

NATIONAL Assessment Centre Services [Stamp: JAN 2005]

NA 2005379

Date In: 12/10/2020 10:06	Job description	Date & Time Completed	Done by
Ref No: NBR/CTI200/10154	SAS e-filing		
Veh No: YM 8320 J	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 09/10/2020 10:44	i-Motor Claim Form		
OD (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 / Wksp		

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

TP Particulars: Veh No: YM 8320 Z INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() 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. ()

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		
Injury: _____		

Date/Time	Actions

NA 2005379 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Cat 1: Cat 2/3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30):			
	2) DA: Damage Assessment (\$100): INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QP* *N5: Courtesy Car / Tp Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20 9) N12: Idao Mobile 30				
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	12/10/2020 10:06
Date Of Accident	09/10/2020 10:45
Exact Location Of Accident	ALONG MANDAI LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8320J
Insured/Policyholder	
Name Of Registered Owner	LONGSHOT TRANSPORT PTE LTD
Co Reg No	2XXXXX342H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91995480
Alternative Phone No	OFFICE-91995480

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE85BG6SRDEA
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNW00027242004
Cover Note Number	

Driver

Name of Driver	KAMSANI BIN BUANG
NRIC No	SXXXX507A
Date Of Birth	13/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2008
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91995480
Fax Number	
Contact Number	OTHERS-91995480
Email Address	NOEMAIL

Address	BLK 549 WOODLANDS DRIVE 44 #02-88
Postcode	730549
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8226Z
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)	

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/mailed 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, and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



LONGSHOT TRANSPORT & TRADE LTD.
2 SIRAT ROAD
SINGAPORE 545750
TEL: 6387 3710 / 6387 6807
FAX: 6387 3826
Email: longshot_ttd@yahoo.com.sg
Reg No. 201531342H

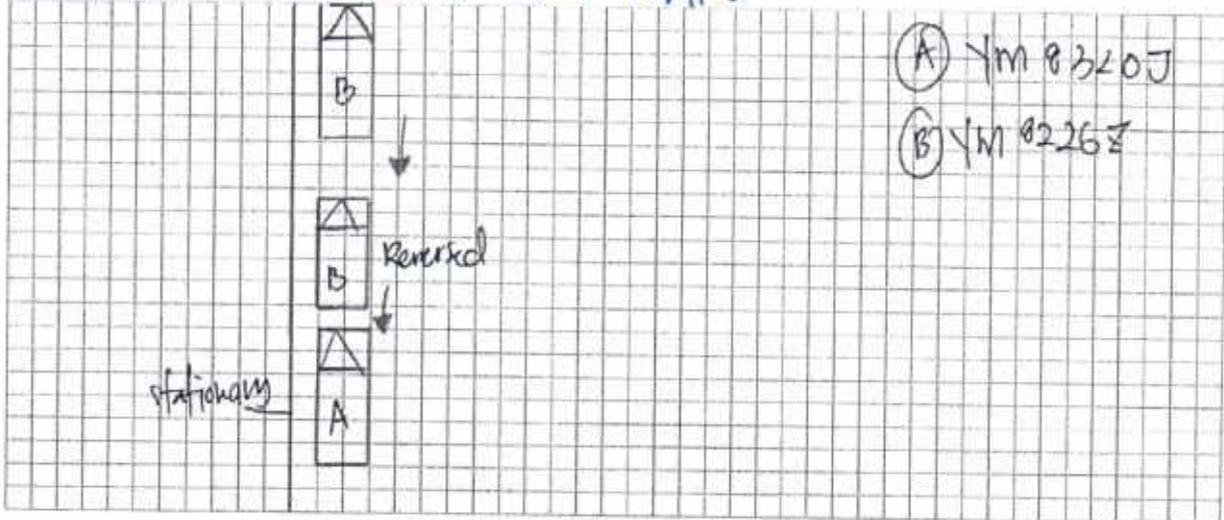
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along Mandai Link



(A) Ym 8320J

(B) Ym 8226Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09-10-220 at about 10:49hrs. I parked my vehicle along Mandai Link. When I'm back to my vehicle, I saw a dent on my lang. vehicle Ym 8226Z had waiting for me. He had reversed his vehicle and collided into my front portion. there's a witness video captured the whole scene. That's all



DECLARATION
LONGSHOT TRANSPORT PTE. LTD.

