

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MVA 119021630

Date In: 16/2/19 10:46	Job description	Date & Time Completed	Done by
Ref No: MAI CTZ 19002922164	SAS e-filing		
Veh No: GBH 9726 U	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 15/2/19 10:10	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKB 1596A 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:	Date & Time	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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Tel: ()	Invoice/Reparation Checklist MVA 1901201	Amt (\$) Add'l Bill
	1) AR: Accident Reporting (\$30);	30.00
	2) DA: Damage Assessment (\$100); INC (\$80)	
	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (ver 10 Jan 2003)	
	6) TR: Re-Inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
OI* *NS: Courtesy Car / Tpt Allowance \$5 *NG: Repair Co-ordination \$10 *NJ: Post Repair Inspection \$75 *NB: DV / Collect Excess Coordination \$5 *NI: TP (Non INC) against INC \$20 *N11: TP (Non INC) against INC \$0 *N12: Idan 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 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	16/02/2019 10:46
Date Of Accident	15/02/2019 10:10
Exact Location Of Accident	BALESTIER RD B4 AVA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9776U
Insured/Policyholder	
Name Of Registered Owner	CRYSTALLITE ELECTRICAL & PLUMBING CONTRACTOR
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67481170

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSN1835081800
Cover Note Number	-

Driver

Name of Driver	NG THIAM SENG
NRIC No	S0237531A
Date Of Birth	06/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1975
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97388317
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	31 LORONG 26 GEYLANG #03-03
Postcode	398498
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	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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

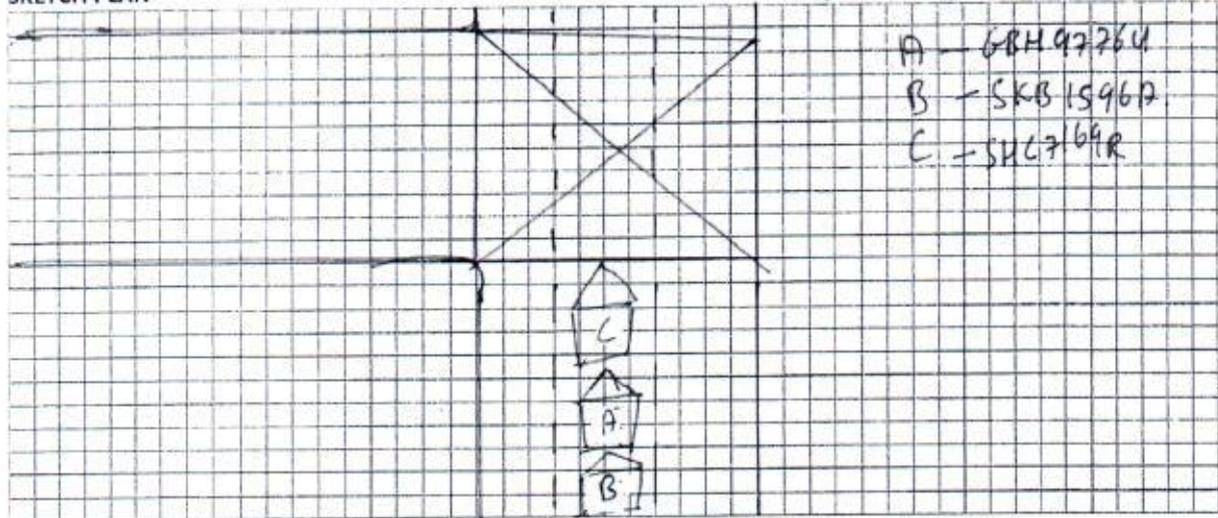
Vehicle Registration Number	SKB1596A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC7169R
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

Location: Balesha Rd Behr Ave Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was travelling on the stated venue.
 The front taxi stopped and I followed suit as well. Afterwards, I felt
 an impact to the rear portion of my vehicle causing my vehicle to
 surge forward and collided on to the front taxi vehicle. I came out to
 check & realised I was involved in a 3-car chain collision.

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.:

33810600/J

Date of Accident : 15-02-19 Accident Time: 1010 (24-HR-Format)
Accident Place : Balestier Road before Avn Road.
Vehicle No. (Car Plate No.) : GBH 9776 U. Make/Model: Toyota Dyna
Insurance Company : China Tai Ping Policy No: 60013813
Owner or Company Name / IC No. : CRYSTALLITE ELECTRICAL & PLUMBING 33810600/J
Owner or Company Contact No. : 67481170 Owner's Hp 97388317 Company Tel
DRIVER'S Name / IC No. : Ng Thiam Seng
DRIVER'S Date Of Birth : 06/09/1954 DRIVER'S License Pass Date 06/08/1975
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 31 Lorong 26 Geylang #03-03 (S) 98498
DRIVER'S Contact No. / Alt No. : 1) 97388317 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : crysta@singnet.com.sg
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): 01
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: B <u>SKB1596A</u>	Vehicle No: C <u>SHC7169R</u>
Vehicle Make/Model: <u>Mercedes Benz.</u>	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. S0237531A



NAME
NG THIAM SENG

RACE
CHINESE

DATE OF BIRTH
06-09-1954

SEX
M

COUNTRY OF BIRTH
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0237531A**

Name
NG THIAM SENG

Birth Date **06 Sep 1954**

Issue Date **01 Jun 2004**




001229546D



NRIC No. **S0237531A**



Blood Group **B+** Date of Issue **25-08-1992**

Address
**11 LORONG 25 GEYLANG #03-03
SINGAPORE 398991**

NRIC No. **S0237531A** Date: **13-10-1988** No: **2711567**

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	06 Aug 1975

NP 428A

Licence No. **S0237531A**





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Co. Reg. No. 200208384E

MZ300/C
 E SN
 AN0584A
 Cov.Type: C

MOTOR COMMERCIAL VEHICLE

R 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)

ORIGINAL

CERTIFICATE No.	DMCVSN1835081800	Engine No :1KD2834294 Chano: JTFAT35Y80K212054
1. Index Mark and Registration Number of Vehicle	GBH9776U	AUTOSAFE *****
2. Name of Policy Holder	CRYSTALLITE ELECTRICAL & PLUMBING CONTRACTOR	
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	16 November 2018	Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of insurance	15 November 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
 Authorised Officer

 Authorised Signatory