

# NATIONAL Assessment Centre Services

Part 1 of 2

20053927

Date In: 24/06/2020 10:23	Job description	Date & Time Completed	Done by
Ref No: XBA/C112000/0613/Y	SAS e-filing		
Veh No: PA 6864P	E-mail (Vehicle then, AIC then)		
QOA: 23/06/2020 07:25	I-Motor Claim Form		
QID: 11 Reporting Only	I-Motor W/O (Within: OD then, TP then)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Insurer/Owner:	Veh No: SJM 1368X	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: \_\_\_\_\_

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

20053927	1) AIC: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$120
	5) PR: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: New DA + EMIC Survey	\$160
	8) NIUC: Additional Services	
	9) NI: New DA + EMIC Survey	\$30
	10) NI: New DA + EMIC Survey	\$30
	11) NI: New DA + EMIC Survey	\$30
	12) NI: New DA + EMIC Survey	\$30
	13) NI: New DA + EMIC Survey	\$30
	14) NI: New DA + EMIC Survey	\$30
	15) NI: New DA + EMIC Survey	\$30
	16) NI: New DA + EMIC Survey	\$30
	17) NI: New DA + EMIC Survey	\$30
	18) NI: New DA + EMIC Survey	\$30
	19) NI: New DA + EMIC Survey	\$30
	20) NI: New DA + EMIC Survey	\$30

20053927	Fee Charged	
	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 24/06/2020 10:23  
 Date Of Accident 23/06/2020 07:25  
 Exact Location Of Accident ALONG HOUGANG AVENUE 3 TRAFFIC LIGHT JUNCTION  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PA6864P  
**Insured/Policyholder**  
 Name Of Registered Owner SAN TRANSPORT & TRADING  
 Co Reg No 5XXXX475X  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91766712  
 Alternative Phone No OFFICE-91766712

### Vehicle Particulars

Manufacturer TOYOTA  
 Model HIACE  
 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 PRIVATE CAR

### Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number DMB1SN1818251901  
 Cover Note Number

### Driver

Name of Driver CHUA ENG HUAT  
 NRIC No SXXXX164D  
 Date Of Birth 13/12/1971  
 Occupation OUTDOOR  
 Date Of Driving Pass 12/08/2006  
 Driving Experience 13 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91766712  
 Fax Number  
 Contact Number OTHERS-91766712  
 EMail Address NOEMAIL

Address	BLK 332 YISHUN RING ROAD #02-1374
Postcode	760332
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 - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : MDM TANG GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1368X
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JESSICA GOH
NRIC/Passport Number	SXXXX178A
Contact Number	98793221
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.

SAN TRANSPORTS & TRADING  
53207475X

Policyholder's Signature  
Date & Time:

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

Reporting Center's Signature  
Name: *Resli WAAAB*  
NRIC/FIN No.:

SKETCH PLAN

Vehicle A PA 6864P  
Vehicle B SJM 1368X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Houssens Avenue 3

At The mention Date & time of accident 23/06/2020 about 27:25  
I was driving along Houssens Ave 3 towards traffic light junction.  
when reaching traffic light junction traffic light is still green on  
my favour of way going straight, suddenly vehicle B "SJM 1368X"  
dash out turning right towards my direction when the turning right traffic  
light is still on Red as so collided onto my front vehicle portion.  
I have no video footage recorded.

DECLARATION  
SAN TRANSPORTS & TRADING

We declare the above particulars are true in every respect.

53207475X

Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:  
NRIC ID No:

24/06/2020

Rosli Wathan

# SAN TRANSPORT & TRADING

## AUTHORIZATION LETTER

This letter is to authorize Chua Eng Huat (S7144164D), the employee(driver) of San Transport & Trading is the driver and is allowed to drive the company vehicle of PA6864P and also hereby to authorize him (Chua Eng Huat S7144164D) to work as a grab driver by using the company vehicle of PA6864P.

If there's any concerns, please feel free to call me at 86590659 or email me at [santransport.trading@gmail.com](mailto:santransport.trading@gmail.com)

Yours sincerely,

Lim Tiong San

SAN TRANSPORT & TRADING  
(Director of San Transport & Trading)  
53307475X



Signature

**ACCIDENT DATE & LOCATION**

Date & Time of Accident *	Date: 23/06/2020 Time: 07:25 am (24 hr format)
Exact Location of Accident *	Along Hongseng Ave 3 traffic light Junction

**INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE**

Vehicle Registration Number *	PA 6864P Make & Type *:
Name of Registered Owner *	SAN TRANSPORTS & Trading
NRIC / FIN / Passport / Co Regn No. *	53207475X
Contact Number *	91766712 Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
INSURANCE COMPANY (OWN VEHICLE)	<input checked="" type="checkbox"/> Third Party Claim (SYH/Other workshop?) / <input type="checkbox"/> Reporting Only

Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMS1SN1818251901

DRIVER	
Name of Driver *	CHUA ENG HUAT Gender * <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	57144164D
Date of Birth *	13/12/1971 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	12/08/2006
Contact Number *	91766712
Address	Blk 332 Yishun Ring Road #02-1374 S(760332)
Email Address / Fax Number *	Email: Fax:
Relationship of the Driver with the Insured *	Owner / <input checked="" type="checkbox"/> Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls Indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input checked="" type="checkbox"/> Raining / Others:
Road Surface *	<input checked="" type="checkbox"/> Wet / <input type="checkbox"/> Dry / Others:

**OTHER INFORMATION**

Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: Veh Category:
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes

**DETAILS OF POLICE ACTION**

Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom?
Number of Passengers (Including DRIVER)? *	(02)
Passengers	Name: MDM TANG Name: Gender: Male / <input checked="" type="checkbox"/> Female Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="checkbox"/> No	

# DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number *	1) SJM 1368X	2)
Vehicle Make / Model / Colour	Honda civic	White
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Goh Chuan Zum	Jessica
NRIC/Passport Number	S 7436178A	
Contact Number	9879 3221	
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

# 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.

0MB18N1E1R2519/01

Engine No: J2BD1660832

Chassis No: KCH2020036234

## 1. Index Mark and Registration Number of Vehicle

FA1224E

## 2. Name of Policy Holder

SAI TRANSPORTS & TRADING

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

13 OCTOBER 2009 EXCESS SECT. II .....\$750.00

## 4. Date of Expiry of Insurance

14 OCTOBER 2010

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

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S 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 RESPECT FROM DRIVING THE MOTOR VEHICLE.

## 6. Limitations as to use \*

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

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 REPAIR) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : ABL CREDIT PTE LTD AS H/P OWNER

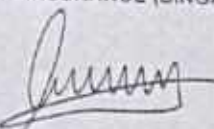
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

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