

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: <b>04/08/2023</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NA/C7123007897/14</b>	E-mail (within 4hrs, AIC 2hrs):		
Yeh No: <b>E18H 4727U</b>	I-Motor Claim Form		
D.O.A: <b>02/08/2023 13:00</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
<b>OD / TP / Reporting Only</b>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Yeh No: **3JG 4564H**

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%; 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:

**NA2302319**

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

Am't (\$):

Ad

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

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

3) TP: 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) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

\*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 ..... 04/08/2023 16:31 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 02/08/2023 13:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HAVELOCK ROAD TURNING INTO ZION ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH4727U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EZY-1 LEASING PTE. LTD.  
Company Reg No ..... 2XXXXXX333W  
Email Address ..... alitaskhiri@hotmail.com  
Mobile Phone No ..... (Phone) +65-68730300  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... Auto  
CC ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNA00010332300

### DRIVER

Name of Driver ..... MUHAMMAD ALI TASKHIRI BIN AHMAD  
NRIC No ..... SXXXX911A  
Date Of Birth ..... 15/12/1989  
Occupation ..... Outdoor



Date Of Driving Pass .....	29/12/2010
Driving experience .....	12 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91393479
Alt. Phone Number .....	-
Email Address .....	alitaskhiri@hotmail.com
Address .....	APT BLK 662 CHOA CHU KANG CRESCENT
Address complement .....	# 02-269
Postcode .....	680662
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	SJG4564H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHONG YENG LEONG ( ZHONG YINGLIANG )
NRIC No .....	SXXXX589B

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJY6372L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SEAH GIM PENG
NRIC No .....	SXXXX077C
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.



4/8/23

4/8/2023

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)

Sketch Plan

Have lock Road turning into Zion Road





**Describe Circumstance of the Accident**

It was around 1pm. I was on the second rightmost lane at Havelock Road turning into Zion Road. While waiting for the right arrow to turn green, suddenly a car "B" hit my van "A" on the left rear end. Apparently, another car "C" had banged into "B" who was trying to filter left into the straight lane and the impact caused "B" to hit my van "A". The front bumper of car "B" was damaged badly but I wasn't really sure about the extent of damage to car "C".

**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: <u>02/08/2023</u>	TIME OF ACCIDENT: <u>13:00 pm</u>
VEHICLE NO: <u>GBH 4727U</u>	TRANSMISSION: <u>AUTO</u> / MANUAL
MAKE & MODEL: <u>Nissan NV200</u>	LOCATION: <u>Havelock Road turning into Zion Road</u>
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD / THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY: <u>China Taiping</u>	POLICY NO: <u>DMCVSNA00010332300</u>
TYPE OF COVERAGE:	VEHICLE TYPE: ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	NRIC: <u>                    </u>
NAME OF OWNER: <u>Ezy-1 Leasing pte ltd</u>	CONTACT NO: <u>                    </u>
ADDRESS: <u>                    </u>	VIDEO RECORDING: YES / <u>NO</u>
EMAIL ADDRESS: <u>alitaskhin@hotmail.com</u>	NRIC: <u>S8944911A</u> CONTACT NO: <u>9139 3479</u>
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO: <u>Muhammad Ali Taskhin Bin Ahmad</u>	PASSENGER: <u>0</u> MALE ( ) FEMALE ( )
DRIVER OWNER RELATIONSHIP:	DRIVING PASSING DATE: <u>29/12/2010</u>
DATE OF BIRTH: <u>15 / 12 / 1989</u>	ADDRESS: <u>APT BTK 662 Choa Chu Kang</u> <u>crescent # 02-269, S 680662</u>
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 / OTHERS
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	VEHICLE C REG NO: <u>SJY 6372L</u>
VEHICLE B REG NO: <u>SJG 4564H</u>	DRIVER NAME: <u>Seah Gim peng</u>
DRIVER NAME: <u>Chong Yeng Leong</u> (Zhong Yingliang)	NRIC: <u>S0124077C</u>
NRIC: <u>S7701589B</u>	CONTACT: <u>                    </u>
CONTACT: <u>                    </u>	ANY WITNESS? <u>NO</u> , IF YES:
VEHICLE D REG NO: <u>                    </u>	NAME: <u>                    </u>
DRIVER NAME: <u>                    </u>	CONTACT: <u>                    </u>
NRIC: <u>                    </u>	WERE SEAT BELTS WORN?: <u>YES</u> / NO
CONTACT: <u>                    </u>	WERE INJURY CONVEYED BY AMBULANCE: YES / <u>NO</u>
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u> ) IF YES, AGAINST WHOM:	DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>
VEHICLE NUMBER: <u>                    </u>	HANDLING INSURER: <u>                    </u>



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

**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)

MZ407/C

N SN

AN0676A

Cov. Type:C

CERTIFICATE No.	DMCVSNA00010332300	Engine No.: HR16099565D Cha. No.: VM20115030
1. Index Mark and Registration Number of Vehicle	GBH4727U	AUTOSAFE =====
2. Name of Policy Holder	EZY-1 LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/01/2023 (00:00:00)	Excess Sect. I. S\$450.00 Excess Sect. II S\$1,750.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	19/09/2023	
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
6. Limitations as to use:	(1) Use in connection with the Policyholder's business and Hirer's Business. (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business. (3) Use for social, domestic or pleasure purpose.  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. (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED  
\* 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: Loo Chuan Wei Darius  
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

www.sg.cntaiping.com