

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 01/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/CT/18009906/13	SAS e-filing		
Veh No: GB64150M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/05/18 0430	i-Motor Claim Form		
OD (TP) Reporting Only	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: (**ZERO GRAVITY** Tel: Fax:)

TP Particulars:	Veh No: SHCS156R	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

NA1803416

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
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			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
Cat. 2 / 3:	8) NTUC Additional Services:-			
	OD*			
	*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 (N-n 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 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	01/06/2018 09:11
Date Of Accident	31/05/2018 04:30
Exact Location Of Accident	HOU GANG AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4150M
Insured/Policyholder	
Name Of Registered Owner	MR SIM CHENG HUAT(SHEN QINGFA)
NRIC No	S7411170Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94777575
Alternative Phone No	OTHERS-94777575

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1753301700
Cover Note Number	

Driver

Name of Driver	MR SIM CHENG HUAT(SHEN QINGFA)
NRIC No	S7411170Z
Date Of Birth	14/04/1974
Occupation	INDOOR
Date Of Driving Pass	13/10/1994
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94777575
Fax Number	
Contact Number	OTHERS-94777575
Email Address	NOEMAIL

Address	BLK 352 HOUGANG AVE 7 #08-731
Postcode	530352
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5156R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

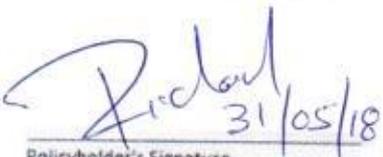
SKETCH PLAN

IMPORTANT NOTICE

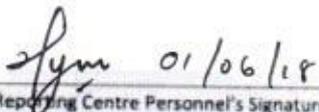
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

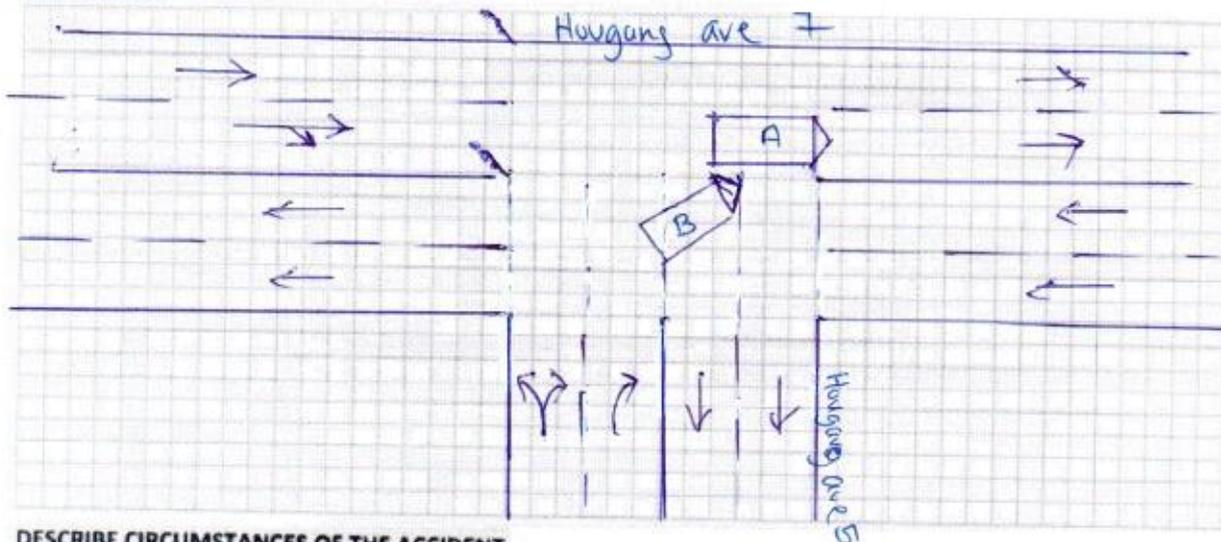
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 31/05/18

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Hougang ave 7, the traffic light was Green in my favour. Suddenly Vehicle B coming from Hougang ave 5 hit onto my right rear.

