

NATION 11 Assessment Centre Services

Date In: 11/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/CR12006644/13	SAS e-filing		
Veh No: 5LH2096R	E-mail (w/Bu, Sinc, Ad, 2hrs)		
DOCA: 10/04/18 7500	i-Motor Claim Form		
QID: (7) Reporting Only	i-Motor W/O (within 60 2hrs; TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: Fax:

IP Particulars: Veh No: **GX8516S** INC () / Non-INC () Tel: ()

Owner / Driver () Period: () Cover Type: ()

Policy No. () Date: Time: ()

Confirmed by: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1802245	1) AR: Accident Reporting (\$30)		
Driver/Owner	2) DA: Damage Assessment (\$100); INC (\$50)		
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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	01:		
	*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: Idac 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 Authorised 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 ability.
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 Report	11/04/2018 12:00
Date Of Accident	10/04/2018 15:00
Exact Location Of Accident	SIN MING DR INFRT 172 TWDS LTA DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2296R
Insured/Policyholder	
Name Of Registered Owner	KOH AUTO PARTS ENGINEERING
Co Reg No	53344212E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84886668

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1675921701
Cover Note Number	

Driver

Name of Driver	KOH TZE KANG(GAO ZIKANG)
NRIC No	S8015003B
Date Of Birth	06/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84886668
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 672D EDGEFIELD PLAINS #06-591
Postcode	824672
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG SIN MING DR SOMEWHERE INFRT 172 SIN MING DR, MY VEH WAS STATIONARY STOP DUE TO TRAFFIC LIGHT. HENCE VEH B COLLIDED TO THE REAR PORTION OF MY VEH. THEREFORE, I ALIGHTED AND REALISED THAT THE REAR PORTION OF MY VEH WAS DAMAGED BY VEH(B) BEARING REG NO GX8516S. WHILE MY VEH WAS STATIONARY ON THE RIGHT LANE OF A2-LANES DUAL CARRIAGEWAY.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX8516S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD FIRDAUS BIN SAMSUDIN
NRIC/Passport Number	
Contact Number	94816581
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KOH TZE KANG(GAO ZIKANG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLH2296R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:



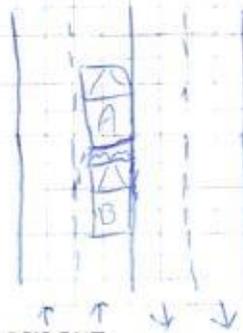
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature] 11/04/18

SIN MENG DR IN FRONT OF 172 SIN MENG PR TOWARDS LIA DIRECTION.

SKETCH PLAN



A - SKH 2296 B

B - GX 8516S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SIN MENG DR somewhere in front of 172 SIN MENG DR, I was stationary stopped due to traffic light. Hence, Veh (B) collided to the rear portion of my vehicle. Therefore, I enlightened and realised that the rear portion of my vehicle was damaged by veh (B) GX 8516 S while I was stationary on the right lane of a 2 lanes dual carriage way.

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:

[Signature] 11/04/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SLH 2296 R	Model / Make	TOYOTA WISH
Date of Accident	10/04/18		
Time of Accident	0300PM	HRS	
Location of Accident	SEN MZNG DR 2nd FRONT 172 SEN MZNG DR Towards LTA direction		
Exact purpose use during accident	PERSONNEL USE		
Name of Owner	KOH AUTO PARTS ENGINEERING		
Telephone No.	H/P: 8488 668	Home :	Office :
NRIC	53344212E		
Address	6720 Edgefield Pkwy #06-591 S(824672)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIPIING		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	D/MHLSN1675921701		
Name of Driver	As Above If No, KOH TZE KANG		
NRIC	58015003B	Any Passengers :	NIL
Date of birth	06/06/1980		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	08/10/2011		
Gender	Male	/	Female
Contact No.	H/P: 8488 668	Home :	Office :
Address	6720 Edgefield Pkwy #06-591 S(824672)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	KOH TZE KANG		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	GX 8516 S	Any Passengers :	NIL
Name of Driver	MUHAMMAD FIDQANS BIN SAMBURN	Contact No. :	9481 6581
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR PORTION		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			Yes / No
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8015003B**

Name: **KOH TZE KANG (GAO ZIKANG)**

Birth Date: **06 Jun 1980**

Issue Date: **20 Nov 2017**




0027452598

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8015003B**



Name: **KOH TZE KANG (GAO ZIKANG)**

高子康

Race: **CHINESE**

Date of birth: **06-06-1980** Sex: **M**

Country of birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	13 Oct 1999
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jan 2002
Class 2	Motorcycles > 400 cc	25 May 2004
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	08 Oct 2001
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	26 Aug 2004
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	26 Jan 2005
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	



NP 428A

4587066



NRIC No: **S8015003B**



Date of issue: **11-06-2010**

APT BLK 672D EDGEFIELD PLAINS #06-591
SINGAPORE 824672

NRIC No: **S8015003B** Date: **03/09/2015**



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

MZ406L/BR SN B
AN0613A
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.	DMHCSN1675921701	Engine No : 22R1842732 Chassis No: JTDGG20W80J005516
1. Index Mark and Registration Number of Vehicle	SLH2296R	
2. Name of Policy Holder	KOH AUTO PARTS ENGINEERING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 OCTOBER 2017	EXCESS SECT IS\$1,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....S\$2,000.00 EXCESS SECT. IIS\$1,000.00
4. Date of Expiry of Insurance	26 OCTOBER 2018	EXCESS SECT.II (OUTSIDE SINGAPORE).....S\$2,000.00 EX ON WINDSCREENS\$100.00
5. Persons or Classes of Persons entitled to drive *	<p>AS PER NAMED DRIVER(S) STATED BELOW.</p> <p>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.</p> <p>ANY EMPLOYEE OF THE COMPANY OR NAMED DRIVER AS PER SCHEDULE</p>	
6. Limitations as to use: *	<p>(1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED. 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.</p>	
<p>HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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.</p>		

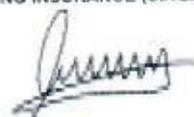
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse.

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer



Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of KOH AUTO PARTS ENGINEERING (53344212E)

Date: 09/04/2018

The Following Are The Brief Particulars of :

Name of Business	:	KOH AUTO PARTS ENGINEERING
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53344212E
Registration Date	:	18/08/2016
Commencement Date	:	18/08/2016
Status of Business	:	Live
Status Date	:	18/08/2016
Renewal Date	:	
Expiry Date	:	18/08/2019
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	672D EDGEFIELD PLAINS #06-591 WATERWAY BANKS SINGAPORE (824672)
Date of Change of Address	:	

Principal Activities

Activities (I)	:	WHOLESALE OF MOTOR VEHICLES EXCEPT MOTORCYCLES AND SCOOTERS (46561)
Description	:	
Activities (II)	:	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:	GRAB CAR

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : Z18236092Y