

**NATIONAL Assessment Centre Services** (wef 1 Jan 06)

Date In: <b>14/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NALC1123007159/04</b>	SAS e-filing		
Veh No: <b>QBE 2443S</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>10/07/2023 09:10</b>	i-Motor Claim Form		
<b>OD / (TP) Reporting Only</b>	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: Vch No: **884 29394** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2302/28	Invoice Preparation Checklist	Amf (\$)	A
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: Idau 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	14/07/2023 16:05 (SGT)
Reported by	Actual Driver
Date of Accident	10/07/2023 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI ROAD TOWARDS GEYLANG ROAD BEFORE STILL ROAD 1 JALAN EUNOS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE2443S

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LI TAT ENGINEERING PTE LTD
Company Reg No	2XXXXX917G
Email Address	LITATENGG@GMAIL.COM
Mobile Phone No	(Phone) +65-84981312
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	DMCVSNW00113302200

### DRIVER

Name of Driver	TAN CHIN YAN
Passport No/FIN	FXXXX381M
Date Of Birth	13/03/1977

Occupation .....	Indoor
Date Of Driving Pass .....	10/10/2017
Driving experience .....	5 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83088668
Alt. Phone Number .....	-
Email Address .....	LITATENGG@GMAIL.COM
Address .....	83 GEYLANG BAHRU , GEYLANG BAHRU INDUSTRIAL ESTATE
Address complement .....	# 01-2566
Postcode .....	5339691
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 - Change/cross lane
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) .....	2
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 .....	-

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

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 .....	SBU2939U
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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.



*[Handwritten signatures]*

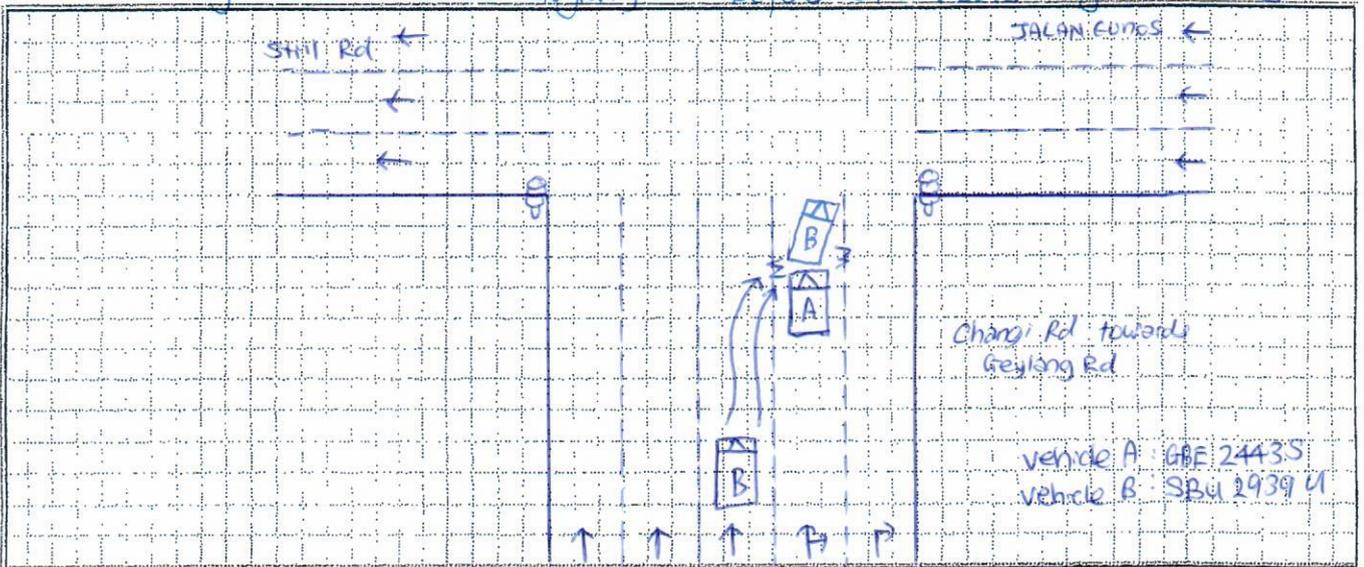
*[Handwritten signature]* 14/7/2023

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 *Changi Road towards Geylang Rd before still Road 1 Jalan Cunos*



Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle  
( GBE 2443 S ) along Changi Rd towards Geylang Rd on Lane 2  
of a 5 lane Rd. My vehicle was stationary intending to  
turn Right. Just as the light was to my favour. I proceeded  
& suddenly, vehicle B ( SBU 29394 ) filtered from my left ( Lane 3 )  
to the front of my vehicle and my vehicle front portion  
lightly collided into vehicle B rear portion.

Declaration

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



*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]* 14/7/2023

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

VEHICLE NO: <u>GBE 2443 S</u>	MAKE & MODEL: <u>Toyota Dyna</u>	AUTO / <del>MANUAL</del>
DATE OF ACCIDENT: <u>10 / 07 / 2023</u>	CC: <u>30</u>	
TIME OF ACCIDENT: <u>0910</u> HRS		
LOCATION OF ACCIDENT: <u>Changi Rd towards Geylang Rd before Still Rd / Jalan Cunos</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>Li Tat Engineering Pte Ltd</u>		
TEL NO: <u>H/P: 8498 1312</u> OFFICE: HOME:		
NRIC: <u>201542917G</u>		
ADDRESS: <u>83 Geylang Bahru #01-2566 Geylang Bahru Ind Estate S339691</u>		
EMAIL: <u>LITATENG@GMAIL.COM</u>		
CLAIM TYPE: <u>OD / <del>THIRD PARTY</del> / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / <del>NO</del></u>		
INSURANCE COMPANY: <u>China Tarping</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO: <u>DMCVSNW00113302200</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: Tan Chin Yan</u>		
NRIC: <u>F8015381M</u> ANY PASSENGER: <u>1 (1M)</u>		
DATE OF BIRTH: <u>13 / 03 / 1977</u> LICENCE PASSED DATE: <u>10 / 10 / 2017</u>		
OCCUPATION: <u>OUTDOOR / <del>INDOOR</del></u>		
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO: <u>H/P: 8308 8668</u> OFFICE: HOME:		
ADDRESS: <u>as above</u>		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <u>NO</u> / IF YES, REG NO: INSURER:		
RELATIONSHIP: <u>Employee</u>		
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:		
ROAD SURFACE: <u>DRY</u> / WET / OTHER:		
ANY INJURIES: <u>NO</u> / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: <u>NO</u> / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO</u> / IF YES, WHO?		
VEHICLE B REG NO: <u>SBU 2939 U</u> ANY PASSENGERS: <u>unknown</u>		
NAME OF DRIVER: <u>unknown</u> CONTACT NO: <u>unknown</u>		
VEHICLE C REG NO: ANY PASSENGERS:		
VEHICLE D REG NO: ANY PASSENGERS:		
VEHICLE E REG NO: ANY PASSENGERS:		
VEHICLE F REG NO: ANY PASSENGERS:		
VEHICLE G REG NO: ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME: WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE? <u>YES / <del>NO</del></u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / <del>NO</del></u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES</u> / NO		
ACCIDENT PORTION: <u>front portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident-claims assistance? <u>YES / <del>NO</del></u>		
WORKSHOP PARTICULAR: <u>N-51 Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve 88215151</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



Motor Commercial

MZ300/C

N SN

AN0740A

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. DMCVSNW00113302200

Engine No.: 1KD2542496  
Cha. No.:KDY2318020853

1. Index Mark and Registration Number of Vehicle GBE2443S

AUTOSAFE  
=====

2. Name of Policy Holder LI TAT ENGINEERING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 09/10/2022 (00:00:00)

Excess Sect I . S\$500.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance 08/10/2023

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.

Authorised Signatory

Issued By: TATCO ENTERPRISE  
Authorised Officer