

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: <b>26/06/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C1123006459/d4</b>	SAS e-filing		
Veh No: <b>PC 197679</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>28/06/2023 22:10</b>	i-Motor Claim Form		
OD / <b>TP</b> / 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:

**FY 8046M**

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

)

Policy No: (

)

Period: (

)

Cover Type: (

)

Confirmed by: (

Date:

Time:

)

Insured/Driver Liability: (

%)

[Note-Bst. 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	Actions

**NA2301890**

## Invoice Preparation Checklist

Amr (\$)

1st Bill

## Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge):

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

## Auditors' Comments:-

TP (N11): TP (Non INC) against INC \$20

Cat. 1:

9) N12: Idac Mobile \$30

Cat. 2 / 3:

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	26/06/2023 17:30 (SGT)
Reported by	Actual Driver
Date of Accident	25/06/2023 22:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS ( BEFORE BKE EXIT )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9767G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PERFECTGOH LIMO
Company Reg No	5XXXX498C
Email Address	simonlaw76@gmail.com
Mobile Phone No	(Phone) +65-87686269
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00018692200

#### DRIVER

Name of Driver	ANDREW SOH CHUAN KEAT
NRIC No	SXXXX814C
Date Of Birth	24/04/1962
Occupation	Outdoor

Date Of Driving Pass	22/06/1982
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-87686269
Alt. Phone Number	-
Email Address	simonlaw76@gmail.com
Address	APT BLK 215 CHOA CHU KANG CENTRAL
Address complement	# 08-194
Postcode	680215
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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY8046M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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.



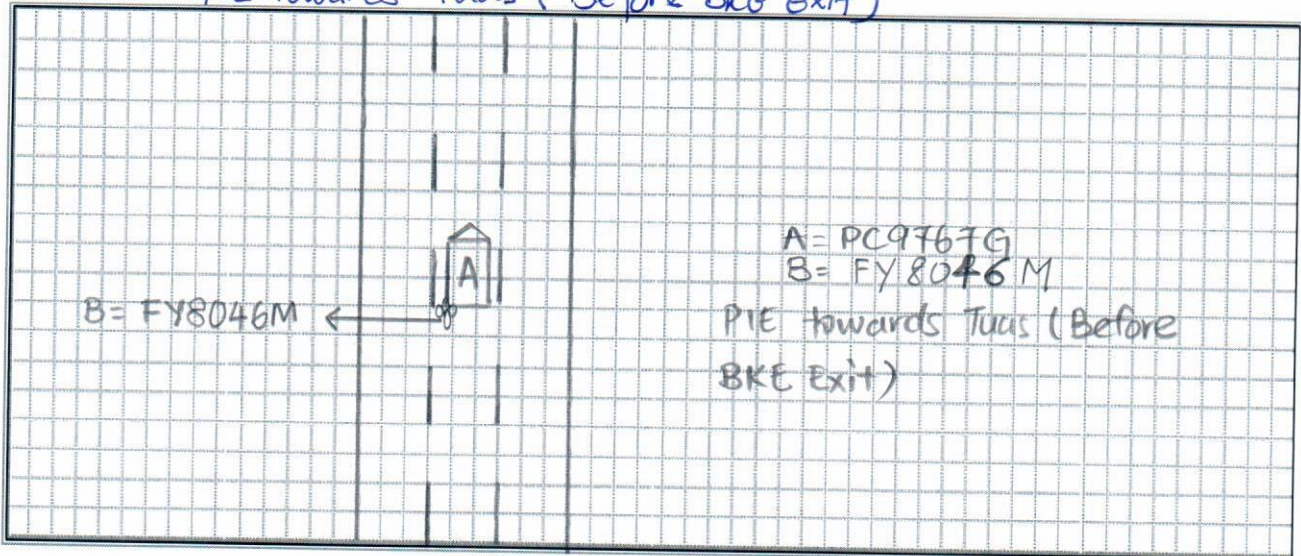
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE Towards Tuas (Before BKE Exit)



Describe Circumstance of the Accident

Refer to Attached

Declaration

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



Policyholder's Signature / Date & Time

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

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



On 25.06.2023 at about 22:10 hours along PIE towards Tuas (Before BKE Exit), I was travelling straight on lane 2 at the above mentioned location and suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear and rear left hand side portion of my vehicle (A).

Vehicle (A): PC 9767G

Vehicle (B): FY 8046M

A handwritten signature in blue ink, consisting of a stylized 'H' shape with a vertical line on the left and a horizontal line on the right, with a small loop at the bottom left.

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 25/06/2023 Time: 22:10 (hh:mm) 24 hr format	
Location PIE towards Tuas (Before BKE Exit)	
Vehicle Number PC9767G	
Insured Name PerfectGoh Limo	
NRIC /FIN 53134498C	Contact Number
Make Toyota	Model Hiace commuter
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting	
Insurance Company China Taiping	
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only	
Policy Number DMB13NW00018692200	
Name of Driver Andrew Soh Chuan Keat	( ) Same as Insured
NRIC /FIN S1556814C	Contact Number 8768 6269
Date of Birth 24/04/1962	
Driving Pass Date 22/06/1982	
Occupation ( ) Indoor ( / ) Outdoor	
Gender ( / ) Male ( ) Female	
Email Address simonlaw76@gmail.com	( ) NO EMAIL
Address of Driver BLK 215 Choa Chu Kang Central #08-194 S(680215)	
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No	
If No, Relationship of the Driver with the Insured	
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling	
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions ( / ) Clear ( ) Raining ( ) Others	
Road Surface ( / ) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No	
Was anybody injured in the accident? ( / ) Yes ( / ) No	
If yes, injured detail	
Was there any video captured by Car Camera? ( ) Yes ( / ) No	
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report	
DETAILS OF 3 <sup>rd</sup> party	Name / Nric Contact
Veh B FY8046M	
Veh C	
Veh D	
Veh E	
Veh F	

Driver Only





Motor Bus

MZ601

N SN

AN0679A

Cov. Type:C

### 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)

CERTIFICATE No.

DMB1SNW00018692200

Engine No.: 1GD8384120

Cha. No.:GDH2232001420

1. Index Mark and Registration  
Number of Vehicle

PC9767G

AUTOSAFE  
=====

2. Name of Policy Holder

PERFECTGOH LIMO

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

22/11/2022

(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

21/11/2023

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:\*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: JCWC CREDIT (S) 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: ABWIN 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

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