

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 20/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19000598/13	SAS e-filing		
Veh No: G43663C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/01/19 1530	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: (	Tel:	Fax:
TP Particulars:	Veh No: G3F58617	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

NA1900380	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	10/01/2019 11:28
Date Of Accident	09/01/2019 15:30
Exact Location Of Accident	51 UBI AVE 1 LVL 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY3663C
Insured/Policyholder	
Name Of Registered Owner	M/S TES PRODUCTIONS
Co Reg No	53032200E
Email Address	KENNYLIM.TES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90236723
Alternative Phone No	OFFICE-67471027
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	DMCVSN1810831800
Cover Note Number	
Driver	
Name of Driver	CHIANG KAM SENG
NRIC No	S0475504I
Date Of Birth	10/02/1947
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1968
Driving Experience	50 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81698887
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 34 WHAMPOA WEST #06-41
Postcode	330034
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	SIDE SWIPE
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	2
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	GBF5861T
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)	



## 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.**
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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

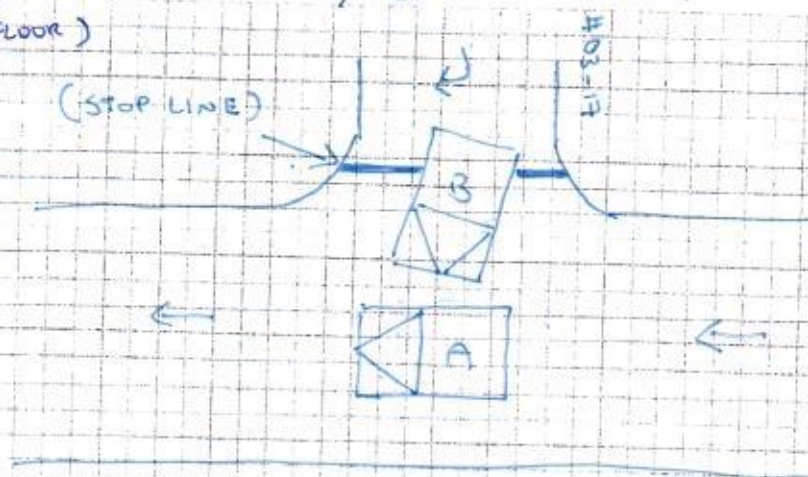
INSIDE BUILDING 51 UBI AVE 1, U31 INDUSTRIAL PARK

(DRIVEWAYS ON 3<sup>RD</sup> FLOOR)

VEHICLE A  
- GY 3663C

VEHICLE B  
- GBF 5861T

(STOP LINE)



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving ~~steer~~ veh A on the above mention date n time. I was going straight suddenly veh B did not stop at the line n hit my veh A.

IT WAS ON THE THIRD FLOOR DRIVE WAS NEAR TO UNIT #03-17 WHERE THE ACCIDENT HAPPENED.

VEHICLE A - GY 3663C

VEHICLE B - GBF 5861T

## 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]*

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

*[Signature]* 10/01/19

Date of Accident : 9/1/19 Accident Time: 3.30pm (24-HR-Format)  
Accident Place : 6Y 3663L 51 Ubi Ave 1 Level 3  
Vehicle. No. (Car Plate No.) : 6Y 3663L Make/Model: TOYOTA DYNA  
Insurance Company : CHINA TAIANH Policy No: PMCUSN1810931800  
Owner or Company Name /IC No. : TES PRODUCTIONS 530322002  
Owner or Company Contact No. : 9023 6723 Owner's Hp 67421027 Company Tel  
DRIVER'S Name / IC No. : Chiang Kan Seng 504755041  
DRIVER'S Date Of Birth : 10/02/1947 DRIVER'S License Pass Date 14 JUN 1968  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : BLK 34 WHAMPOA WEST #06-41 S(330034)  
DRIVER'S Contact No./ Alt No. : 1) 81698887 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : kennytim.tes@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): Driver only  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle. No: <u>GRF 5861T</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0475504I



