SHH CHUAN (CARPARK NO. J0055)



Describe Circumstance of the Accident

04 27/05/2023 AT ABOUT 16:00 HRS I WAS
ABOUT TO ENTER AT THE CARPARK JOOY AT
JALAN SEH CHUAN. THE BARRIER DID NOT OPEN
SO I REVERSE A LITTLE BIT BUT DID NOT REALISE
THERE IS A CAR SMP 3573E WAS BEHIND ME.
IT WAS A SMALL BUMP. SO MOVE IN SIDE THE
CAR PARK AND EXCHANGE PARTICULAR & TOOK SOME
PICTURE THAT ALL.

Declaration

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



29/5 17:14
Seah

Policyholder's Signature / Date & Time

29/5 17:09pm

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

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

29/05/2023

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 27/5/23	TIME OF ACCIDENT : 4pm
VEHICLE NO : GBC396T	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Nissan Cabstar	LOCATION : BT TIMAH CARPARK OPP beauty world
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : <u>Chuan M Puh</u>	POLICY NO : <u>DMCVSNA</u>
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE)
NAME OF OWNER : U-CARE RECYCLING (1996)	NRIC : <u>714831575</u> 52815341 B
ADDRESS : 473 SEGAR ROAD #15-312 S(670473)	CONTACT NO : 90692637
EMAIL ADDRESS : sep0607@yahoo.com.sg	VIDEO RECORDING : YES / <u>(NO)</u>
NAME OF DRIVER : AS ABOVE / IF NO : NG CHEE KIONG	NRIC : <u>714831575</u> CONTACT NO : <u>90692637</u>
DRIVER OWNER RELATIONSHIP : <u>MOTHER / SON</u>	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 27 / 02 / 1971	DRIVING PASSING DATE : <u>08 / 04 / 1994</u>
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS :
ANY INJURIES : <u>NO</u> , IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SMP 3573E</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Ang Peng Seong</u>	DRIVER NAME : _____
NRIC : <u>S7129179J</u>	NRIC : _____
CONTACT : <u>97479179</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO



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

AN0695A

Cov. Type:F

CERTIFICATE No.

DMCVSNA00007742302

Engine No.: ZD30270719K

Cha. No.: JN1SC2F24Z0801698

1. Index Mark and Registration
Number of Vehicle

GBC396T

2. Name of Policy Holder

U-CARE RECYCLING (1996)

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

26/01/2023
(00:00:00)

4. Date of Expiry of Insurance

25/01/2024

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.: TECK WEI CREDIT PTE 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: B2B-Name

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