

NATIONAL Assessment Centre Services SVC 236 E0002

Case No: 15106/2023 12/36	Job description	Date & Time Completed	Done by
Ref No: NAB/C123006042	SAS e-filing		
Val No: GBD 78072	E-mail (within 24hrs, AIC 2013)		
E.O.A: 19/06/2023 09:16	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (Within 24hrs, AIC 2013)		
TP Insured	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: Val No: GBD 1521E INC () / Non-INC () Tel: ()

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

Policy No: ()

Confirmed by: () Date: Time: ()

Insured/Driver Liability: () % (Note: Use Status (WO): 11: 0-30%, 12: 31-70%, 13: 80-100%)

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

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

Center's Remarks: ()

() Walk-In Customer / Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: ()

Other: ()

NAB2301740

Owner/Whse:	Invoice Preparation ()	
Driver No:	1) A/R: Accident Report ()	
Assigned Portion: ()	2) DA: Damage Assessment ()	
	3) TP: Towing Fee ()	
	4) PF: Follow Through Survey ()	
	5) TR: Transport Allowance ()	
	6) TR: Towing Fee ()	
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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	15/06/2023 12:36 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 09:16 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	EXIT TO ALEXANDRA ROAD LEFT FILTER LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7807Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WALLACE WOON PHOTOGRAPHY
Company Reg No	5XXXX900M
Email Address	wallacewoon@gmail.com
Mobile Phone No	(Phone) +65-91127302
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00001622302

DRIVER

Name of Driver	WALLACE WOON SHIH LEONG
NRIC No	SXXXX205D
Date Of Birth	08/09/1988
Occupation	Indoor

Date Of Driving Pass	26/03/2009
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91127302
Alt. Phone Number	-
Email Address	wallacewoon@gmail.com
Address	34 VERDE GROVE
Address complement	-
Postcode	688566
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	GBJ1521E
Vehicle Manufacturer	-
Vehicle Model	-
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

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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

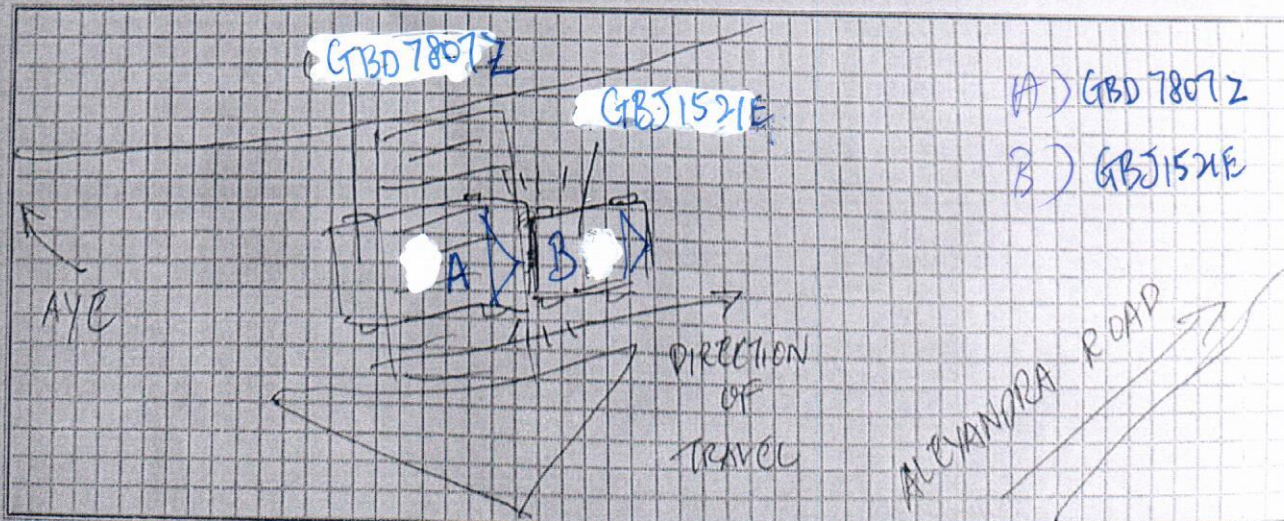
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 14/6/23
09:56
Policyholder's Signature / Date & Time

wallace
WOON photography
Actual Driver's Signature (If driver is not the
policyholder) / Date & Time

