

NATIONAL Assessment Centre Services.

Part 1 of 2

MA830094192

Date In: 27/10/20 12:13	Job description	Date & Time Completed	Done by
Ref No: N88/CI 200/1664/4	SAS e-filing		
Veh No: GRB 3355Y	E-mail (to/for, A/C, etc)		
D.O.A: 20/10/20 18:20	1-Motor Claim Form		
OD: (P) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whom		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: YP 1980J	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: ()

Signature: ()

Date: ()

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$43
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (see 10 Jan 2010)	
	6) TR: Re-inspection	\$75
	7) NI: Idan DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*Nt: Courtesy Car / Tpl Allowance	\$3
	*Nt: Tapsis Coordination	\$10
	*Nt: Post Repair Inspection	\$25
	*Nt: DV / Collect Excess Coordination	\$3
	TP (Nil) / TP (Non INC) against INC	\$20
	2) Nt: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	27/10/2020 12:13
Date Of Accident	26/10/2020 18:20
Exact Location Of Accident	ALONG SUNGEI KADUT STREET 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3355Y
Insured/Policyholder	
Name Of Registered Owner	G H ONG ENGINEERING PTE LTD
Co Reg No	2XXXXX632C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90231223
Alternative Phone No	OFFICE-90231223
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
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	DMCVSNW00078922001
Cover Note Number	

Driver

Name of Driver	NG LIAN KHENG
NRIC No	SXXXX582H
Date Of Birth	31/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1989
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231223
Fax Number	
Contact Number	OTHERS-90231223

Address	BLK 316 JURONG EAST STREET 32 #10-285
Postcode	800316
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 - HEAD TO REAR
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?	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)	2
Passenger 1	NAME: : JAYARAMAN SARAVANAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201026/2151

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	YP1980J
Vehicle Make/Model/Colour	MITSHUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG LIAN KHENG
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? GBB3355Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name JAYARAMAN SARAVANAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBB3355Y
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.
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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

Sketch Plan on grid paper. Handwritten notes include:

- Sumat
- Kadut
- H5
- Diagram showing two triangles labeled A and B.
- Vehicle registration numbers: (A) 6BIS 3355Y and (B) YP 1980J.
- Stamp: GHONG ENGINEERING PTE LTD.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 7/2020/026/2151

The area for describing the circumstances of the accident is mostly blank, with a diagonal line drawn across it.

Stamp: GHONG ENGINEERING PTE LTD.

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.:

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()

DATE OF ACCIDENT : 26.10.2020 TIME : 18:20hrs

LOCATION : Sungei Kadut St 5

VEHICLE NUMBER : GBB 3355Y MAKE / MODEL Toyota Aygo 150 Manual 3 star

OWNER INSURED : SH ONE ENGINEERING Pte Ltd

NRIC NO. : 201109632C CONTACT NUMBER:

INSURANCE COMP: China Taiping

POLICY NUMBER: DMCVSNW00078922001

TYPE OF INSURANCE: COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:**

DRIVER NAME : NG LIAN KHENG NRIC NO.: S1760592H

ADDRESS: 316 Jurong East St 32 #10-285 POSTAL: 600316

CONTACT: 90231223 EMAIL: GENDER: male

DOB: 31.01.1966 DATE OF PASS: 02.08.1989

(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 employeeWEATHER CONDITION: (☒) CLEAR () RAINING () DRIZZLINGROAD SURFACE: (☒) DRY () WET () SLIPPERYWAS ANYBODY INJURED: (☒) YES () NO INJURIES SUSTAINED : Head Neck & Back Pain

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: Jurong East NPC

(☒) YES () NO POLICE REPORT NUMBER: T12020

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

NUMBER OF PASSENGER INCLUDE DRIVER: 2 pax include driver

PARTICULAR OF PASSENGER : Jayaraman Saravanan (☒) MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE**(THIRD PARTY PARTICULAR)**

VEHICLE B	4P1980J	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 *



**SINGAPORE
POLICE FORCE**



T/20201026/2151

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20201026/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 22:04		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: NG LIAN KHENG			Address: APT BLK 316 JURONG EAST STREET 32 #10-285 SINGAPORE 600316		
ID Type / ID No.: NRIC NO / S1760582H			Contact No.: Home/Office: Mobile: 90231223		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 31/07/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2020 18:20	Type of Location: Straight Road	
Location: SUNGEI KADUT STREET 5					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB3355Y	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver	Slightly Damaged	1
YP1980J	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201026/2151

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20201026/2151

CONTINUATION OF REPORT

Brief Details.

On 26/10/2020 at about 1820hrs I was in my vehicle bearing GBB3355Y. While I was waiting to make a right turn into block 8 of Sungei Kadut Street 5, a vehicle bearing YP1980J collided onto the rear of my vehicle. Upon collision, both of us got out of our vehicle and exchanged particulars. I wish to inform that no one was injured and no ambulance or police were at scene.



SINGAPORE
POLICE FORCE



T/20201026/2151

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20201026/2151

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 2 DILLON QUEK JUN PING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Date/Time:
26/10/2020 22:04

Classification Of Case:

Authentication Stamp
NP168

	SINGAPORE POLICE FORCE		SN 34
SIGNATURE			



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

MZ300/C

R SN

AN0679A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1966
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00078922001

Engine No.: 1KD1901180

Cha. No.: JTFAT35Y50K200332

1. Index Mark and Registration
Number of Vehicle

GBB3355Y

AUTOSAFE

2. Name of Policy Holder

G H ONG ENGINEERING PTE LTD

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

18/09/2020

Excess Sect I. S\$350.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

17/09/2021

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.

* 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: ABWIN PTE LTD

Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 632C

Vehicle Details

Vehicle No.: GBB3355Y
Vehicle to be Exported: No
Intended Deregistration Date: 30 Nov 2020
Vehicle Make: TOYOTA
Vehicle Model: DYNA 150 MANUAL 3SEATER
Primary Colour: Silver
Manufacturing Year: 2008
Engine No.: 1KD1901180
Chassis No.: JTFAT35Y50K200332
Maximum Power Output: -
Open Market Value: \$24,243.00
Original Registration Date: 07 Jan 2009
First Registration Date: 07 Jan 2009
Transfer Count: 1
Actual ARF Paid: \$1,213.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 06 Jan 2024
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
PQP Paid: \$14,086.00
COE Rebate Amount: \$8,731.00
Total Rebate Amount: \$8,731.00

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 27 Oct 2020

OK