

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

Date In: 05/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAICT23006761/d4	SAS e-filing		
Veh No: GW 5065B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 03/07/2023 21:55	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMD 272	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

NA230 2018	Invoice Preparation Checklist	Ant (\$)	A
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	A
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:-	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*		
Cat. 1:	*N5: Courtesy Car / Tpt Allowance \$5		
Cat. 2 / 3:	*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 \$30		
	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	05/07/2023 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	03/07/2023 21:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINE PARADE BLOCK 83 CARPARK LOT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GW5065B

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIAN HIAP CONSTRUCTION PTE LTD
Company Reg No	1XXXXX665E
Email Address	khc@kianhiap.com.sg
Mobile Phone No	(Phone) +65-91709023
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3153

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00089792201

#### DRIVER

Name of Driver	KAWSAR ABU
Passport No/FIN	GXXXX469R
Date Of Birth	01/06/1996
Occupation	Outdoor

Date Of Driving Pass	26/10/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98108927
Alt. Phone Number	-
Email Address	khc@kianhiap.com.sg
Address	14 DEFU LANE 1
Address complement	# 02-03
Postcode	539488
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 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	SMD27Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR.CHEOW
Contact Number	(Phone) +65-91051991

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.
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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 Police for investigation.
6. The 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.

### 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

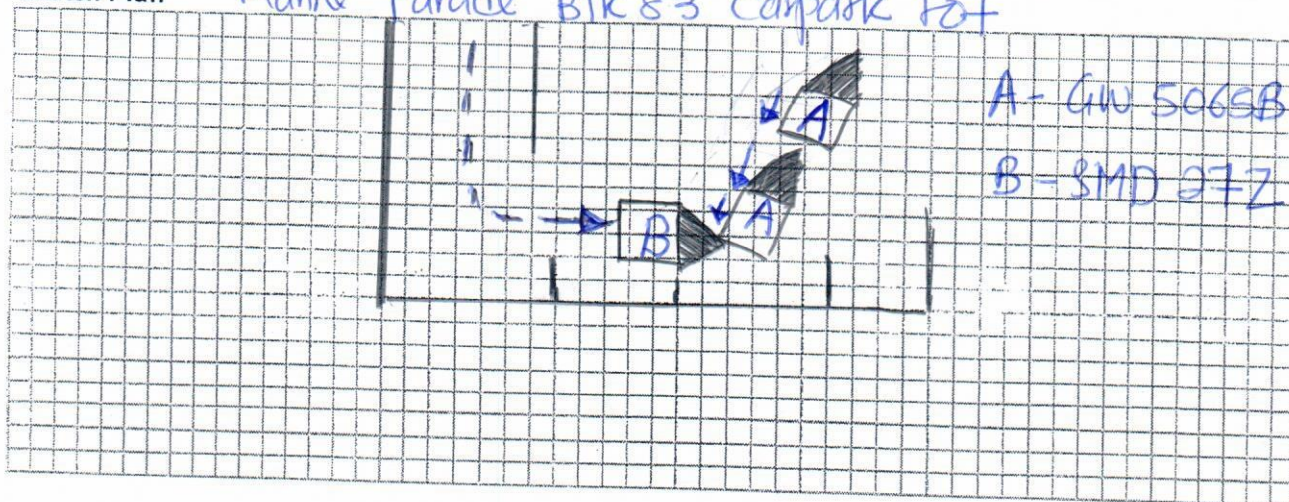
05/07/2023

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Manne Parade Blk 83 Carpark lot



A - GW 5065B

B - SMD 27Z



**Describe the Circumstance of the Accident**

on the above stated date and time, I was at Marine Parade Blk 83 Carpark lot. I entered the carpark and vehicle B was behind my vehicle. I went to a lot to park my vehicle, so I wanted to park vertically as the parking was vertical parking. I went slightly in front and reversed my vehicle to park in the lot and that's where my rear left portion collided with vertical B's front left portion. it was just a slight scratch only. No injuries to both parties.

**Declaration**

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



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 : 03/07/2023	TIME OF ACCIDENT : 21:55 pm
VEHICLE NO : GW 5065B	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Nissan Cabstar	LOCATION : Marine Parade 83 Bldg Capitol Tot
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT (PRIVATE USE / PRIVATE HIRE) after work.	CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : China Taiping	POLICY NO : DMCVSNA00089792201
TYPE OF COVERAGE :	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE)
COMPREHENSIVE / <u>THIRD PARTY</u> / THIRD PARTY & THEFT	NRIC :
NAME OF OWNER : Kian Hiap construction Pte Ltd	CONTACT NO : 9170 9023
ADDRESS :	VIDEO RECORDING : YES / <u>NO</u>
EMAIL ADDRESS : khc@kianhiap.com.sg	NRIC : G2701469R CONTACT NO : 98108927
NAME OF DRIVER : AS ABOVE / IF NO : Kawsar Abu	PASSENGER : 0 MALE ( ) FEMALE ( )
DRIVER OWNER RELATIONSHIP : employee	DRIVING PASSING DATE : 26 / 10 / 2021
DATE OF BIRTH : 01 / 06 / 1996	ADDRESS : 14 Defu Lane 1 # 4412-03
OCCUPATION: INDOOR / <u>OUTDOOR</u>	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
ANY INJURIES: <u>NO</u> , IF YES :	ROAD SURFACE: <u>DRY</u> / WET / OTHER :
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHER :	
VEHICLE B REG NO : SMD 27Z	VEHICLE C REG NO : _____
DRIVER NAME : Mr. Cheow	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : 91051991	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 ? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:

**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.

DMCVSNA00089792201

Engine No.: QD32181745

Cha. No.: JN1SF4F23Z0850875

1. Index Mark and Registration  
Number of Vehicle

GW5065B

2. Name of Policy Holder

KIAN HIAP CONSTRUCTION PTE LTD

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

28/07/2022  
(00:00:00)

4. Date of Expiry of Insurance

27/07/2023

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: \_\_\_\_\_  
Yeo Kok Wei Joel  
Authorised Officer

\_\_\_\_\_   
Authorised Signatory