

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **SND 823690001**

Date In: 9/6/23 11:04	Job Description: SAS e-filing	Date & Time Completed: 9/6/23 11:40	Done by: 9/6/23 11:40
Ref No: NBA CT 2300 586/7	E-mail (within 3hrs, M-F 9-5)		
Vol No: 930 56152	1-Motor Claim Form		
D.O.A: 9/6/23 11:40	1-Motor W/O (within 30 days, M-F 9-5)		
OS: TP: Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: () Vol No: **8618.915** INC () / Non-INC () Tel: ()

Owner / Driver: () Period: () Cover Type: ()

Policy No: () Date: () Time: ()

Confirmed by: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): 10-0-30%, P: 21-72%, P: 80-140%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO info of repatriation.

() 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: ()

Location: ()

Time: ()

Weather: ()

Vehicle: ()

Driver: ()

Witness: ()

Police: ()

Insurance: ()

Medical: ()

Legal: ()

Other: ()

NA 2301724

Invoice Preparation Checklist:

1) All Accident Documents (300)	
2) DA: Damage Assessment (300)	300 (350)
3) TP: Towing Fee	500/500
4) TP: Follow-Up through Survey (300)	300
5) TP: Follow-Up through Survey (300)	300
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100) TP: Follow-Up through Survey (300)	300

Checked by (Engr-In-Charge):

Signature: ()

Date: ()

Time: ()

Location: ()

Vehicle: ()

Driver: ()

Witness: ()

Police: ()

Insurance: ()

Medical: ()

Legal: ()

Other: ()

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	09/06/2023 11:04 (SGT)
Reported by	Actual Driver
Date of Accident	08/06/2023 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF BRADDELL ROAD TOWARDS UPPER SERANGOON VIADUCT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5615Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STRIPES AUSTRALIA PTE LTD
Company Reg No	2XXXXX202H
Email Address	LINDA@DIMBULAH.COM
Mobile Phone No	(Phone) +65-69086484
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00134822201

DRIVER

Name of Driver	NOKMAN BIN ROHANI
NRIC No	SXXXX170J
Date Of Birth	24/06/1962

Occupation	Outdoor
Date Of Driving Pass	29/12/1998
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92729214
Alt. Phone Number	-
Email Address	LINDA@DIMBULAH.COM
Address	104 SPOTTISWOODE PARK ROAD
Address complement	#12-116
Postcode	080104
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 CIRCUMSTANCES OF ACCIDENT

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	SG1891B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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 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.

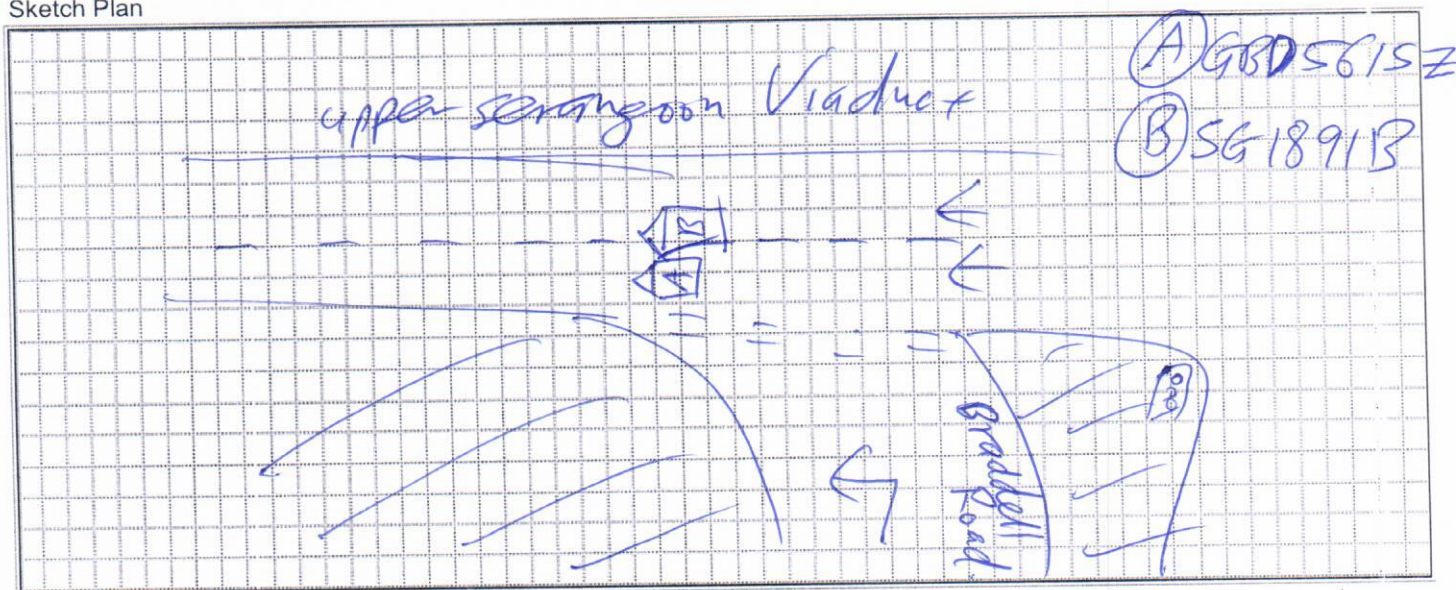


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

Slip Road of
I was travelling along Braddell Road Towards upper Serangoon
Viaduct.

