

# NATIONAL Assessment Centre Services.

part 1 J39003

May 2000/152

Date In: 21/9/2020 17:40	Job description	Date & Time Completed	Done by
Ref No: N/A/CTZ 2000 1290/4	SAS e-filing		
Veh No: 3MP 268Z	E-mail (Vehicle Mtr, AIC 2hrs)		
DOA: 21/01/2020 13:25	I-Motor Claim Form		
OD: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLV 387J	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 ( )	

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) 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] ( )	

Injury:	
Date/Time:	

<p>NA2000726</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Architect's Comments:</p> <p>Ref. 1:</p>	<p>INVOICE INFORMATION</p> <p>1) ARI: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (w/c 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N3: Courtesy Car / Tpl Allowance \$3</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (NI) / TP (Non INC) against INC \$30</p> <p>*N12: Idao Mobile \$6</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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## 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	21/01/2020 17:40
Date Of Accident	21/01/2020 13:25
Exact Location Of Accident	TAN QUEE LAN STREET TOWARDS NORTH BRIDGE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2168Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S ACE FLEET MANAGEMENT PTE.LTD.
Co Reg No	2XXXXX914N
Email Address	JACKIETZK91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83222989
Alternative Phone No	OFFICE-83222989

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID
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	DMHCSN1930791900
Cover Note Number	

### Driver

Name of Driver	JACKIE TEO ZHI KEE
NRIC No	SXXXX020C
Date Of Birth	15/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83222989
Fax Number	
Contact Number	OTHERS-83222989
Email Address	JACKIETZK91@GMAIL.COM

Address	BLK 84 COMMONWEALTH CLOSE #01-83
Postcode	140084
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

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	SLV3877J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91881925
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

### IMPORTANT NOTICE

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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:

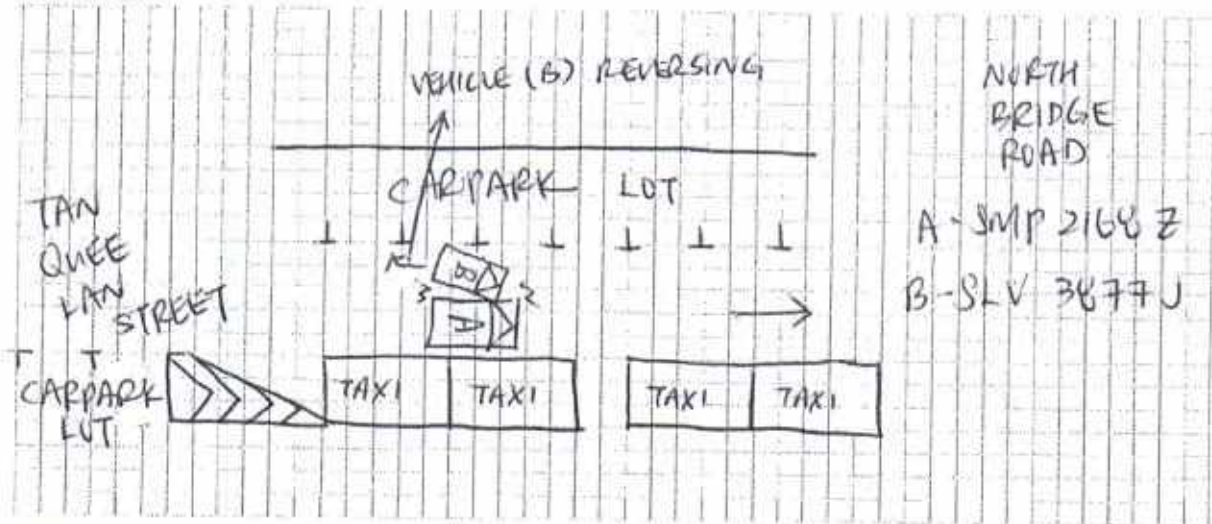
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT ALONG TAN QUEE LANE STREET TOWARD NORTH BRIDGE ROAD ON A ONE WAY TRAFFIC LANE, ROAD. ALL OF THE Sudden, I FELT A STRONG IMPACT FROM THE LEFT SIDE PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) REVERSING AND COLLIDED ONTO LEFT SIDE PORTION OF MY VEHICLE. A - SMP 2168 Z  
B - SLV 3877 J

## DECLARATION

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

Policyholder's Signature  
Date & Time:

\*GABRIEL/32546/14/06/2020/10/1/1

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 21 JAN 2020		TIME: 13:25HRS (hh:mm) 24 hrs Format	
LOCATION TAN QUEE LAY STREET TOWARD NORTH BRIDGE ROAD			
VEHICLE NUMBER SMP 2168 Z			
INSURED NAME M/S ACE FLEET MANAGEMENT PTE LTD.			
NRIC/FIN 201710914 N		CONTACT:	
MAKE TOYOTA		MODEL NATH HYBRID	
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 TAIPING			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DMHCSN1930791900			
NAME DRIVER: JACKIE TEO ZHI KEE		( ) SAME AS INSURED	
NRIC/FIN 891460300		CONTACT: 83222989	
DATE OF BIRTH: 15 DEC 1991			
DRIVING PASS DATE: 09 JUL 2013			
OCCUPATION: ( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: jckie+2k91@gmail.com ( ) NO EMAIL			
ADDRESS OF DRIVER: BLK 84 COMMUNWEALTH CLOSE #01-83 S(140084)			
Number Of Passenger Include Driver: DRIVER			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( <input checked="" type="checkbox"/> ) Others			
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( ) Clear ( <input checked="" type="checkbox"/> ) 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? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If YES, Injured details: JACKIE TEO ZHI KEE (M) (BACK & NECK)			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( <input checked="" type="checkbox"/> ) 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 SLV 38-77 J		( ) / Not Sure ( )	91881925
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	

MOTOR HIRE CAR

**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)

AN0496A  
Cov. Type: C  
**PLM 334671**

ORIGINAL

CERTIFICATE No.

DMHCSN1930791900

Engine No : 22R2E19343

ChasNo: ZWR800395965

1. Index Mark and Registration  
Number of Vehicle

SMP2168Z

**AutoSafe**

2. Name of Policy Holder

M/S ACE FLEET MANAGEMENT PTE. LTD.

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

16 September 2013 Excess Sect. I ..... S\$2,000.00

Excess Sect. I (Outside Singapore) ... S\$4,000.00

4. Date of Expiry of Insurance

30 July 2020

Excess Sect. II ..... S\$1,500.00

Excess Sect. II (Outside Singapore) ... S\$3,000.00

EK ON WINDSCREEN ..... S\$100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER/DRIVER ONLY

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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.

Issued By:

Authorised Officer

Authorised Signatory

## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SMP2168Z	Vehicle Scheme:	Normal
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	NOAH HYBRID 1.8X CVT
Chassis No.:	ZWRB00395965	Engine No.:	2ZR2E19343
Motor No.:	319E01844	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	6
Engine Capacity:	1797 cc	Power Rating:	60.0 kW
Maximum Power Output:	100.0 kW ( 134 bhp)		
Unladen Weight:	1610 kg	Maximum Laden Weight:	1995 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	16 Sep 2019	Original Registration Date:	16 Sep 2019
Manufacturing Year:	2019	Open Market Value:	\$33,927.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$14,749.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$13,927.00 (140%)
Actual ARF Paid:	\$29,498.00		

### Owner Particulars

Owner Name:	ACE FLEET MANAGEMENT PTE. LTD.
Owner ID Type:	Company
Owner ID:	201710914N
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	237
Registered Street Name:	ALEXANDRA ROAD
Registered Unit No.:	# 02 - 03
Registered Building Name:	THE ALEXCIER
Registered Postal Code:	159929
COE No. / Expiry Date:	2019090103002034H / 15 Sep 2029
COE Bid Category:	B - Car above 1600cc or 97kW (130bhp)
QP Paid:	\$38,602.00

### Transaction Details

Business Transaction Ref. No.:	20190916113029604384
Business Transaction Date:	16 Sep 2019
Business Transaction Time:	11:30:29

### Message

The above vehicle has been successfully registered.

Please note that \$58,807.00 will be deducted from your GIRO account.

OK

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