

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MA41816573

Date In: 26/11/2018 15:05	Job description	Date & Time Completed	Done by
Ref No: N/A/CT180230911Y	SAS e-filing		
Veh No: GBP 839C	E-mail (a) John Shree, AIC (b) Shree		
D.O.A: 24/11/2018 16:30	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBA 4569X	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% P: 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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

Client/Unit Particulars:	Invoice Ref: N/A/CT180230911Y	Invoice No: N/A/CT180230911Y
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (Nil) : TP (Non INC) against INC \$20	
	9) NI2: 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 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. 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	26/12/2018 15:05
Date Of Accident	24/12/2018 16:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT AT LORNIE ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD839C
Insured/Policyholder	
Name Of Registered Owner	HONG AIK PTE LTD
Co Reg No	201120177D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88229819
Alternative Phone No	OFFICE-88229819

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3034171800
Cover Note Number	

Driver

Name of Driver	WANG HUIHENG
NRIC No	S9174392B
Date Of Birth	10/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88229819
Fax Number	
Contact Number	OTHERS-88229819
Email Address	NOEMAIL

Address	BLK 319 UBI AVENUE 1 #03-517
Postcode	400319
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
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

PLEASE REFER TO SKETCH PLAN

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	GBA4569X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GR7200R
-----------------------------	---------

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

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBG3892L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GZ672R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WANG HUI SHENG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBD839C
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: *Poshi Lim*
NRIC/FIN No.:

SKETCH PLAN

PIE towards Changi Airport at Lorimer Road Exit



(A) GBD 839C

(B) GBA 4569X

(C) GR 7200R

(D) GBL 3892L

(E) GZ 672R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24 DEC 2018 @ 1630 HRS I WAS DRIVING ALONG PIE
TOWARDS CHANGI. AS THE FRONT VEHICLE STOPPED, I FOLLOWED
SUDDENLY VEHICLE B COLLIDED INTO MY VEHICLE
AND PUSHED ME FWD INTO VEHICLE E

DECLARATION

I/We declare the above 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.:

26/12/2018
Redhi [Signature]

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 24 DEC 2018		TIME: 1630 HRS		(hh:mm) 24 hrs Format
LOCATION PIE TWOS CHANGI AT LORINE EXIT				
VEHICLE NUMBER GBD 839C				
INSURED NAME Hong Aik He Hd				
NRIC / FIN 2011201720		CONTACT:		
MAKE Toyota		MODEL Dyna 150		
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (/) Third Party () Reporting Only				
INSURANCE COMPANY China Taiping				
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER: DMCVS 13034171800				
NAME DRIVER: WANG HUI SHENG		() SAME AS INSURED		
NRIC / FIN 59174392B		CONTACT: 8822 9819		
DATE OF BIRTH: 10 / 07 / 1991				
DRIVING PASS DATE: 02 Jul 2015				
OCCUPATION: (/) INDOOR () OUTDOOR				
GENDER: (/) MALE () FEMALE				
EMAIL ADDRESS: (/) NO EMAIL				
ADDRESS OF DRIVER: BLK 319 UBI AVE 1 #03-517 S(400319)				
Number Of Passenger Include Driver: 01 DRIVER				
Was driver an employee of the Insured's Company? (/) YES () NO				
If No, Relationship Of The Driver With The Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (/) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (/) Clear () Raining () Drizzling () Others				
Road Surface : (/) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO				
Was Anybody Injured In The Accident? (/) YES () NO				
If YES, Injured details : Wang Hui Sheng 59174392B				
Convey By Ambulance: () YES (/) NO				
Was There Any Video Capture By Car Camera? () YES (/) NO				
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC	No.of Paxs (incl'driver)	Contact
Veh B GBA 7569X			() / Not Sure (/)	
Veh C GR 7200R			() / Not Sure (/)	
Veh D G8G 3892L			() / Not Sure (/)	
Veh E G2 672R			() / Not Sure (/)	
Veh F			() / Not Sure ()	
Veh G			() / Not Sure ()	

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9174392B**

Name: **WANG HUISENG**

Birth Date: **10 Jul 1991**
Issue Date: **26 Feb 2016**

002541400E



S9174392B



WANG HUISENG

王惠生

CHINESE

10-07-1991

CHINA

YOU ARE ENTITLED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars with unladen weight $\leq 2000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 3500\text{kg}$

EFFECTIVE DATE

02 Jul 2016



S9174392B



12-01-2016

APT BLK 319 UBI AVENUE 1 #03-517
SINGAPORE 400319

S9174392B

09/04/2017

WP 426A



Licence No: S9174392B

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.	DMCVSN3034171800	Engine No : 1KD2396796
		Chassis No: JTPAT15Y30K203004
1. Index Mark and Registration Number of Vehicle	GRD839C	
2. Name of Policy Holder	M/S HONG AIK PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 JUNE 2018	EX SECT. I S\$350.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	01 JUNE 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. : INDEX CREDIT 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:

Authorised Officer

Authorised Signatory

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0177D
Vehicle Details	
Vehicle No.:	GBD839C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	1KD2396796
Chassis No.:	JTFAT35Y30K203004
Maximum Power Output:	-
Open Market Value:	\$27,856.00
Original Registration Date:	02 Jun 2014
First Registration Date:	02 Jun 2014
Transfer Count:	1
Actual ARF Paid:	\$1,393.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Jun 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$28,926.00
COE Rebate Amount:	\$15,715.00
Total Rebate Amount:	\$15,715.00

The information contained herein is correct as at 26 Dec 2018

OK