The foregoing particulars are true in every respect.

SINGAPORE 545750

TEL: 6387 3710 / 6357 6907

FAX: 6387 3826

Email: longshot_tpt@yahoo.com.sg

Reg No. 201531342H

Date & Time:

GIA/IMC Sketch Plan Form V3

[Signature]

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

[Signature] 12/10/2020

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

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY () REPORTING ONLY ()

DATE OF ACCIDENT : 09.10.2020 TIME : 10:49hrs
LOCATION : Mandai Link

VEHICLE NUMBER : YM 8820 J MAKE / MODEL mitsubishi FE85B668R00A
OWNER INSURED : LONGSHOT TRANSPORT Pte Ltd
NRIC NO. : 201531342H CONTACT NUMBER: _____
INSURANCE COMP: China POLICY NUMBER: DMCVSNW00027242039
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : Kamsari Bin Buang NRIC NO.: S9231507A

ADDRESS: 549 Woodlands Drive 44 #02-88 POSTAL: 730549

CONTACT: 9199 5480 EMAIL: _____ GENDER: M

DOB: 13.10.1982 DATE OF PASS: 04.01.2008

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES () NO

IF NO, RELATION OF DRIVER WITH INSURED:

() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS employee

WEATHER CONDITION: () CLEAR () RAINING () DRIZZLING

ROAD SURFACE: () DRY () WET () SLIPPERY

WAS ANYBODY INJURED: () YES () NO INJURIES SUSTAINED : _____

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: _____

() YES () NO POLICE REPORT NUMBER: _____

ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () NO

NUMBER OF PASSENGER INCLUDE DRIVER: NIL

PARTICULAR OF PASSENGER : _____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B YM8226Z NAME /NRIC: _____ CONTACT: _____
VEHICLE C NAME /NRIC: _____ CONTACT: _____
VEHICLE D NAME /NRIC: _____ CONTACT: _____
VEHICLE E NAME /NRIC: _____ CONTACT: _____
VEHICLE F NAME /NRIC: _____ CONTACT: _____
VEHICLE G NAME /NRIC: _____ CONTACT: _____

WITNESS (IF ANY)

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*



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3 SIRAT ROAD
SINGAPORE 545750
TEL: 6387 3710 / 6387 6907
FAX: 6387 3828
Email: longshot_tpt@yahoo.com.sg
Reg No. 201531342H



Motor Commercial

MZ301/C

R SN

AN0478A

Cov. Type:F

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.	DMCVSNW0027242004	Engine No.: 4M42A45341 Cha. No.: FE85BGA10020
1. Index Mark and Registration Number of Vehicle	YM8320J	
2. Name of Policy Holder	LONGSHOT TRANSPORT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/05/2020	
4. Date of Expiry of Insurance	13/05/2021	
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		
(1) Use for racing, pace-making, reliability trial or speed-testing.		
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
(3) Use for the carriage of passengers for hire or reward.		

* 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: _____
INSURE HUB PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 342H

Vehicle Details

Vehicle No.: YM8320J
Vehicle to be Exported: No
Intended Deregistration Date: 31 Oct 2020
Vehicle Make: MITSUBISHI
Vehicle Model: FE85BG6SRDEA
Primary Colour: White
Manufacturing Year: 2007
Engine No.: 4M42A45341
Chassis No.: FE85BGA10020
Maximum Power Output: -
Open Market Value: \$29,838.00
Original Registration Date: 14 May 2008
First Registration Date: 14 May 2008
Transfer Count: 3
Actual ARF Paid: \$1,492.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 13 May 2023
COE Category: E - Open Category
COE Period(Years): 5
PQP Paid: \$17,865.00
COE Rebate Amount: \$9,057.00
Total Rebate Amount: \$9,057.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 09 Oct 2020

OK