

# NATIONAL Assessment Centre Services

(wef 1 Jan 2019)

29 MAY 2019 15:34

Date In: 18/06/2019 14:28	Job description	Date & Time Completed	Done by
Ref No: N88/CT1190/CT594	SAS e-filing		
Veh No: GBE 63VUT	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 11/06/2019 15:00	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: GBE 1622G 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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. J: Cat. 2/3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add'l Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100) INC (\$80)			
	3) TP: 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 2019)			
	6) TR: Re-inspection \$75			
	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
* N3: Courtesy Car / Tpt Allowance \$5 * N4: Repair Co-ordination \$10 * N7: Post Repair Inspection \$25 * N8: DV / Collect Excess Coordination \$5 * TP (N11): TP (N-in INC) against INC \$20 * N12: Idno Mobile \$30				

Invoice dated: ( ) Pen Charged: ( )  
 Invoice dated: ( ) Fee Charged: ( )

07-MAY-2019 16:13



## 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	18/06/2019 14:23
Date Of Accident	11/06/2019 15:00
Exact Location Of Accident	SIXTH AVENUE JUNCTION OF QUEEN'S ASTRID PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6344T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR BLACK INTERIOR PTE LTD
Co Reg No	201411144C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94887222
Alternative Phone No	OFFICE-94887222
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3007581900
Cover Note Number	
<b>Driver</b>	
Name of Driver	TANG TECK ANG
Passport No/FIN	F1499872K
Date Of Birth	17/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94887222
Fax Number	
Contact Number	OTHERS-94887222
Email Address	NOEMAIL

Address	55 SUNGEI KADOT IND ESTATE #14-00
Postcode	729563
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 (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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT ANNEX D

#### 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	GBC1623G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANI
NRIC/Passport Number	S7209744J
Contact Number	86942026
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:

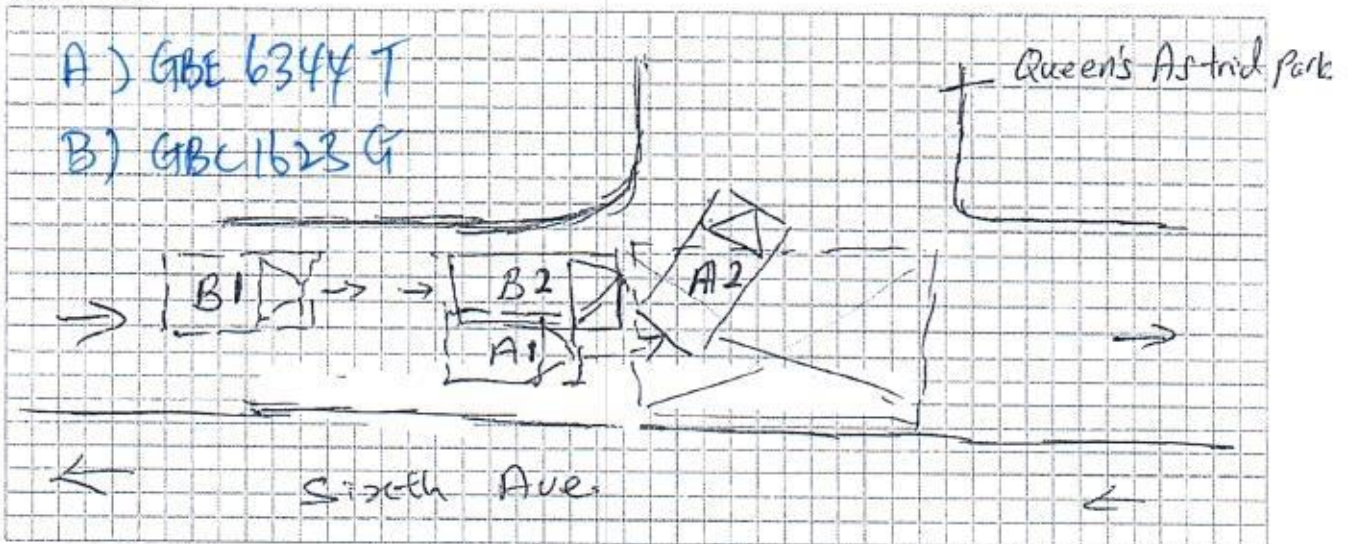
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Resh  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report Annex D.