Name

CHIANG KAM SENG

鄭錦成

Race

CHINESE

Date of birth

10-02-1947

Sex

M

Country of birth

SINGAPORE



3 6 1 3 4 3 7



NRIC No. S0475504I

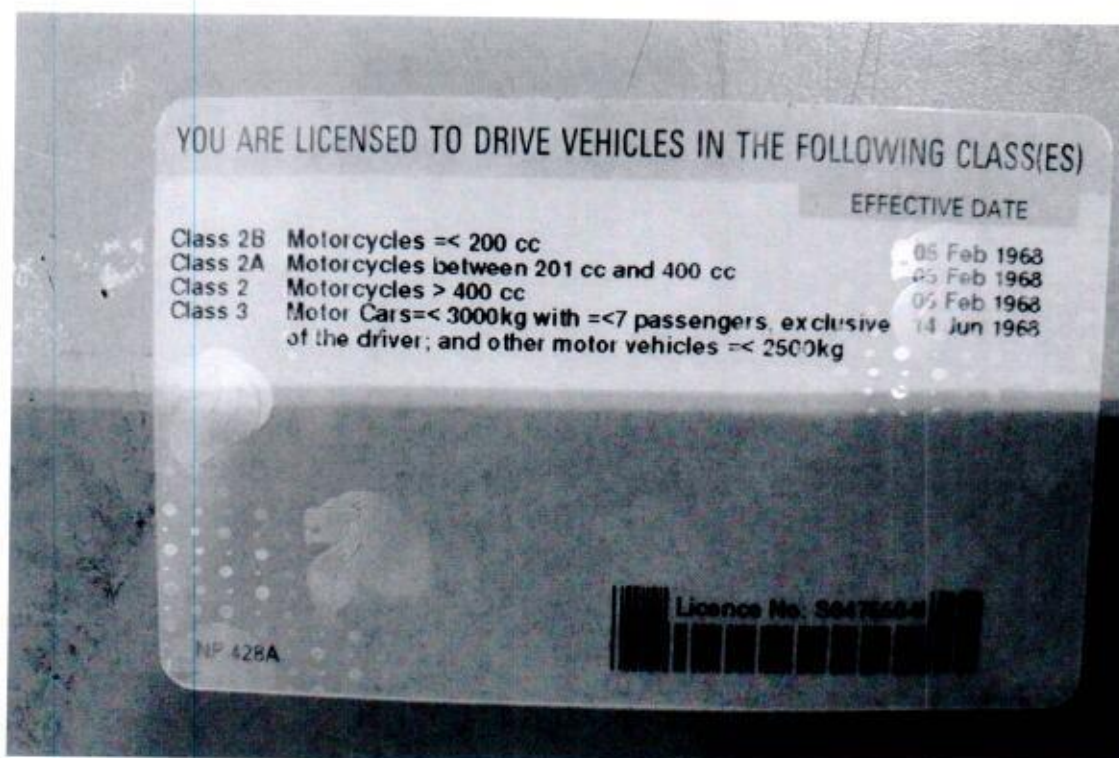
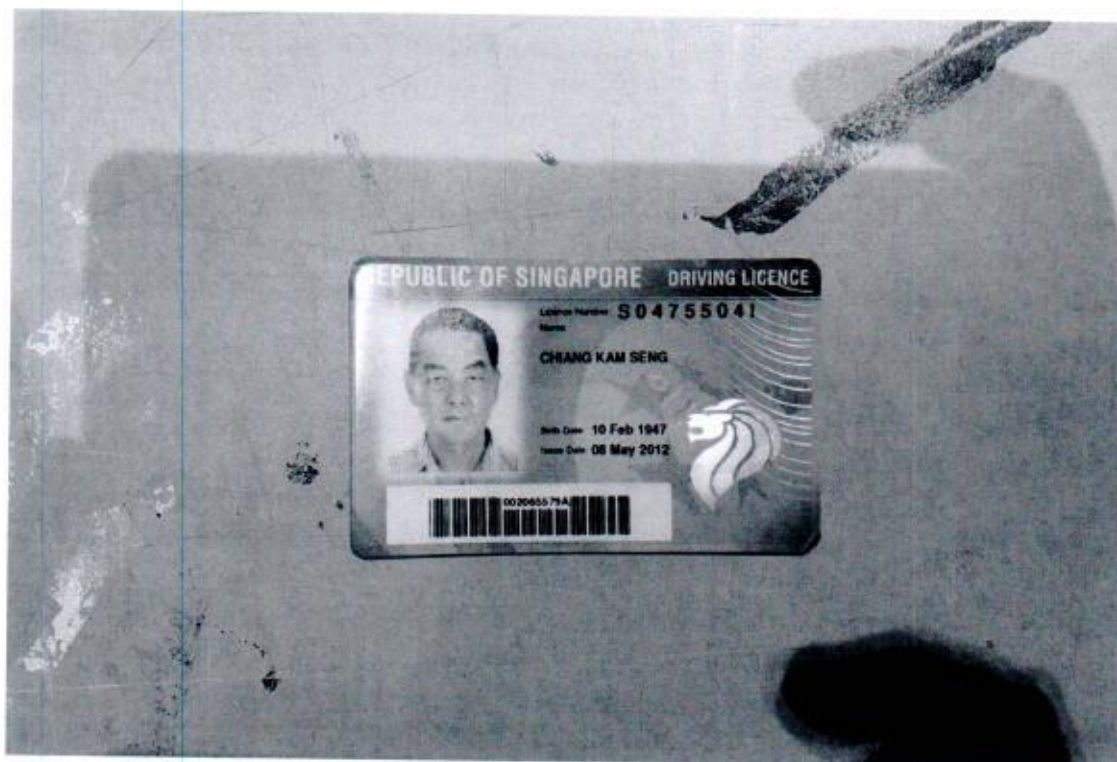


