

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

23610002

Date In: 27/06/2023 16:23	Job description	Date & Time Completed	Done by
Ref No: N/A/C1230062937	SAS e-filing		
Veh No: GBG5133G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/06/2023 14:00	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: GBG1816X	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

<p>NA2301884</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	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:-			
ON*				
*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 \$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	21/06/2023 16:23 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 14:00 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5133G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHUAN TIONG IRON-ALUMINIUM & S/STEEL WORKS CONSTRUCTION
Company Reg No	2XXXX500M
Email Address	ninja@carcity.com.sg
Mobile Phone No	(Phone) +65-98266588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00100692205

DRIVER

Name of Driver	CHUEN KIM CHWEE
NRIC No	SXXXX947J
Date Of Birth	10/03/1950

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 16/06 2023 (dd/mm/yy)

Time of Accident: 14:00 (24-HR-FORMAT)

Vehicle No.: 4BG51336 Vehicle Make & Model / Engine (cc): TOYOTA DYNA Private Hire: (Y/N) ☒

Exact location of Accident: SIMPANG BE Upper Changi ROAD

Policyholder's Name / IC No.: (HUA TIONH IRON-ALUMINIUM & STAINLESS STEEL WORK CONSTRUCTION) ROC/UEN (Company) 23179500M

Driver's Name / IC No.: CHUEN KIM (HUEE) 50069947J (As Above) ☐

Driver's Contact No.: 98266588 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 94D BEDOK NORTH AVE 4 #17-1429 SC463094

Owner Email address: ninja@crch.com.sg Insurance Company: CHINA TRIPING

Driver Email address: ninja@crch.com.sg 10/03/1980 18/11/1971

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 3

*Passenger Name: PASSENGER 1

*Passenger Name: PASSENGER 2

Gender: ☒ Male / Female x()
Gender: ☒ Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBG1816X

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact 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

MZ300/C

R SN

AN0633A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules (Chapter 189A)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1928 (Malaysia)

CERTIFICATE No

DMCVSNW00100692205

Engine No IKD2742236

Cha. No. JTFAT35Y70K208670

1 Index Mark and Registration
Number of Vehicle

GBG5133G

2 Name of Policy Holder

CHUAN TIONG IRON-ALUMINIUM & STAINLESS STEEL
WORKS CONSTRUCTION

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations
Commence of Enactment

25/08/2022
(00:00:00)

Excess Sec 1. S\$500.00
EX ON WINDSCREEN. S\$100.00

4 Date of Expiry of Insurance

24/08/2023

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 Exclusions 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 AS HP OWNER

* Exclusions mandated independently Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 36 of the Road Transport Act 1987 (Malaysia) and 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorized Signatory

Insured By SKYLINK INSURANCE AGENCY PTE LTD
Authorized Officer

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