

NATIONAL Assessment Centre Services.

Just 1 Jan 2007

17/04/2010 13:45

Date In: 17/04/2010 13:45	Job description	Date & Time Completed	Done by
Ref No: N/A CT1200/3059/4	SAS e-filing		
Veh No: GBB 2014	E-mail (Liable status, A/C status)		
D.O.A: 25/4/2010 11:10	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (with/without OD, TP, etc)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Cover Type: ()	
Period: ()		
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: _____

Date: _____

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

1) AIT Accident Reporting (\$30)	INC (40)
2) DA: Damage Assessment (\$100)	\$40/40
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) For claim start INC Only (over 10 in 210)	\$75
7) TR: Re-inspection	\$140
8) NTUC Additional Services	
ON:	
* NS: Courtesy Car / Tpl Allowance	\$3
* NS: Repairs Co-ordination	\$10
* NS: Post Repair Inspection	\$23
* NS: DV / Collect Throats Co-ordination	\$3
* NS: DV / Collect Throats Co-ordination	\$30
TP (NII) / TP (NII INC) against D/G	\$0
2) NII: 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 26/11/2020 13:45
 Date Of Accident 25/11/2020 11:10
 Exact Location Of Accident AYE TOWARDS JURONG PORT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE301G
Insured/Policyholder
 Name Of Registered Owner BEN'S EXPRESS ENGINEERING PTE LTD
 Co Reg No 2XXXXX401D
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-82884455
 Alternative Phone No OFFICE-82884455

Vehicle Particulars

Manufacturer NISSAN
 Model NV200-1.5 L ABS AIRBAG 2WD 6DR EURO 5 (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 DMCVSNW00066962000
 Cover Note Number

Driver

Name of Driver KHIN OO
 Passport No/FIN GXXXX285U
 Date Of Birth 05/02/1973
 Occupation OUTDOOR
 Date Of Driving Pass 05/02/2016
 Driving Experience 4 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-82884455
 Fax Number
 Contact Number OTHERS-82884455

Address	BLK 205 BOON LAY DRIVE #09-03
Postcode	640205
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)	1

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	XD4610H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDULLAH BIN MD HUSSIN
NRIC/Passport Number	SXXXX550G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK AND BACK PAIN

GBE301G

YES

NO

ANE
Turks
Turks
Port

A
A
A
B

(A) GBE 3018
(B) XD 4610H

On 25.11.2020 at about 11:10 hrs. I was travelling
alone A/E Towards Jirano Port. Ahead of me, there's a
vehicle slow down & stop, I follow suit. All of a sudden, I
felt an hard impact from the rear. Then I realised a Wany
XD 4610H had collided on to my rear. That's all

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

GSA/BAE SketchPlanForm V3

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

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

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()DATE OF ACCIDENT : 25.11.2020 TIME : 11:10 hrs
LOCATION : AYE IND JUNCTIONVEHICLE NUMBER : 6BE 3016 MAKE / MODEL : Nissan NV200 1.5L MT ABS AIRBAG 2WD
OWNER INSURED : Beh's Express Engineering Pte Ltd
NRIC NO. : 207124010 CONTACT NUMBER :
INSURANCE COMP : China Taiping POLICY NUMBER : DM CVS NWB 0066962000
TYPE OF INSURANCE : COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ()DRIVER NAME : KHIN OO NRIC NO. : 674512854
ADDRESS : 203 Boon Lay Dine Road-03 POSTAL : 640205
CONTACT : 82884455 EMAIL : GENDER : male
DOB : 05.02.1978 DATE OF PASS : 05.02.2016**(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

WEATHER CONDITION: (☒) CLEAR () RAINING () DRIZZLINGROAD SURFACE: (☒) DRY () WET () SLIPPERYWAS ANYBODY INJURED: (☒) YES () NO

INJURIES SUSTAINED : Neck Back Pain

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:

PARTICULAR OF PASSENGER :

() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE

(574145506)

(THIRD PARTY PARTICULAR)VEHICLE B XD 4610H NAME / NRIC: Abdullah Bin Md Hussin 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 *



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

N SN

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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1956 (Malaysia)

CERTIFICATE No.

DMCVSNW00068962000

Engine No.: K9KC4000054591

Cha. No.: VSKYBAM20Z0100841

1. Index Mark and Registration
Number of Vehicle

GBE301G

AUTOSAFE

2. Name of Policy Holder

BEN'S EXPRESS ENGINEERING PTE LTD

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

18/08/2020

Excess Sect 1. S\$350.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

17/08/2021

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.

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aljunied Street, Chenn Leon Building
Singapore 109886
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6666

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: TAN INSURANCE BROKERS PTE LTD
Authorised Officer

楊亞美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

401D

Vehicle Details

Vehicle No.:

GBE301G

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Dec 2020

Vehicle Make:

NISSAN

Vehicle Model:

NV200 1.5L MT ABS AIRBAG 2WD 6DR
EURO 5

Primary Colour:

Grey

Manufacturing Year:

2015

Engine No.:

K9KC400D054591

Chassis No.:

VSKYBAM20Z0100841

Maximum Power Output:

-

Open Market Value:

\$20,122.00

Original Registration Date:

18 Aug 2015

First Registration Date:

18 Aug 2015

Transfer Count:

0

Actual ARF Paid:

\$1,007.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

17 Aug 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$33,180.00

COE Rebate Amount:

\$15,359.00

Total Rebate Amount:

\$15,359.00

The information contained herein is correct as at 25 Nov 2020

OK