

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MAA20105287

Date In: 26/11/2020 16:58	Job description	Date & Time Completed	Done by
Ref No: N138/C12201205714	SAS e-filing		
Veh No: 96A 9286D	E-mail (by date time, A/C time)		
D.O.A: 26/11/2020 07:30	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6241974	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: _____

Date: _____

Driver/Owner:	1) Alt: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engi-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (ver 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services	
	ON:	\$3
	* NS: Courtesy Car / Tpl Allowance	\$10
	* NG: Repair Co-ordination	\$25
	* NP: Post Repair Inspection	\$3
	* ND: DV / Collect License Coordination	\$25
	TP (NI): TP (Non-INC) against INC	\$0
	9) NI: Idea Mobile	
	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	26/11/2020 16:28
Date Of Accident	26/11/2020 07:30
Exact Location Of Accident	PIE TOWARDS TUAS AFTER BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9286D
Insured/Policyholder	
Name Of Registered Owner	ALLINTON ENGINEERING & TRADING PTE LTD
Co Reg No	1XXXXX763M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97606128
Alternative Phone No	OFFICE-62960679

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD TURBO (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNW00021512004
Cover Note Number	

Driver

Name of Driver	CHAN KAWN KIM
NRIC No	SXXXX706E
Date Of Birth	11/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1983
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97606128
Fax Number	
Contact Number	OFFICE-62960679

Address	BLK 126B EDGEDALE PLAINS #07-356
Postcode	822126
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	GZ4197U
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 INJURED PERSON 1

Approximate Age

SLIGHT INJURY

Injuries Sustain

Injured person in which vehicle?

GBA9286D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

ALLINTON ENGINEERING & TRADING PTE LTD

Tel: 6296 0679 Fax: 6297 0024

Chin Tin Lee

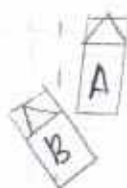
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

P1A TOWARDS TUAS AFTER BKE EXIT



(A) 6BA 9286D

(B) 6Z 4197U

ALLINTON ENGINEERING & TRADING PTE LTD
Tel: 6296 0679 Fax: 6297 0024
Chin Tin Lee

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.11.2020 at about 07:30hrs, I was travelling along P1E Towards Tuas After BKE Exit. Ahead of me, there's an accident. I slow down, all of a sudden I felt an hard impact from the rear. Then I realised a vehicle 6Z 4197U had collided onto my rear.

X

DECLARATION

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

ALLINTON ENGINEERING & TRADING PTE LTD

Tel: 6296 0679 Fax: 6297 0024

Chin Tin Lee

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.:

26/11/2020

Res 2

Chin Tin Lee

SINGAPORE ACCIDENT STATEMENT

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

DATE OF ACCIDENT : 26.11.2020 TIME : 07:30hrs
LOCATION : NE Towards Tuas After BKE ExitVEHICLE NUMBER : 6BP9266D MAKE / MODEL Nissan Cabstar 3.0 5M / T ABS
OWNER INSURED : Allin-on Engineering & Trading Pte Ltd
NRIC NO. : 199201763M CONTACT NUMBER: _____
INSURANCE COMP: China POLICY NUMBER: _____
TYPE OF INSURANCE: COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ()DRIVER NAME : Chan Kawn Kim NRIC NO.: S1289706E
ADDRESS: 126B Edgedale Plains #07-356 POSTAL: 822126
CONTACT: 97606128 EMAIL: _____ GENDER: M
DOB: 11.05.1959 DATE OF PASS: 08.06.1993**(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 DriverWEATHER CONDITION: (☒) CLEAR () RAINING () DRIZZLINGROAD SURFACE: (☒) DRY () WET () SLIPPERYWAS 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: Driver only

PARTICULAR OF PASSENGER : _____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE**(THIRD PARTY PARTICULAR)**VEHICLE B 6Z 419FU 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*



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

AN0044A

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.

DMCVSNW00021612004

Engine No.: ZD30168215K

Chassis No.: JN1SC2F24Z0800235

1. Index Mark and Registration
Number of Vehicle

GBA9286D

2. Name of Policy Holder

ALLINTON ENGINEERING & TRADING PTE LTD

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

11/04/2020

4. Date of Expiry of Insurance

10/04/2021

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.

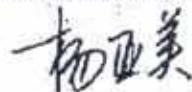
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 65 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: CHOO WOON YIT
Authorised Officer


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.entalping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	763M

Vehicle Details

Vehicle No.:	GBA9286D
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2020
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	ZD30168215K
Chassis No.:	JN15C2F24Z0800235
Maximum Power Output:	-
Open Market Value:	\$26,224.00
Original Registration Date:	11 Apr 2008
First Registration Date:	11 Apr 2008
Transfer Count:	0
Actual ARF Paid:	\$1,312.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	10 Apr 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$18,773.00
COE Rebate Amount:	\$8,552.00
Total Rebate Amount:	\$8,552.00

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 26 Nov 2020

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M4420105387 Vehicle Registration No: GBH 9286D
Name (as shown in NRIC) : GBA 9286D NRIC/FIN/Passport No : SXXXX706E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97606128
Email Address : _____
Date of Accident : 26/11/2020 Time of Accident : 07.30
Place of Accident : Pik Boudros was after bike exit
Insurance Company : Chuan Yon Puan

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THAT 18 January 2021 KAWAN KIM

Policyholder / Driver's Signature
Date:

26/11/2020
Reporting Centre Personnel's Signature
Name: Radu