

NATIONAL Assessment Centre Services (wef 1 Jan 2005)			
Date In: 27/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/SMI18013693/13	SAS e-filing		
Veh No: SJN5801E	E-mail (within 8hrs, AIC 2hrs)		
DOA: 27/07/18 1015	i-Motor Claim Form		
OD: (IP) 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: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SKZ8113M	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Int 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		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	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	27/07/2018 12:12
Date Of Accident	27/07/2018 10:15
Exact Location Of Accident	MOULMEIN RD TWDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN5801E
Insured/Policyholder	
Name Of Registered Owner	GINGER TRANSPORT
Co Reg No	53356906X
Email Address	DEAN2096@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97994819
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ000249-R00
Cover Note Number	
Driver	
Name of Driver	KOH TECK POH(XU DEBAO)
NRIC No	S1825453J
Date Of Birth	24/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97994819
Fax Number	
Contact Number	
Email Address	DEAN2096@YAHOO.COM

Address	BLK 217C SUMANG WALK #12-218
Postcode	821217
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	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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 TRAVELLING AT MOULMEIN RD TWD CTE. I HAVE ALREADY FILTERED INTO LANE AND INTENDED TO TURN RIGHT. AFTER FEW SECS I FELT A BANG ON MY CAR.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ8113M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWEK JIA LIANG(GUO JIALIANG)
NRIC/Passport Number	S8114340D
Contact Number	88204880
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KOH TECK POH(XU DEBAO)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJN5801E
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: 27/07/2018

Driver's Signature

(If driver is not the policyholder)

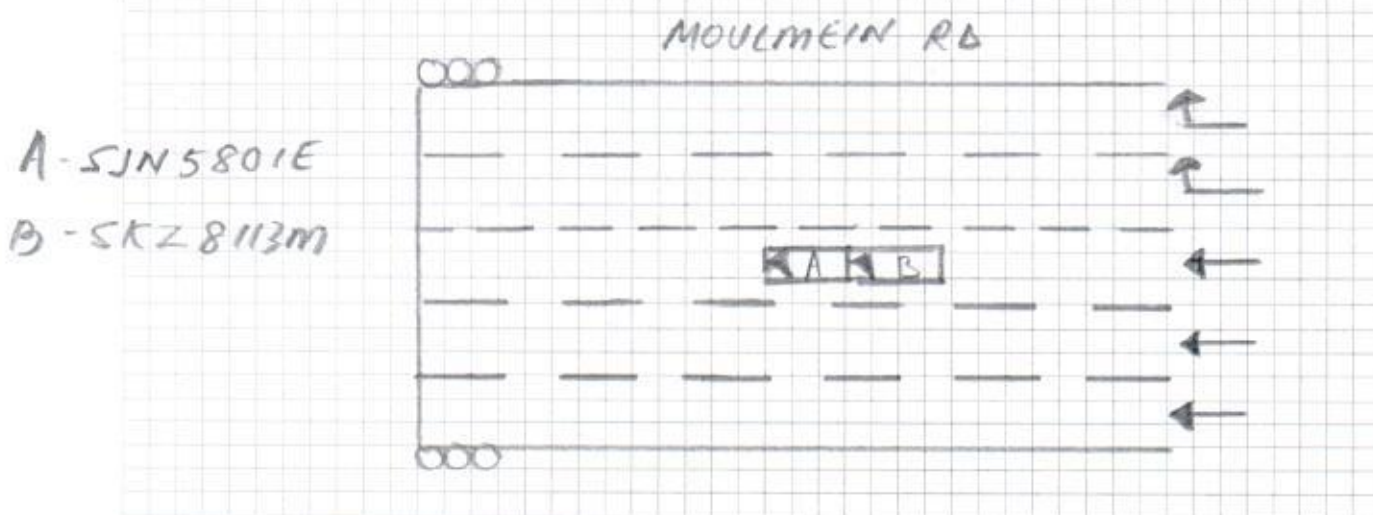
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


P/s refer to the statement.  
I have already filtered into lane  
~~The signalled~~ intended to turn right. After few second  
I felt a bang on my car.

## DECLARATION

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

  
Policyholder's Signature  
Date & Time: 27/07/2018

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

 27/07/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**VOCATIONAL LICENCE**

Licence No : S1825453J

Name : KOH TECK POH (XU DEBAO)

Card Issue Date : 20/04/2018

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	20/04/2018





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S1825453J



Name  
KOH TECK POH  
(XU DEBAO)

許德寶

Race  
CHINESE

Date of Birth  
24-09-1967 M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE - DRIVING LICENCE



Expiry Number: S1825453J

Name  
KOH TECK POH (XU DEBAO)

Birth Date: 24 Sep 1967

Issue Date: 02 Jan 2003



3202560



NRIC No: S1825453J

Blood Group: AB+  
Date of issue: 12-10-2000

APT BLK 217C SUMANG WALK #12-218  
SINGAPORE 622217

NRIC No: S1825453J

Date: 15/06/2016

YOU ARE LICENSED 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

19 Jun 1999



NP 422A




**TOKIO MARINE**  
 INSURANCE GROUP

FORM MX1 H

 A member of the  
 Tokio Marine Group

### 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)**

Policy No.: 18-MJ000249-R00 (Private Motor Car)

- |                                                                                       |                  |                                       |
|---------------------------------------------------------------------------------------|------------------|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | SJN5801E         | <b>Chassis No.:</b> JTDER12W503001680 |
| <b>2. Name of Policyholder</b>                                                        | GINGER TRANSPORT |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 14/02/2018       |                                       |
| <b>4. Date of Expiry of Insurance</b>                                                 | 13/02/2019       |                                       |
| <b>5. Persons or Class of Persons entitled to drive*</b>                              |                  |                                       |
- Any person who is driving on the Policyholder's order or with their permission.  
 The hirer.  
 Any other person who is driving on the hirer's order or with his/ 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. 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\***

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
 Use for social domestic and pleasure purpose and business purposes of the Policyholder or 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.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 2135DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 2,000
	Excess-Third Party (Sect II)	SGD 1,500

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

## INFORMATION RESOURCES

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

## Business Profile (Business) of GINGER TRANSPORT (53356906X)

## The Following Are The Brief Particulars of :

Name of Business	:	GINGER TRANSPORT
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53356906X
Registration Date	:	22/02/2017
Commencement Date	:	22/02/2017
Status of Business	:	Live
Status Date	:	15/02/2018
Renewal Date	:	15/02/2018
Expiry Date	:	22/02/2019
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	217C SUMANG WALK #12-218 MATILDA PORTICO SINGAPORE (823217)
Date of Change of Address	:	

## Principal Activities

Activities (I)	:	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE AND TRISHAWS) (49219)
Description	:	
Activities (II)	:	
Description	:	

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source
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## INFORMATION RESOURCES

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

## Business Profile (Business) of GINGER TRANSPORT (53356906X)

## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source
KOH TECK POH	S1825453J	SINGAPORE CITIZEN	217C SUMANG WALK #12-218 MATILDA PORTICO SINGAPORE (823217)	ACRA

## Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
					Position

## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

## Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.acra.gov.sg](http://www.acra.gov.sg)

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA180727125955

DATE : 27/07/2018

This is computer generated. Hence no signature required.