

# NATIONAL Assessment Centre Services (wef 1 Jan 2014)

Date In <b>01/08/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CII18013988/13</b>	SAS e-filing		
Veh No <b>GBH54745</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <b>31/07/18</b> <b>1600</b>	i-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( **TWINCAR** ) Tel: Fax: )

TP Particulars: Veh No: **SLQ 76820** 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

<b>NA1804813</b>	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
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) 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 (Non 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	01/08/2018 15:43
Date Of Accident	31/07/2018 16:00
Exact Location Of Accident	188A BEDOK NORTH ST 4 CARPARK EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH5474S
Insured/Policyholder	
Name Of Registered Owner	M/S GCS PAINTING PTE LTD
Co Reg No	201511764W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94249717
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	DMCVSN3045681800
Cover Note Number	
Driver	
Name of Driver	SEOW KIM BA
NRIC No	S2740849D
Date Of Birth	19/02/1954
Occupation	INDOOR
Date Of Driving Pass	21/08/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86190571
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 403B FERNVALE LANE #13-167
Postcode	792403
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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?	YES
Remarks/ Reasons:	SD CARD DAMAGED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ7682D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.



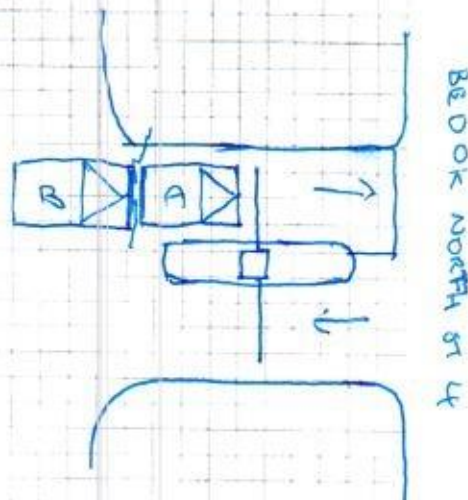
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

VEHICLE A - GBH 54745  
VEHICLE B - SLW 76820



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AT THE HDB ESTATE (ENT/EXIT) EPS OPERATIONAL GENTRY. I WAS WAITING FOR THE BARRIER TO OPEN.

WHILE WAITING FOR THE BARRIER TO OPEN, SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARIN (SLW 76820) THAT COLLIDED TO THE REAR OF MY VEHICLE WHILE I WAS WAITING FOR THE CAR PARK GENTRY BARRIER TO OPEN.

VEHICLE A - GBH 54745  
VEHICLE B - SLW 76820

## 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:

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



<b>Vehicle No.</b>	UBH 54745	Model / Make	TOYOTA VONA
Date of Accident	31/07/2018		
Time of Accident	1600	HRS	
Location of Accident	188A BEDOK NORTH ST 4 (HDB ESTATE JAPANESE BUILT)		
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	GCS PAINTING PTE LTD		
Telephone No.	H/P: 9424 9717	Home :	Office :
NRIC	201511764W		
Address	55 SERANGOON NORTH AVE 4 #05-04 S(555859)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAI ANH		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCVSN3045681800		
<b>Name of Driver</b>	As Above If No, SEOW KIM BA		
NRIC	S 2740849D	Any Passengers :	
Date of birth	19 FEB 1954		
Occupation	Outdoor / Indoor		
Driving License Pass Date	21 AUG 2007		
Gender	Male / Female		
Contact No.	H/P: 8619 0571	Home :	Office :
Address	BLK 403B PERVALE LANE #13-167 S(792403)		
Driver have 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.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SLQ 7682 D	Any Passengers :	NIL
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	REAR		
<b>Camera Recorder</b>	Yes / No SD CARD DAMAGED.		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	Twinscar Automotive PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Jason		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2740849D



Name  
SEOW KIM BA

蕭金峇

Race  
CHINESE

Date of birth Sex  
19-02-1954 M

Country of birth  
MALAYSIA

S2740849D

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S2740849D

Name

SEOW KIM BA

Birth Date: 19 Feb 1954

Issue Date: 21 Aug 2007



8782012



NRIC No. S2740849D

Nationality  
MALAYSIAN

Date of issue  
14-06-2006

Address

APT BLK 403B FERNVALE LANE  
#13-167  
SINGAPORE 792403

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

PASS DATE

Class 2B Motorcycles  $\leq$  200 cc 21 Aug 2007  
Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver, and other motor vehicles  $\leq$  2500kg 21 Aug 2007



NP 428A



**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.	DMCVSN3045681800	Engine No : 1KD2750898
		Chassis No: KDY2318031307
1. Index Mark and Registration Number of Vehicle	GBH5474S	
2. Name of Policy Holder	M/S GCS PAINTING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 JULY 2018 (17:19 HOURS)	EX SECT. I .....S\$350.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	05 JULY 2019	
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. : HL BANK 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:

Authorised Officer



Authorised Signatory



# Register New Vehicle

## Register New Vehicle (Confirmation)

### Owner Particulars

Owner ID: 201511764W  
Owner Name: GCS PAINTING PTE. LTD.

Home Telephone No.: - Handphone No.: -  
Email Address: - Office Telephone No.: -  
Fax No.: -

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 55

Registered Street Name: SERANGOON NORTH AVENUE 4

Registered Unit No.: # 05 - 04

Registered Building Name: S9

Registered Postal Code: 555859

TCOE No.: System Generated

PARF/COE Rebate No.: -

### Vehicle Particulars

Vehicle Type: B31 - Goods (Open) Lorry (Metal Body)/Pickup

Vehicle Scheme: Normal

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: TOYOTA

Vehicle Model: DYNA 3.0L MANUAL

Propellant: Diesel

Passenger Capacity: 2

Engine Capacity: 2982 cc

Power Rating: -

Maximum Power Output: -

No. Of Axles: 2

Front/Rear Tyre Information: 175/75R15 / 145R13-8 (D)

Unladen Weight: 1800 kg

Maximum Laden Weight: 3425 kg

Emission Standard Code: 2029 ( JPN2009 + Euro VI PN limit )

CO2 Emission: 205.00 (g/km)

CO Emission: -

HC Emission: -

NOx Emission: -

PM Emission: -

Primary Colour: Silver

Secondary Colour: -

Manufacturing Year: 2017

First Registration Date: 06 Jul 2018

Original Registration Date: 06 Jul 2018

Chassis No.: KDY2318031307

Engine No.: 1KD2750898

Motor No.: -

Trailer Chassis No.: -

Insurance Company: CO1 - CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Insurance Cover Note No.: 60013282

Open Market Value: \$33,237.00

Actual ARF Paid: \$1,662.00

### New Registration & Road Tax Fees

Total COE Rebate Amount: \$0.00

Total PARF Rebate Amount: \$0.00

Registration Fee: \$220.00

Total Rebates: \$0.00

Additional Registration Fee: \$1,662.00

Additional Registration Fee Rate: 5.00%

Prevailing Quota Premium (PQP): \$17,685.00

Sub-Total: \$19,567.00

Amount Less Rebate: \$19,567.00

Road Tax Renewal Period: 06 Jul 2018 - 05 Jan 2019

Road Tax Amount: \$47.00

Total Road Tax Rebates: \$0.00

Nett Road Tax: \$47.00