## DECLARATION

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

Policyholder's Signature

Date & Time:

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]* 18/06/2019  
*[Signature]*



## NOTICE OF REPORTING

This is to confirm that Tang Teck Ang, I/C: F1499872K, has reported to the Police a non-injury traffic accident which occurred at along Sixth Avenue turning to Queen's Astrid Pk on 11/06/2019 at about 1500hrs, whereby complainant was driving her vehicle GBE6344T.

### Brief facts of case:-

While I was turning to Queen Astrid Pk, a van (GBC1623G) hit my vehicle from the back and collided on the back left portion of my van.

There was no injuries to any parties. The other party vehicle suffered dents on the front left portion. I do not have a in-car camera.

I would be following up the incident with my own insurance.

### The other party particulars:

Name: Mani

HP: 8694 2026

IC: S7209744J

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T120156 Rahul Singh

Date: 11/06/2019 at 1624hrs

Police Post/Unit: Bukit Timah NPC

BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE  
1 DUKE'S ROAD  
SINGAPORE 268914

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11/06/2019 (dd/mm/yy) Time of Accident: 15:00 (24-HR-FORMAT)  
Vehicle No.: G13E63447 Vehicle Make & Model: Toyota Dyna  
Exact location of Accident: Sixth Avenue Junction of Queen's Astrid Park  
Policyholder's Name / IC No.: Mr Black Interior Pte Ltd / 1144C  
Driver's Name / IC No.: Tang Teck Heng / F1449872K (As Above) ☐ 201411144C  
Driver's Contact No.: 94887222 Company Contact No (Company Veh Only): \_\_\_\_\_  
Driver's Address: 55 Sungei Kadat Ind. Estate #14-00 SC 729583  
Email address: \_\_\_\_\_ Insurance Company: China Taiping

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor ☒ Outdoor

**\*No. of Passengers (Including Driver):** 1

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: Bukit Timah NPL

### The Other Party(s) Details:

1. Driver's Name / IC No.: Mans / S72097443 Vehicle No.: GBC162367

Driver's Contact No.: 86942026 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**MR BLACK INTERIOR PTE. LTD.**

Sector: **CONSTRUCTION**

Name  
**TANG TECK ANG**

Occupation  
**BUILDING & CONSTRUCTION PROJECT MANAGER**

Work Permit No.  
**S 11549841**

Date of Application  
**29-06-2015**

Date of Issue  
**16-07-2017**

Date of Expiry  
**15-07-2019**

**L8129582**

**For LKK/NAC Use Only**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Identification Number  
**F1499872K**

Name  
**TANG TECK ANG**

Birth Date  
**17 Nov 1968**

Issue Date  
**13 Sep 2015**

Valid Till  
**12/09/2023**

**002845241D**

**VISIT PASS**  
Immigration Regulations

Name  
**TANG TECK ANG**

Date of Birth  
**17-11-1968**

Sex  
**M**

Nationality  
**MALAYSIAN**

FIN  
**F1499872K**

Date of Issue  
**17-07-2017**

Date of Expiry  
**15-07-2019**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

**For LKK/NAC Use Only**

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles ≤ 200 cc	02 Feb 1990
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	02 Feb 1990

**NP 428A**

**Licence No: F1499872K**

# **CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No	DMCVSH3007581900	Engine No : 1KD1574692	Chassis No: JTFAT35Y30K205612
1. Index Mark and Registration Number of Vehicle	GBE6344T		
2. Name of Policy Holder	M/S MR BLACK INTERIOR PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 FEBRUARY 2019	EX SECT. I .....	S\$350.00
		EX ON WINDSCREEN .....	S\$100.00
4. Date of Expiry of Insurance	16 FEBRUARY 2020		
5. Persons or Classes of Persons entitled to drive *			
<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>			
6. Limitations as to use. *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>		
<p>HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER</p> <p>* 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.</p>			

**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