

NATIONAL Assessment Centre Services. (url: Jan 05) 840821280001

Date In: 08/01/2021 10:31	Job description	Date & Time Completed	Done by
Ref No: NGA/C1721001797/V	SAS e-Milling		
Veh No: GBB 5168 H	E-mail (by date time, A/C time)		
O.O.A: 04/02/2021 15:20	I-Motor Claim Form		
OID: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSN		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Registration: Vch No: SKZ 948	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 Refor 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: _____

11/12/2021

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRI Survey	
	8) NIUC: Additional Services	
	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect Wreck Coordination	\$25
	• TP (NI) / TP (NI) INC against INC	\$3
	• 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 Submission	08/02/2021 10:31 (SGT)
Date of Accident	04/02/2021 15:20 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5168H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIM HUAT AND COMPANY
Company Reg No	0XXXX300W
Email Address	mianhui.li@gmail.com
Mobile Phone No	(Phone) +65-97829665
Alternative Phone No	+65-97829665

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Regius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00071792000
Cover Note Number	-

DRIVER

Name of Driver	ANG KAH SIN
NRIC No	SXXXX365G

Date Of Driving Pass	02/02/1977
* Driving experience	44 YEARS
Gender	Male
- Mobile Number	(Phone) +65-97829665
Alt. Phone Number	-
Email Address	mianhui.li@gmail.com
Address	BLK 65 COMMONWEALTH DRIVE #09-301
Address complement	-
Postcode	140065
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SKZ294B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage	*****	-
Details of property damaged in accident	*****	-
No. Of Passenger (Including Driver)	*****	-

SKETCH PLAN

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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.

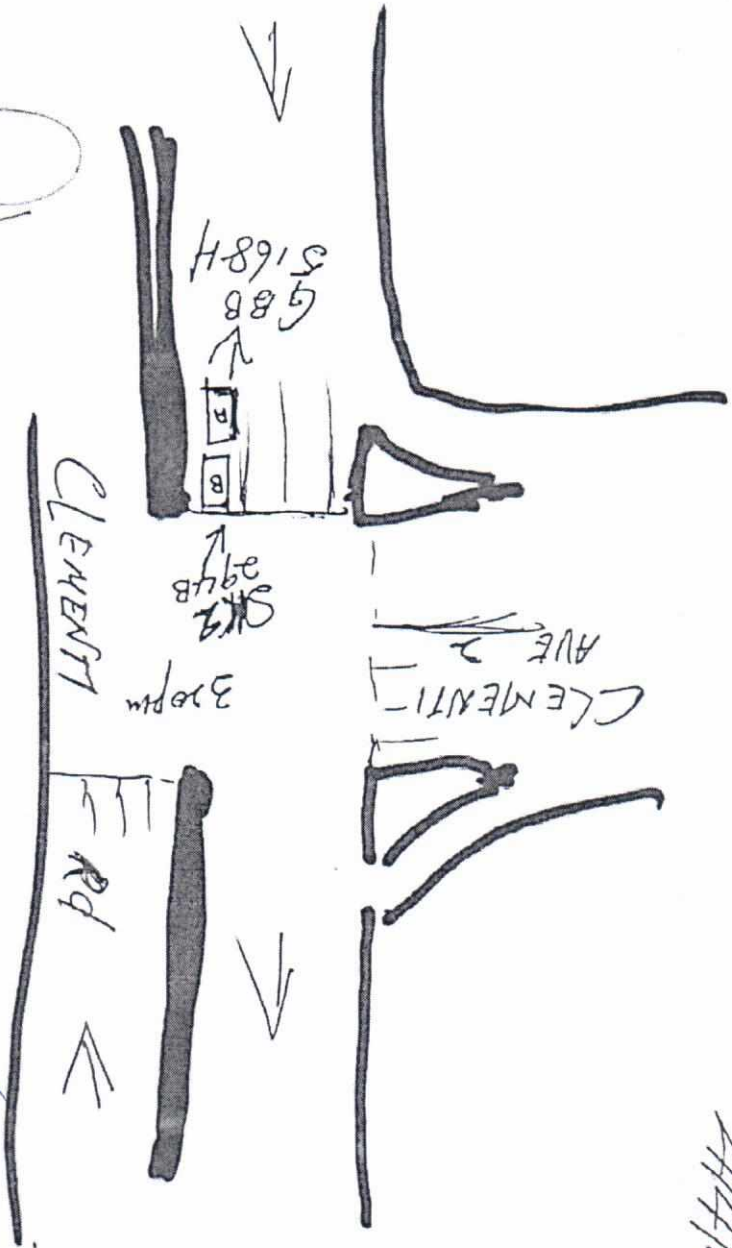
Policyholder's Signature
Date & Time:

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

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

SIM HUAT & CO
BLK 49 TANGLIN HALL ROAD
#01-363 SINGAPORE 142049
TEL: 6474 0678

4/4/24



司公發森
SIM HUAT & CO
BLK 49 TANGLIN HALL ROAD
#01-363 SINGAPORE 142049
TEL: 6474 0678

28/07/2021

SKETCH PLAN

A - GBB 5168H

B - SKZ 294 B

Please refer to the
sketch attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 04/01/2007, around 15:20hrs I was driving my veh GBB 5168H along Clementi Road Junction Clementi Ave 2. Both veh was stop at the traffic light. Veh B SKZ 294 B in front of my veh. My veh rolled forward and hit veh B rear portion.

