

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

200923830007

Date In: 03/08/2023 18:14	Job description	Date & Time Completed	Done by
Ref No: MBA/C1223007876/Y	SAS e-filing		
Veh No: GBG 8654A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/08/2023 18:10	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor Y/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 Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SMA 6628D	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 0016)	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

NA2302305

Claimant's Particulars	Invoice Preparation Checklist	Amf (\$)	An
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 : Idao 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: Idao 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 First Submission	03/08/2023 18:14 (SGT)
Reported by	Actual Driver
Date of Accident	02/08/2023 18:10 (SGT)
Exact Location of Accident	1 Woodlands Square, Singapore 738099
Additional Location Information	CAUSEWAY POINT CARPARK GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8654A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TERRA DESIGN PTE. LTD.
Company Reg No	2XXXXX109E
Email Address	edison@flymarketing.asia
Mobile Phone No	(Phone) +65-91455545
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 - Reporting only
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	DMCVSNW00045052303

DRIVER

Name of Driver	MALKIAT SINGH
Passport No/FIN	GXXXXX334L
Date Of Birth	30/04/1989
Occupation	Outdoor

Date Of Driving Pass	08/09/2022
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90811056
Alt. Phone Number	-
Email Address	edison@flymarketing.asia
Address	BLK 3023 UBI ROAD 3 #04-14
Address complement	-
Postcode	-
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 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	SMA6628D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZULHILMI
Contact Number	(Phone) +65-96434544

Address -
* Address complement -
Postcode -
- Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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. 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.

03/08/2023



03-08-2023

Edouard

Malkit Singh

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

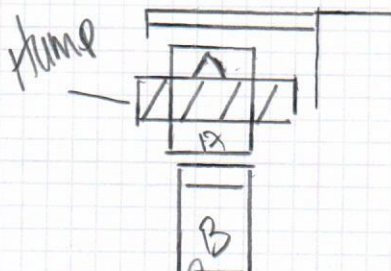
03/08/2023

Sketch Plan

CAUSEWAY POINT CARPARK GARAGE

A) GBG 8654A

B) SMA 6628D



Describe Circumstances of the Accident

At Car park gantry as there is hump, the ~~too~~ lorry, the lorry reverse with out gear and ~~scat~~ scratch the car front grill (Logo emblem) -

Declaration

We declare the foregoing particulars are true in every respect.

07 08 2023

Edibafsy



03-08-2023

Malkid Singh

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

03/08/2023

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 03-08-2023		TIME OF ACCIDENT:	
VEHICLE NO: GBB8654A		TRANSMISSION: AUTO / <u>MANUAL</u>	
MAKE & MODEL: TOYOTA DINA		LOCATION: Causeway Point ^{Carpark} Gantry	
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE		CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY: China Taiping Insurance		POLICY NO: DMC VSNW00045052303	
TYPE OF COVERAGE:		VEHICLE TYPE: <u>Lorry</u> (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT		NRIC: <u>G23653341</u> S804831E	
NAME OF OWNER: <u>WU HONG HUI (Terra Design Pte Ltd)</u>		CONTACT NO: <u>91455545</u>	
ADDRESS: <u>Blk 3023, Albi Road 3 #04-14</u>		VIDEO RECORDING: YES / NO	
EMAIL ADDRESS: <u>Edison@FLYMARKETING-ASIA</u>		NRIC: <u>G23653341</u> CONTACT NO: <u>90811056</u>	
NAME OF DRIVER: AS ABOVE / IF NO: <u>Malkiat SINGH</u>		PASSENGER: MALE (<input checked="" type="checkbox"/>) FEMALE ()	
DRIVER OWNER RELATIONSHIP: <u>Employer</u>		DRIVING PASSING DATE: / /	
DATE OF BIRTH: / /		ADDRESS:	
OCCUPATION: INDOOR / <u>OUTDOOR</u>		POLICE REPORT: NO / IF YES WHERE?	
ANY INJURIES: NO, IF YES:		ROAD SURFACE: DRY / WET / OTHERS	
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		VEHICLE B REG NO: <u>SMB 6628D</u>	
VEHICLE C REG NO: _____		DRIVER NAME: <u>ZULHILMI</u>	
DRIVER NAME: _____		NRIC: _____	
NRIC: _____		CONTACT: <u>96434844</u>	
CONTACT: _____		ANY WITNESS? NO, IF YES:	
NAME: _____		CONTACT: _____	
VEHICLE D REG NO: _____		WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)	
DRIVER NAME: _____		IF YES, AGAINST WHOM:	
NRIC: _____		WERE SEAT BELTS WORN?: YES / NO	
CONTACT: _____		WERE INJURY CONVEYED BY AMBULANCE: YES / NO	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO			
VEHICLE NUMBER:		HANDLING INSURER:	

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

AN0420A

Cov. Type:C

CERTIFICATE No. DMCVSNW00045052303

Engine No.: 1KD2758228

Cha. No.:JTFAT35Y90K209325

1. Index Mark and Registration
Number of Vehicle

GBG8654A

AUTOSAFE

=====

2. Name of Policy Holder

TERRA DESIGN PTE LTD

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

23/06/2023

(00:00:00)

Excess Sect I .

S\$500.00

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

16/05/2024

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.

HIRE PURCHASE CO. : GF MOTOR TRADING ENTERPRISE AS HP OWNER

* 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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☎ 6222 1033

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