Date of issue

15-09-2004

Address

APT BLK 34 WHAMPOA WEST  
#05-41  
SINGAPORE 330034





## 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. DMCVSN1810831800 Engine No :1KD2764334  
Chassis No:JTFAT35Y10K209500  
1. Index Mark and Registration Number of Vehicle GY3663C  
2. Name of Policy Holder M/S TES PRODUCTIONS  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 28 MARCH 2018 EXCESS SECT 1 .....S\$350.00  
EX ON WINDSCREEN .....S\$100.00  
4. Date of Expiry of Insurance 27 MARCH 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. : 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.

**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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.:	GY3663C	Vehicle Scheme:	Normal	11V 510P14 TJ
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup			
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 3:	-	
Vehicle Attachment 2:	-	Vehicle Model:	DYNA 150 5MT	
Vehicle Make:	TOYOTA	Engine No.:	1KD2764334	
Chassis No.:	JTFAT35Y10K209500	Trailer Chassis No.:	-	
Motor No.:	-	Passenger Capacity:	2	
Propellant:	Diesel	Power Rating:	-	
Engine Capacity:	2982 cc			
Maximum Power Output:	-			
Unladen Weight:	1720 kg	Maximum Laden Weight:	3500 kg	
Primary Colour:	Silver	Secondary Colour:	-	
First Registration Date:	28 Mar 2018	Original Registration Date:	28 Mar 2018	
Manufacturing Year:	2017	Open Market Value:	\$27,084.00	
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00	
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%	
Actual ARF Paid:	\$1,355.00			

## Owner Particulars

Owner Name: TES PRODUCTIONS  
 Owner ID Type: Business  
 Owner ID: 53032200E  
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
 Registered Block/House No.: 51  
 Registered Street Name: UBI AVENUE 1  
 Registered Unit No.: # 03 - 01  
 Registered Building Name: PAYA UBI INDUSTRIAL PARK  
 Registered Postal Code: 408933  
 COE No. / Expiry Date: 2018032805000987K / 27 Mar 2028  
 COE Bid Category: C - Goods Vehicle & Bus  
 PQP Paid: \$33,245.00

## Transaction Details

Business Transaction Ref. No.: 20180328093730483526  
 Business Transaction Date: 28 Mar 2018  
 Business Transaction Time: 09:37:30

## Message

The above vehicle has been successfully registered.  
 Please note that \$24,112.00 will be deducted from your GIRO account.

OK

Save as PDF