

NATIONAL Assessment Centre Services. [sent 1 Jan 2005]. MAY 19/36660

Date In: 12/10/2015 12:25	Job description	Date & Time Completed	Done by
Ref No: 12/10/2015 12:25	SAS e-filing		
Veh No: XE 4227B	E-mail (Agoda 3hrs, AIC 2hrs)		
D.O.A: 12/10/2015 14:45	I-Motor Claim Form		
OID: 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/Whar		

Preferred Wkep / INC Assign Wkep / QW: (		Tel: (		Fax: (
TP Particulars: (	Veh No: SKD 70334	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 ()			

<input type="checkbox"/> Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar. <input type="checkbox"/> Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

[illegible]

21/1/90 7796	INVOICE FOR TOWING & REPAIRS	21/1/90	7796
Client's Name: [Redacted]	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damage Portion:	4) PT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Re-survey) \$30		
	For claiming against INC Only (w/e 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NG: Repair Coordination \$10		
	*NA: Post Repair Inspection \$25		
	*ND: DV / Collect Excess Coordination \$5		
	TP (NI) / TP (NG) against INC \$20		
	9) NI: 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	15/10/2019 12:25
Date Of Accident	12/10/2019 14:45
Exact Location Of Accident	BLK 844 YISHUN STREET 81 LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4227B
Insured/Policyholder	
Name Of Registered Owner	BAN SOON HUAT TRANSPORT TRADING
Co Reg No	46498900X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93235922
Alternative Phone No	OFFICE-93235922

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52R-15.7 D (M)
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	DMCVSN1822811901
Cover Note Number	

Driver

Name of Driver	WANG BIN
NRIC No	G5431696N
Date Of Birth	10/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93235922
Fax Number	
Contact Number	OTHERS-93235922
Email Address	NOEMAIL

Address	39 WOODLANDS CLOSE #03-30 MEGA @ WOODLANDS
Postcode	737856
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SKD1033Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96641731
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

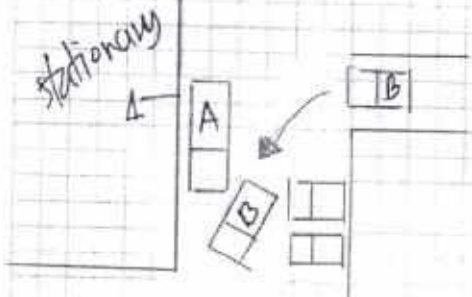
15/15/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BLK 844 YONGYU STREET 81 LOADING BAY

(A) XE 7227B

(B) SKD 1033Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.10.2019 at about 14:45hrs, I was doing my loading/unloading stuff. My lorry was on stationary. The space was small. While doing the loading/unloading, all of a sudden I heard a graze. Then I realised a vehicle SKD 1033Y had graze over my front left side portion. That's all.



DECLARATION
I/We declare that 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:

[Signature]

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

[Signature] 15/10/2019
[Signature]

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 12th OCTOBER 2019	TIME: 14:45	(hh:mm) 24 hrs Format
LOCATION 844 YISHUN ST 81		
VEHICLE NUMBER XE 4227 B		
INSURED NAME Ban Soon Huat Transport Trading		
NRIC / FIN 46498900X	CONTACT:	
MAKE 81A 211	MODEL Y252R	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY China		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMCVSN1822811901		
NAME DRIVER: Wang Bin		() SAME AS INSURED
NRIC / FIN 65431696N	CONTACT: 9523 5922	
DATE OF BIRTH: 10.11.1975		
DRIVING PASS DATE: 01.11.2014		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: 39 Woodlands Close #03-30 mesa e woodlands S(737856)		
Number Of Passenger Include Driver: 1		
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: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) 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 8KD 1033 Y		() / Not Sure () 9664 1731
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200200384E

MZ301/C
R 5N
AN0287A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

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, 1999 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCV5NI622811901	Engine No : 6WG1433848 Chassis: JALCY252HJ7000016
1. Index Mark and Registration Number of Vehicle	XE42278	AUTOSAFE
2. Name of Policy Holder	BAN SOON HUAT TRANSPORT TRADING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 July 2019	Excess Sect I S\$1,500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	15 July 2020	
5. Persons or Classes of Persons entitled to drive*	(1) whilst the vehicle is being used in connection with the policyholder's business Any person provided he is in the policyholder's employ and is driving on their order or with their permission. (2) whilst the vehicle is being used for social, domestic or pleasure purposes 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. (4) Use for racing, pace-making, reliability trial or speed-testing. (5) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. (6) Use for the carriage of passengers for hire or reward.		

HIRE PURCHASE CO. : DAINLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

* Limitations rendered inoperative by Section 9 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: WEE GIAR ENTERPRISE LLP
Authorised Officer

Authorised Signatory

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	900X
Vehicle Details	
Vehicle No.:	XE4227B
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2019
Vehicle Make:	ISUZU
Vehicle Model:	CYZ52R
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	6WG1433848
Chassis No.:	JALCYZ52RJ7000016
Maximum Power Output:	-
Open Market Value:	\$94,066.00
Original Registration Date:	16 Jul 2018
First Registration Date:	16 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$4,704.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Jul 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,901.00
COE Rebate Amount:	\$26,034.00
Total Rebate Amount:	\$26,034.00

The information contained herein is correct as at 15 Oct 2019

OK