I have completed my turn when vehicle (B) hit my vehicle (A)
from the right.

Declaration

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

X



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)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 8/6/23	TIME OF ACCIDENT : 1140am.
VEHICLE NO : GBD5615Z	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Fiat Doblo Cargo Maxi 1.6 MJ Diesel (MTA)	LOCATION : Slip Road of Braddell Road, Towards upper Serangoon Viaduct
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : China Taiping Insurance (Singapore) Pte Ltd	POLICY NO : DMCVSNW00/34822201;
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/ <u>VAN</u> /LORRY/MOTORCYCLE)
NAME OF OWNER : Stripes Australia Pte Ltd	NRIC : UEN : 202037202 H
ADDRESS : 138 Robinson Road, #15-01 Oxley Tower, Lobby 1, Singapore 068906	CONTACT NO : 6908 6484
EMAIL ADDRESS : linda@climbulah.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : Nokman Bin Rohani	NRIC : S1525170J CONTACT NO : 92729214
DRIVER OWNER RELATIONSHIP : <u>Worker</u>	PASSENGER : <u> </u> MALE () FEMALE ()
DATE OF BIRTH : 24 / 6 / 1962	DRIVING PASSING DATE : 29 / 12 / 1998
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS : BLK 104 Spottiswoode Park Rd, #12-116 S(080104)
ANY INJURIES : <u>NO</u> , IF YES : _____	POLICE REPORT : <u>NO</u> / IF YES WHERE ? _____
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : SG1891B	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES : _____
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : <u>YES</u> / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 8/6/23	TIME OF ACCIDENT : 1140am
VEHICLE NO : GBD5615Z	TRANSMISSION : <input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
MAKE & MODEL : Fiat Doblo	LOCATION : Slip Road of Braddell Road. Towards upper Serangoon Viaduct
EXACT PURPOSE USE DURING ACCIDENT : <input checked="" type="radio"/> EMPLOYMENT / <input type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	CLAIM TYPE : <input type="radio"/> OD / <input type="radio"/> THIRD PARTY / <input checked="" type="radio"/> REPORTING ONLY
INSURANCE COMPANY : China Taiping	POLICY NO : DMCVSNW00/34822201
TYPE OF COVERAGE : <input checked="" type="radio"/> COMPREHENSIVE / <input type="radio"/> THIRD PARTY / <input type="radio"/> THIRD PARTY & THEFT	VEHICLE TYPE : (<input type="radio"/> SALOON / <input checked="" type="radio"/> COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Stripes Australia	NRIC : 200107833D
ADDRESS :	CONTACT NO :
EMAIL ADDRESS : sagitechit@gmail.com	VIDEO RECORDING : YES <input checked="" type="radio"/> NO <input type="radio"/>
NAME OF DRIVER : AS ABOVE / IF NO : Nokman Bin Rohani	NRIC : S1525170J CONTACT NO : 92729214
DRIVER OWNER RELATIONSHIP : Worker	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 24 / 6 / 1962	DRIVING PASSING DATE : 29 / 12 / 1998
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : BLK 104 Spottiswoode Park Rd, #012-116 S (08/04)
ANY INJURIES : <input checked="" type="radio"/> NO, IF YES :	POLICE REPORT : <input checked="" type="radio"/> NO / IF YES WHERE ?
WEATHER CONDITION : <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS	ROAD SURFACE : <input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHERS
VEHICLE B REG NO : SG1891B	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	WERE SEAT BELTS WORN ? : YES / NO
WAS NOTICE OF PROSECUTION GIVEN ? (YES / <input checked="" type="radio"/> NO) IF YES, AGAINST WHOM :	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



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

BR0120A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00134822201

Engine No.: 263A50007174996

Cha. No.: ZFA26300006183506

1. Index Mark and Registration
Number of Vehicle

GBD5615Z

AUTOSAFE

=====

2. Name of Policy Holder

STRIPES AUSTRALIA PTE. LTD.

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

09/12/2022

(00:00:00)

Excess Sect I.

\$S\$450.00

EX ON WINDSCREEN

\$S\$100.00

4. Date of Expiry of Insurance

08/12/2023

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.

* 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: ACORN INTERNATIONAL NETWORK PTE

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