Vehicle A : GIG 4150 M

Vehicle B : SHC 5156 R

DECLARATION

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

[Signature]
31/05/18

Policyholder's Signature
Date & Time:

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

[Signature] 01/06/18

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * Time Hrs am
 Exact Location Of Accident *

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number *
 Insured / Policy Number
 Name of Registered Owner *
 NRIC/FIN/Passport Number *

Vehicle Particulars
 Manufacturer
 Model
 Exact Purpose for which vehicle was being used at time of accident * Private use Commercial use Hire & reward
 Others - please specify _____

Are you claiming under your own insurance policy for repair to your vehicle?
 If No, please state action to be taken * Yes No Others
 * Third Party Claim Reporting Only
 Vehicle Category * Private Commercial Motorcycle

Insurance Particulars
 Name of Insurance Company *
 Type of Coverage
 Fleet Policy Yes No
 Policy Number *
 Cover Note Number

Driver
 Name of Driver *
 NRIC/FIN/Passport Number *
 Date of Birth *
 Occupation *
 Date of Driving Pass *
 Gender * Male Female
 Mobile Number
 Address
 Email Address
 Was driver an employee of the Insured's Company? * Yes No
 If no, Relationship of the Driver with the Insured *

Vehicle Registration Number of Driver's Own Vehicle (if applicable)

Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident *

Weather Conditions * Clear Raining Others

Road Surface * Dry Wet Others

Other Information

Was any body injured in the Accident? Yes No

Was any other material or property damaged? Yes No

Details of Injured Persons

Name *

Address

Approximate Age *

Injuries Sustained *

If vehicle Occupants, state in which vehicle?

Were seat belts worn? * Yes No

Was injured conveyed to hospital by ambulance? * Yes No

Details of Police Action

Was the Accident reported to the Police? * Yes No

If Yes, please state which Police Station

Was notice of intended Prosecution given? * Yes No

If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SHC 5156 R

Vehicle Make / Model / Colour

Detail Of Properties

Name of Driver *

NRIC/Passport Number

Contact Number *

Email Address

Address

Insurance Company Name

Nature of Damage

Details Of Witness

Name

Phone Number

Email Address

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7411170Z**

Name: **SIM CHENG HUAT (SHEN QINGFA)**

Birth Date: **14 Apr 1974**

Issue Date: **22 Aug 2003**

000765192B




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7411170Z**



Name: **SIM CHENG HUAT (SHEN QINGFA)**

沈清发

Race: **CHINESE**

Date of birth: **14-04-1974** Sex: **M**

Country of birth: **SINGAPORE**

S7411170Z

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **13 Oct 1994**

Licence No: **S7411170Z**

NP 428A

4408163



NRIC No. **S7411170Z**



Date of issue: **11-05-2009**

APT BLK 352 HOUGANG AVENUE 7 #08-731
SINGAPORE 530352

NRIC No: **S7411170Z** Date: **25/09/2017**

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.	DMCVSN1753301700	Engine No :1KD2683886
		Chassis No:KDH2015025855
1. Index Mark and Registration Number of Vehicle	GBG4150M	
2. Name of Policy Holder	MR SIM CHENG HUAT (SHEN QINGFA)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	4 AUGUST 2017 (11:37 HOURS)	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	3 AUGUST 2018	
5. Persons or Classes of Persons entitled to drive *	(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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. : HITACHI CAPITAL ASIA PACIFIC PTE LTD 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.		

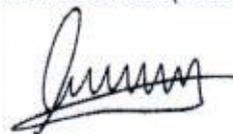
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Vitesse Solutions

Authorised Officer



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1170Z
Vehicle Details	
Vehicle No.:	GBG4150M
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 AUTO
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2683886
Chassis No.:	KDH2015025855
Maximum Power Output:	-
Open Market Value:	\$32,499.00
Original Registration Date:	04 Aug 2017
First Registration Date:	04 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$1,625.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,809.00
COE Rebate Amount:	\$34,247.00
Total Rebate Amount:	\$34,247.00

The information contained herein is correct as at 31 May 2018

OK