

NATIONAL Assessment Centre Services. (part 1 Jan 08) **NA21310007**

Date In: 01/03/2021 18:46	Job description	Date & Time Completed	Done by
Ref No: NBA/CT121002713/4	SAS e-Milling		
Veh No: YP 5433X	E-mail (by date time, A/C time)		
D.O.A: 26/01/2021 22:13	I-Motor Claims Form		
(ID) : TP / Reporting Only	I-Motor W/O (Wills: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Victim		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GRH 3191X	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 reporter.		
() 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 > \$5000] ()		

Injury:	

NA2101501	
Driver/Owner:	1) All Accident Reporting (\$30)
Contact No:	2) DA + Damage Assessment (\$100) INC (40)
Damaged Portion:	3) TP + Towing Fee \$120
	4) PP + Follow Through Survey \$30
	5) PP + Follow Through Survey (Resurvey) \$30
	6) TP + Follow Through Survey (Resurvey) \$30
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QC Checked by (Engr-In-Charge):	TP (N) / TP (S) / TP (M) / TP (L) / TP (H) / TP (V) / TP (W) / TP (X) / TP (Y) / TP (Z)
And to:	TP (N) / TP (S) / TP (M) / TP (L) / TP (H) / TP (V) / TP (W) / TP (X) / TP (Y) / TP (Z)
Ref:	TP (N) / TP (S) / TP (M) / TP (L) / TP (H) / TP (V) / TP (W) / TP (X) / TP (Y) / TP (Z)
2/2	TP (N) / TP (S) / TP (M) / TP (L) / TP (H) / TP (V) / TP (W) / TP (X) / TP (Y) / TP (Z)

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	01/03/2021 18:46 (SGT)
Date of Accident	26/02/2021 22:13 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5433X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TENG HONG INTERNATIONAL PTE LTD
Company Reg No	2XXXXX050W
Email Address	info.tenghong@gmail.com
Mobile Phone No	(Phone) +65-86984015
Alternative Phone No	+65-86984015

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	DMCVSNW00007062100
Cover Note Number	-

DRIVER

Name of Driver	KARAM SINGH
Passport No/FIN	GXXXX353P

Date Of Driving Pass	16/10/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86984015
Alt. Phone Number	-
Email Address	info.tenghong@gmail.com
Address	BLK 210C PUNGGOL PLACE #13-1240
Address complement	-
Postcode	823210
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	20
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

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	GBH3191X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALAN
NRIC No	SXXXX049A
Contact Number	(Phone) +65-93868342
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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. 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 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.
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.



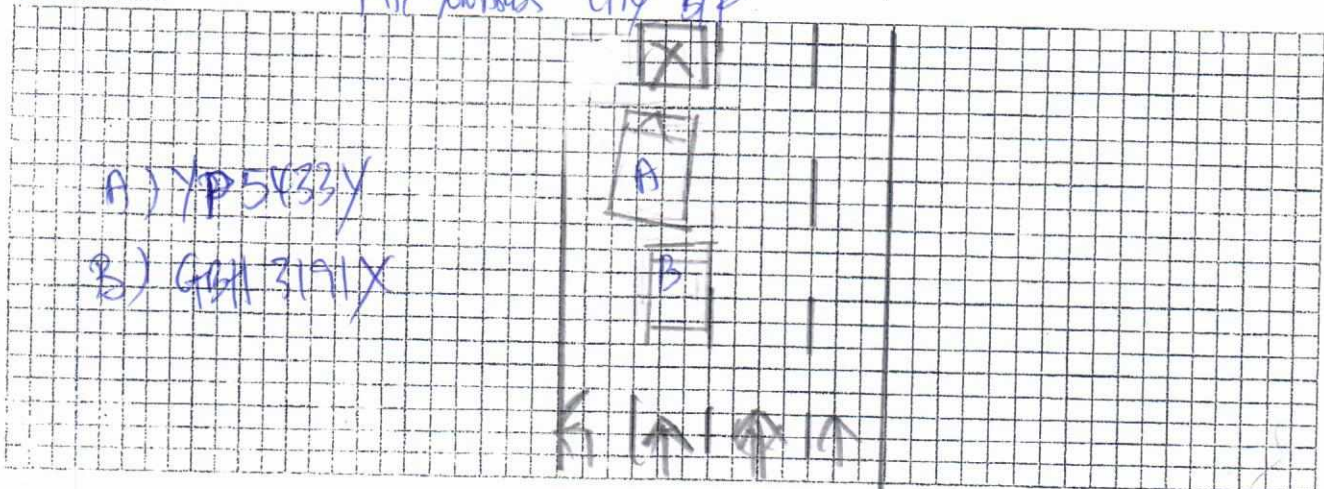
Policyholder's Signature / Date & Time

Karam-Singh 27-2-21
Driver's Signature (If driver is not the policyholder) / Date & Time

01/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

PIR 200808 CNY B/E



Describe Circumstances of the Accident

ON 26/2/2021 AT ABOUT 19:45 HRS I WAS AT RMC
TOWARDS CITY BEFORE BRADSHILL ROAD EXIT, TRAVELLING FOR
THE LANE & WANTED TO TURN INTO 3RD LANE OF THE
VEHICLE IN FRONT OF ME STOP, SO I ALSO STOP SUDDANLY
I FELT A BUMP A VAN GBT 3R1X RAR FAID ME
THAN ALL

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Karam-Singh

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

97-2-21

Witnessed by Reporting Centre
Personnel

01/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 2 / 21) (DD/MM/YYYY), TIME: (10:13pm) (HH:MM)

LOCATION: Pk towards City B/F Broadall Road Exit 17

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: VP-5433X
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: 86984015
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 10:13pm working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TENG HONG INT PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201622050W CONTACT:
c) ADDRESS: B/K-808 Kitchener complex 04-153
00808

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KARAN - Singh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G-8094353P CONTACT: 86984015
c) ADDRESS: Punjagat Place - 210-C 13-1240

*d) DATE OF BIRTH: (21 / 09 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8-Years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 3191X MODEL: 93868342
b) DRIVER'S NAME: Alan
c) NRIC/FIN/PASSPORT: 98201049A CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = fengsheng Info.Tenishouse@gmail.com

fax =

video =



Motor Commercial

MZ300/C

N SN

AN0688A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00007062100

Engine No.: 6M60221456

Cha. No.:FK62FMA30254

1. Index Mark and Registration
Number of Vehicle

YP5433X

AUTOSAFE

2. Name of Policy Holder

TENG HONG INTERNATIONAL PTE LTD

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

10/01/2021
(00:00:00)

Excess Sect I. S\$800.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

09/01/2022

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.

HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* 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: THIS MARKETING INSURANCE AGENCY
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.cntaiping.com