DECLARATION

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

X
Policyholder's Signature
Date & Time:

司公發森
Signature
If driver is not the policyholder)
Date & Time:
SIM HUAT & CO
BLK 49 TANGLIN HALL ROAD
#01-363 SINGAPORE 142049
TEL: 6474 0678

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

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes/no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC: _____
Driver Name : _____
Driver Pass date : _____
Driver Birth date : _____

Relationship with insured: Employer & Employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SEZ 2948
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of insured/Co: _____
Insurance co of third party vehicle: _____

Police report (if any): yes/no
Police report reported at which police station: _____
Any intended prosecution given: yes /no
if yes, against whom: veh A /veh B driver

Action taken : claiming third party / claiming own damage / reporting only
No of Pax: 1 pax

Male
Female

Connect3 client vehicle no: GBB 5168H
Owner contact no: 97829665
Date of accident: 4/11/2011
Location of accident: Clementi Road
Time of accident: 15:20hrs
Any Injury: yes/no (if yes, must have police report)

Email Address: mianhui.li@gmail.com

Motor Commercial

MZ300/C

N SN

AN0679A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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. DMCVSNW00071792000

Engine No.: 1KD2538834
Cha. No.:KDH20101719691. Index Mark and Registration
Number of Vehicle

GBB5168H

AUTOSAFE
=====

2. Name of Policy Holder

SIM HUAT & CO

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

16/09/2020

Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

15/09/2021

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

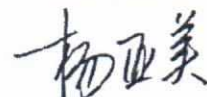
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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 Transfer Fee

EXTERNAL CASE. UPON RENEWAL NCD 20% FROM CHINA TAIPING.
INSURANCE EXPIRING: 07-11-2018

Vehicle Details

Vehicle No.:	GBB5168H	ADDRESS: 49 TANGLIN HALT ROAD #01-363 SINGAPORE 142049.
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	
Vehicle Attachment 1:	No Attachment	SIM HUAT AND COMPANY
Vehicle Scheme:	Normal	06604300W
Vehicle Make:	TOYOTA	NATURE OF BUSINESS: RETAIL SALE
Vehicle Model:	REGIUS ACE 3.0DX DIESEL A/T 2WD 4DR LGV	
Chassis No.:	KDH2010171969	COMPREHENSIVE
Propellant:	Diesel	AUTHORISED WORKSHOP PLAN
Engine No.:	1KD2538834	POI: 08-11-2018 TO 15-09-2019
Engine Capacity:	2982 cc	CHINA TAIPING RENEWAL
Maximum Power Output:	-	NTUC \$1470.95 X\$600
Maximum Laden Weight:	3045 kg	
Unladen Weight:	1800 kg	
Year Of Manufacture:	2015	
Original Registration Date:	16 Sep 2015	
Lifespan Expiry Date:	15 Sep 2035	
COE Category:	C - Goods Vehicle & Bus	
PQP Paid:	\$22,582.00	
COE Expiry Date:	15 Sep 2025	
Road Tax Expiry Date:	15 Sep 2018	
Inspection Due Date:	15 Sep 2019	
Intended Transfer Date:	03 Sep 2018	
CO2 Emission:	221.00 (g/km)	
CEV/VES Rebate Utilised Amount:	-	
CO Emission:	-	
HC Emission:	-	
NOx Emission:	-	
PM Emission:	-	

The current road tax expiry is 15 Sep 2018. You may renew the road tax from 16 Jun 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 15 Sep 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 16 Sep 2018 to 15 Mar 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	27.00	-	27.00
Total Amount Payable:			52.00

Amount Payable (From 16 Sep 2018 to 15 Sep 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	108.00	-	108.00
Total Amount Payable:			133.00

Message

This vehicle has a road tax Over Payment of \$27.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

OK

Print

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 : SU0821280001 Vehicle Registration No: GRB 5168H
Name (as shown in NRIC) : AMG KATH SIAI NRIC/FIN/Passport No : SXXXX 3056
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 04/01/2021 Time of Accident : 15:20
Place of Accident : Coleman Road
Insurance Company : China Insurance

(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:

- ① Driver name to AMG KATH SIAI
② Driver is also owner

Policyholder / Driver's Signature
Date:

[Signature] 04/01/2021
Reporting Centre Personnel's Signature
Name: