

# NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

NA 920076018

Date In: 03/09/2020 15:56	Job description	Date & Time Completed	Done by
Ref No: NA/CIT/20009402/4	SAS e-illing		
Veh No: GBG 7118M	E-mail (Update this, A/C this)		
D.O.A. 03/09/2020 14:49	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Withlet: OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vic		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GX 4495U	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 repairer.

( ) 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 of Injury: _____	
Time of Injury: _____	
Location of Injury: _____	
Weather Conditions: _____	
Road Conditions: _____	
Vehicle Condition: _____	
Driver Condition: _____	
Witnesses: _____	
Police Report: _____	
Insurance Claim: _____	

NA 2004713	Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:		3) TP: Towing Fee	\$40/45
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Resurvey)	\$20
		6) TR: Re-inspection	\$75
		7) NI: Idea DA + EMRT Survey	\$160
		8) NTUC Additional Services:	
		ON:	
		*NS: Courtesy Car / Tpt Allowance	\$3
		*NG: Repairs Coordination	\$10
		*NT: Post Repair Inspection	\$25
		*ND: DV / Collect Excess Coordination	\$3
		TE (NI) / TP (DA INC) against DA	\$30
		9) NI: Idea Mobile	
		Invoice dated	
		Invoice dated	
		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	03/09/2020 15:56
Date Of Accident	02/09/2020 14:45
Exact Location Of Accident	JALAN TOA PAYOH TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7118M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG NAM BEE MARKETING PTE LTD
Co Reg No	1XXXXX370H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91296840
Alternative Phone No	OFFICE-91296840
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	PANG THONG MIN
NRIC No	SXXXX912A
Date Of Birth	28/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91296840
Fax Number	
Contact Number	OTHERS-91296840
Email Address	NOEMAIL

Address	BLK 439 HOUGANG AVENUE 8 #05-1547
Postcode	530439
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	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200903/7004

#### 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	GX4495U
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

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLX3471K

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)

#### DETAILS OF INJURED PERSON 1

Name

PANG THONG MIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBG7118M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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.

黃南英私人有限公司  
NG NAM BEE MARKETING PTE LTD  
100 Bee Drive, Singapore 610553  
Tel: 6757 0555 Fax: 6757 2292  
Website: www.ngnambee.com.sg  
Email: enquiry@ngnambee.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.:

Jln Tua Pakyoh  
towards Upper  
Serangoon Road

(A) GBG 7118 M  
(B) GX 4495 U  
(C) SLX 3471 K

黃南美私人有限公司  
NG NAM BEE MARKETING PTE LTD  
1 Chuan Bee Drive, Spore 610856  
Tel: 6757 0555 Fax: 6757 2202  
Website: [www.ngnambee.com.sg](http://www.ngnambee.com.sg)  
Email: [enquiry@ngnambee.com.sg](mailto:enquiry@ngnambee.com.sg)

黃南美私人有限公司  
NG NAM BEE MARKETING PTE LTD  
9 Chuan Bee Drive, Suite 610B50  
Tel: 8757 0555 Fax: 6757 2292  
Website: [www.ngnambee.com.sg](http://www.ngnambee.com.sg)  
Email: [enquiry@ngnambee.com.sg](mailto:enquiry@ngnambee.com.sg)

Refer to Police Report No. T/20200903/7004.

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

Date & Time:

(If driver is not the policyholder)

Date &amp; Time:

Name: \_\_\_\_\_

NRIC/FIN No. \_\_\_\_\_

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 02-Sep-2020

ACCIDENT TIME: 1445hrs

LOCATION: JALAN TOA PAYOH TWDS UPPER SERANGOON RD

VEHICLE NUMBER: GBG7118M

INSURED NAME: NG NAM BEE MARKETING PTE LTD

NRIC / FIN: 198803370H

CONTACT:

MAKE: NISSAN

MODEL: NV200 1.5 MT ABS AIRBAG 2WD 6DR  
E5 W/RC

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes, If No, Pls Select: ( ☒ ) Third Party ( ) Reporting Only

INSURANCE COMPANY: CHINA TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: dmcvsn1937091900

EXPIRY DATE: 28-Sep-2020

NAME DRIVER: PANG THONG MIN

NRIC / FIN: S7532912A

CONTACT: 91296840

DATE OF BIRTH: 28-Oct-1975

DRIVING PASS DATE: 22-Nov-2000

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: BLK 439 HOUGANG AVENUE 8 #05-1547 HDB-HOUGANG SINGAPORE 530439

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
PANG THONG MIN	S7532912A	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? Yes

Police Report Number:

T/20200903/7004

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B GX4495U			98280786	Not Sure
Veh C SLX3471K				Not Sure





**SINGAPORE  
POLICE FORCE**



T/20200903/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200903/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/09/2020 10:33		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANG THONG MIN			Address: 439 HOUGANG AVENUE 8 #05-1547 SINGAPORE 530439		
ID Type / ID No.: NRIC NO / S7532912A			Contact No.: Home/Office: Mobile: 98398581		
Nationality: SINGAPORE CITIZEN			Email: ALVINELICIA@YAHOO.COM.SG		
Sex: Male	Age: 44	Date of Birth: 28/10/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: sales executive			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2020 14:45	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG7118M	Van					0
GX4495U	Van					0
SLX3471K	Car					0





**SINGAPORE  
POLICE FORCE**



T/20200903/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200903/7004

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PANG THONG MIN	ID No.	S7532912A
Related Vehicle	GBG7118M (Van)	Contact No.	98398581
Hospital/Clinic	SHERATON MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/09/2020	Date	02/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along Jalan Toa Payoh towards Upper Serangoon Road. Weather was clear, traffic was heavy. The vehicle in front of me slowed down and stopped. Noticing that, I followed suit and stopped my vehicle. Out of a sudden, I felt an impact front the rear. I alighted and realised that I was involved in a 3 cars collision. The vehicle (GX4495U) behind me tried to change lane to the right most lane. The Vehicle (SLX3471K) which was on the lane on my right, could not stop in time and collided onto vehicle GX4495U. The impact pushed vehicle GX4495U to collide onto my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20200903/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200903/7004

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
03/09/2020 10:33

Classification Of Case:



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, 1959 (Malaysia)

B 3H

BR0057A

Cov. Type: C

CERTIFICATE No.

Engine No : K9KC400D057169

Chassis: VSKYBAM2020146774

1. Index Mark and Registration  
Number of Vehicle

DNCVSN1937091500

GGG7118H

2. Name of Policy Holder

NG HAN BEE MARKETING PTE LTD

**AutoSafe**3. Effective date of the Commencement of  
insurance for the purposes of the Regulations,  
Ordinance or Enactment

19 September 2019 Excess Sect I ..... S\$500.00

EX ON 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.

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.

HIRE PURCHASE CO. : TAN CHONG CREDIT PTE LTD AS HP OWNER

\* 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.除保險經紀和營商有限公司  
TAN INSURANCE BROKERS PTE LTD  
3A/5A Aljunied Street, Chenn Leonn Building  
Singapore 190896  
www.lib.com.sg  
Tel: (65) 6742 8798 Fax: (65) 6742 6669**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

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	370H
<b>Vehicle Details</b>	
Vehicle No.:	GBG7118M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Sep 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	K9KC400D057369
Chassis No.:	V5KYBAM20Z0146774
Maximum Power Output:	-
Open Market Value:	\$20,119.00
Original Registration Date:	09 Oct 2017
First Registration Date:	09 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$1,006.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	08 Oct 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,801.00
COE Rebate Amount:	\$30,374.00
<b>Total Rebate Amount:</b>	<b>\$30,374.00</b>

The information contained herein is correct as at 03 Sep 2020

OK