

NATIONAL Assessment Centre Services.

Jan 1 2005

MNA 119112566

Date In: 26/1/19 17:17	Job description	Date & Time Completed	Done by
Ref No: MAL CTZ 19015001164	SAS e-filing		
Veh No: SLN 1836H	E-mail (within 2hrs, AIC 2hrs)		
DDA: 23/1/19 18:30	I-Motor Claim Form		
<input checked="" type="radio"/> TP / 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/VKSP		

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

TP Particulars: Veh No: SKX 189H.. 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: YBS () / 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 No: 67486016)

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time Action

Date/Time	Action

NA1906283

Claimants Particulars:	1) AR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	* N5: Courtesy Car / Tpt Allowance \$3	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao 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	26/08/2019 17:17
Date Of Accident	23/08/2019 18:30
Exact Location Of Accident	PIE TWDS SERANGOON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1836H
Insured/Policyholder	
Name Of Registered Owner	MR HUANG JINHONG
NRIC No	S8165033J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90221606
Alternative Phone No	OFFICE-90221606

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3022741900
Cover Note Number	-

Driver

Name of Driver	MR HUANG JINHONG
NRIC No	S8165033J
Date Of Birth	26/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90221606
Fax Number	
Contact Number	OFFICE-90221606
Email Address	NOEMAIL

Address	BLK 752 WOODLANDS CIRCLE #09-526
Postcode	730752
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	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?	
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

REFER TO STATEMENT.

Attachment(s)

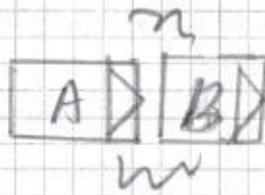
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX189H
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

PIE Towards Serangoon



A: SLM 1836H

B: SKX 189H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the date and time, I was driving my car no: SLM 1836H along PIE Towards Serangoon. Suddenly the front vehicle no: SKX 189H coming to a stop. I follow suit. I can't stop in time hit onto the rear portion's vehicle B.

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.:

Singapore Accident Statement

Date of Accident 23/08/19
Time of Accident 1830 hrs (24hr format)
Exact Location Of Accident PIE Towards Serangoon
Country/State of Loss Singapore

Details Of Own Vehicle

Vehicle No SLN 1836 H
Insured/Policyholder _____
Individual / Company
Name of Registered Owner Huang Jin Hong
Co Reg No S8165 033 J
Email Address ruji@technology@gmail.com
Mobile No 90221606
Alternative Phone No _____

Vehicle Particulars

Manufacturer Toyota
Model Wish
Are you claiming under your own insurance policy for repair to your vehicle? Yes / (No)
If No, Please state action to be taken TP Claims / Own Damages / Reporting Only

Vehicle Category

Insurance Company

Name of Insurance Company China Taiping
Type Of Coverage Comprehensive
Fleet Policy Yes / No
Policy Number DMPCSN 3022741900
Cover Note Number _____

Driver

Name of Driver Huang Jin Hong
NRIC No S8165 033 J
Date of Birth 26/11/1981
Occupation Indoor / Outdoor
Date of Driving Pass 14/04/2011
Gender Female / Male

No passengers.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

EFFECTIVE DATE: 14 Apr 2011

NP 42BA

Licence No: S8165033J

For LKK INAC Use Only

9002047

NRIC No. S8165033J

Nationality: CHINESE

Date of Issue: 04-02-2009

Address: APT BLK 752 WOODLANDS CIRCLE #09-526 SINGAPORE 730752

NRIC No.: S8165033J

Date: 17/05/2010

No: 6530762

For LKK INAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8165033J

Name: HUANG JINHONG

黄 金 洪

Race: CHINESE

Date of birth: 26-11-1981

Sex: M

Country of birth: CHINA

S8165033J

REPUBLIC OF SINGAPORE

DRIVING LICENCE

For LKK INAC Use Only

License Number: S8165033J

Name: HUANG JINHONG

Issue Date: 26 Nov 1981

Expiry Date: 14 Apr 2011

001955960E

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.	DMPCSN3022741900	Engine No : ZZR1767145 Chassis No: ZGE206031963
1. Index Mark and Registration Number of Vehicle	SLN1836H	
2. Name of Policy Holder	MR HUANG JINHONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 APRIL 2019	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	24 APRIL 2020	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00

(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS WILL BE DOUBLED). A FLAT S\$5,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER

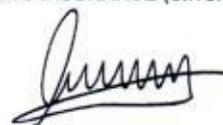
** Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

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:	Singapore NRIC
Owner ID:	033J
Vehicle Details	
Vehicle No.:	SLN1836H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	2ZR1767145
Chassis No.:	ZGE206031963
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,628.00
Original Registration Date:	25 Apr 2017
First Registration Date:	25 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$19,628.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Apr 2027
PARF Rebate Amount:	\$14,721.00
Intended COE Rebate Details	
COE Expiry Date:	24 Apr 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$54,501.00
COE Rebate Amount:	\$41,400.00
Total Rebate Amount:	\$56,121.00

The information contained herein is correct as at 24 Aug 2019

OK