[Signature] 15/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I (DRIVER OF GBD 7807Z) WAS EXITING THE AYE (CITY) TO HEAD TO ALEXANDRA ROAD. I TOOK THE LEFT FILTER LANE AND WAS SLOWING DOWN TO CHECK FOR ONCOMING TRAFFIC.

AS THERE WERE NOT MANY CARS, I DID NOT BRING THE VEHICLE TO A FULL AND COMPLETE STOP.

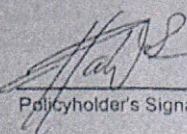
I DID NOT REALISE THAT THE VEHICLE IN FRONT OF ME HAD NOT MOVED OFF YET, EVEN THOUGH I HAD NOTICED IT ALREADY WHILE EXITING THE EXPRESSWAY.

AS A RESULT, THE FRONT OF GBD 7807Z COLLIDED WITH THE REAR OF GBS1521E, DRIVEN BY ~~ADAM~~ SHIN JING YA.

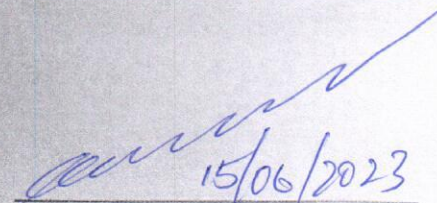
THE COLLISION DAMAGED THE REAR DOOR AND FRAME OF GBS1521E AND THE LICENSE PLATE HOLDER OF GBD 7807Z

Declaration

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

 9:56AM
14/6/23
Policyholder's Signature / Date & Time

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

 15/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SKETCH

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 14/06/2023	TIME OF ACCIDENT : 09:16
VEHICLE NO : GBD 7807Z	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : FIAT DOBLO CARGO MAXI 1.6M3	LOCATION : AVE (CITY) EXIT TO ALEXANDRA ROAD LEFT FILTER LANE
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : CHINA TAIPING	POLICY NO : DMCVSNW00002622302
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : WALLACE WOON PHOTOGRAPHY	NRIC : S8834205D
ADDRESS : 34 VERDE GROVE(S) 688566	CONTACT NO : 91127302
EMAIL ADDRESS : wallace.woon@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : WALLACE WOON	NRIC : S8834205D CONTACT NO : 91127302
DRIVER OWNER RELATIONSHIP : —	PASSENGER : — MALE () FEMALE ()
DATE OF BIRTH : 08 / 09 / 1988	DRIVING PASSING DATE : 26 / 03 / 09
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : 34 VERDE GROVE(S) 688566
ANY INJURIES : NO, IF YES : —	POLICE REPORT : NO/ IF YES WHERE ? —
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : GBJ1521E	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 / 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

AN0646A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00002622302

Engine No.: 263A50007194326

Cha. No.: ZFA26300006A5780

1. Index Mark and Registration
Number of Vehicle

GBD7807Z

AUTOSAFE

=====

2. Name of Policy Holder

WALLACE WOON PHOTOGRAPHY

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

05/01/2023

(00:00:00)

Excess Sect I .

S\$450.00

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

04/01/2024

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.

* 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: NET LINK COMMERCIAL 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

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: SND823680003 Vehicle Registration No: GKD 7807 Z

Name (as shown in NRIC): Wenock Wong STH Lian NRIC/FIN/Passport No: 82222205D

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 91127302

Email Address: _____

Date of Accident: 14/06/2023 Time of Accident: 09:16

Place of Accident: A/E Exit 2 towards Alexandra Road

Insurance Company: Citibank

(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:

T/P to PAPERS (NAC PERSONAL CHECK WORKING)

Policyholder / Actual Driver's Signature
Date:

15/06/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: