

NATIONAL Assessment Centre Services. Inst 1 Jan 03

MP005760

Date In: 07/01/2000 15:03	Job description	Date & Time Completed	Done by
Ref No: NBS/CT/2000706214	SAS e-filing		
Veh No: YP 8529 P	E-mail (Update Bus, AIC 2hrs)		
D.O.A: 06/01/2000 10:46	1-Motor Claims Form		
OD (TP) Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Victim		

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

TP Particulars: Vch No: YP 8529 P 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: YRS () / 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 > \$9000] ()

Injury: _____

Date: _____

MP003600	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$170
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim assessment INC Only (over 10 Jan 2000)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Licenses Coordination	\$3
	TE (N11) TP (N12) (N13) (N14) (N15)	\$20
	9) N12: Idas Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

MP003600

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	07/07/2020 15:03
Date Of Accident	06/07/2020 10:40
Exact Location Of Accident	JUNCTION OF TOH GUAN ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8429P
Insured/Policyholder	
Name Of Registered Owner	NG NAM BEE MARKETING PTE LTD
Co Reg No	1XXXXX370H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98186742
Alternative Phone No	OFFICE-67570555

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5AMT
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	DMCVSN1937091900
Cover Note Number	

Driver

Name of Driver	PNG AIK HONG
NRIC No	SXXXX405D
Date Of Birth	19/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1984
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98186742
Fax Number	
Contact Number	OFFICE-67570555
E-Mail Address	NOEMAIL

Address	BLK 852 JURONG WEST STREET 81 #13-309
Postcode	640852
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	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)	2
Passenger 1	NAME: : WONG KAY HUN GENDER: : MALE

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	YQ560P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

5

- No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

聯合華人保險有限公司
UNION CHINESE INSURANCE CO. LTD.
11, Sun Bee Drive, #01-01, Sun Bee
T: 6347 6555 F: 6767 1212
Website: www.unioninsure.com.sg
Email: info@unioninsure.com.sg

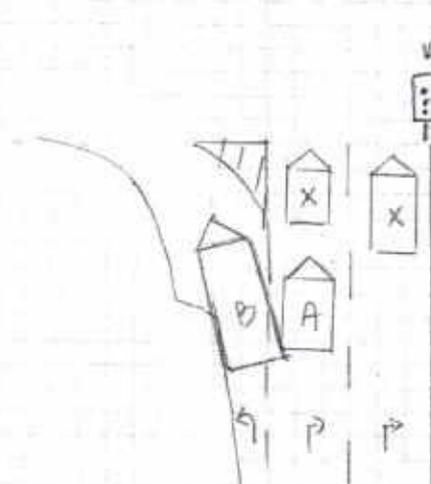
Policyholder's Signature
Date & Time:

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

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

07/07/2020
Redd
W. Ho

SKETCH PLAN



A = YP 8429 P

B = YQ 560 P

Junction of Toh Guan Road East
(Unit No 3-5 and Unit No 7-82)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

On 06.07.2020 at about 10:40 hours at Junction of Toh Guan Road East (Unit No 3-5 and Unit No 7 - 82). I was stationary on lane 2 at the above mentioned location and waiting for the traffic light to turn green.

Suddenly I heard a loud bang and an impact from behind. When I alighted I realised vehicle (B) had collided left hand side portion of my vehicle (A) while the vehicle (B) tried to squeeze through from my left and wished to make a left turn at the above mentioned junction. I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): YP 8429P

Vehicle (B): YQ 560P

gn/01/07/2020

車

新加坡私人有限公司
M/S. TAN BEE HANPETING PTE LTD
110000 Singapore, Phone: 6742944
Tel: 6742944 Fax: 6742944
E-Mail: tanbee@tanbee.com.sg
Link: 6742944-6742944-6742944

SINGAPORE ACCIDENT STATEMENT

Accident Date:	06/07/2020	Time:	10:40	(hh:mm) 24 hr format
Location	Junction of Toh Guan Road East (Unit No 3-5 and Unit No 7-82).			
Vehicle Number	YP 8429P.			
Insured Name	Ng Nam Bee Marketing Pte Ltd.			
NRIC/FIN	198803370H.	Contact Number	6757 0555	
Make	Isuzu	Model	NPR75UHSAMT.	
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				
Insurance Company	China Taiping			
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number	DMCVSN1937091900.			
Name of Driver	Png Aik Hung			() Same as Insured
NRIC/FIN	S1774405D.	Contact Number	9818 6742.	
Date of Birth	19/10/1966.			
Driving Pass Date	13/05/1989.			
Occupation	() Indoor (<input checked="" type="checkbox"/>) Outdoor			
Gender	(<input checked="" type="checkbox"/>) Male () Female			
Email Address	(<input checked="" type="checkbox"/>) NO EMAIL			
Address of Driver	BLK B52 Jurong West Street 81. #13-309 S(640852)			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
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 () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () 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 detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party				
	Name / Nric	Contact		
Veh B	YQ 560P.			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger = Wong Kay Hun (M)



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.

MOTOR COMMERCIAL VEHICLE

BR0057A
Cov.Type: C

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.

DNCVSN1937091900

Engine No :4KE1660297

Chassis: JAANPR75HJ710019E

1. Index Mark and Registration
Number of Vehicle

YP8429P

AutoSafe

2. Name of Policy Holder

NG NAM HEE MARKETING PTE LTD

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

29 September 2015 Excess Sect 1 S\$500.00
EX OF WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

28 September 2020

5. Persons or Classes of Persons entitled to drive*

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.

陈保威經紀和發有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alkwa Street, Chann Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

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

* 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

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.:

Authorised Signatory