

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

2108213X0001

Date In: 31/03/2021 11:54	Job description	Date & Time Completed	Done by
Ref No: 2108/CT22004/31/17	SAS e-filing		
Veh No: GBG 5075R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/03/2021 12:50	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

)

TP Particulars:	Veh No: SLC 2030S	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 ( )	

General Remarks:
( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Anditors' Comments:</p> <p>Pat. 1:</p> <p>Pat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p>		<p>Amt (\$)</p> <p>Inc Bill</p>	<p>Amt (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			



# 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	31/03/2021 11:56 (SGT)
Date of Accident	30/03/2021 12:50 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	TOWARDS WOODLANDS ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5075R
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN SENG HUP RECYCLE AUTO PARTS PTE LTD
Company Reg No	2XXXXX869C
Email Address	kscgp8@gmail.com
Mobile Phone No	(Phone) +65-81399857
Alternative Phone No	(Office) +65-62554466

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00063602002
Cover Note Number	-

### DRIVER

Name of Driver	NG BAK GUAN
NRIC No	SXXXX634D

Date Of Birth	29/08/1959
Occupation	Outdoor
Date Of Driving Pass	13/11/1979
Driving experience	41 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81399857
Alt. Phone Number	-
Email Address	kscgp8@gmail.com
Address	BLK 647 ANG MO KIO AVENUE 6 #04-4871
Address complement	-
Postcode	560647
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SLC2030S
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM SIM THIAM
NRIC No	SXXXX342J
Contact Number	-
Address	-



## 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 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.

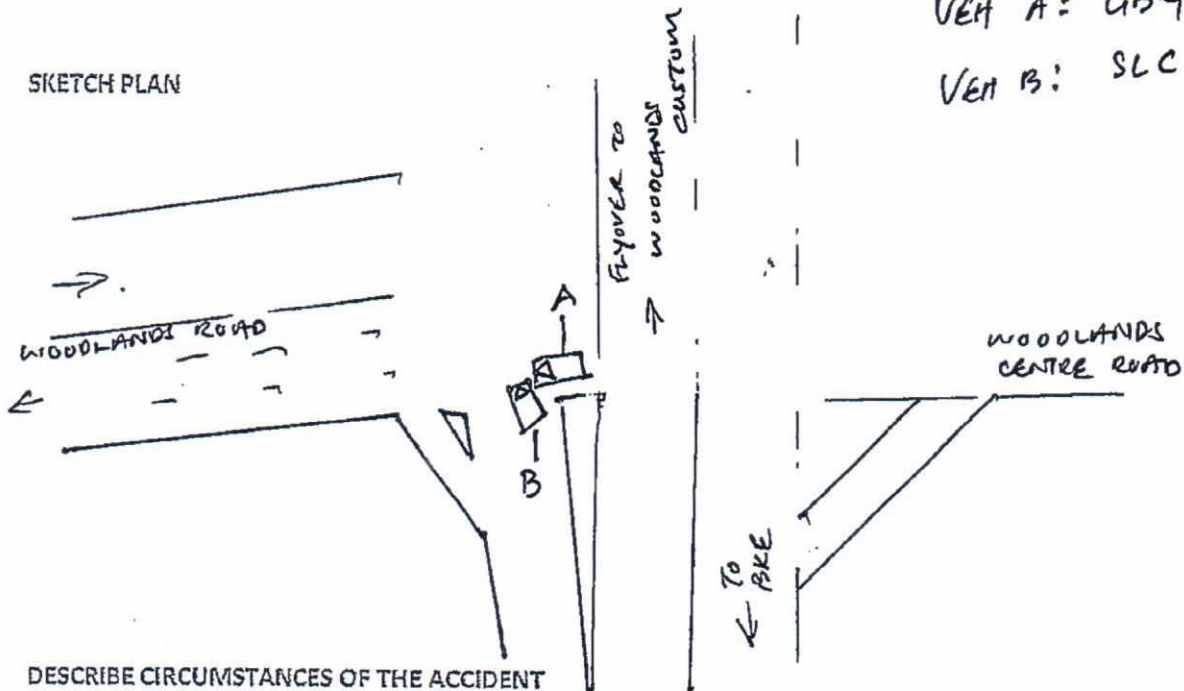


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



VEH A: GBG 5075R  
VEH B: SLC 2030S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving along Woodlands Centre Road towards Woodlands Road. As I was reaching Woodlands crossing, the traffic light was in my favour ("GREEN SIGNAL LIGHT"). Ahead of me a vehicle crossed the junction and I was driving passing the junction. At this juncture vehicle - B dashed from my left side collided against my vehicle. After the collision we shifted our vehicles towards Woodlands Road. While waiting for tuning vehicle, we inspected dash cam of vehicle SLC 2030S and noticed that the said vehicle is running "RED" light. We exchange particulars and left the scene.

## 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.:



# MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date of Accident: 30-03-2021 Time: 1250 PM  
 Exact Location of Accident: WOODLANDS CENTRE RD TOWARDS WOODLANDS ROAD

## DETAILS OF OWN VEHICLE

Vehicles Registration Number: GBG 5075 R Name of Registered Owner: SIN SENG HUP AUTO PARTS PTE.  
 NRIC/Passport No./FIN: NA Contact No.: 6255 4466  
 Co. Reg. No. (for Co. Vehicle Only): 201623869C No. of Passenger (Including Driver): 01  
 Owner Email Address: ksc9p8@gmail.com

## Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: DYNA  
 Exact purpose for which vehicle was being used at the time of accident Normal Usage ☐ Others ☒ (Please state) WORK  
 Are you claiming your own insurance policy for repair to your vehicle? Yes ☐ No ☐ Reporting Only ☐ No, Third Party ☒  
 Vehicle Category: Private Car ☐ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: CHINA TAIPING  
 Type of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐  
 Fleet Policy: Yes ☐ No ☒ Policy/Cover Note Number: \_\_\_\_\_

## Driver

Name of Driver: NG BAK GUAN NRIC/Passport No./FIN: S1359634D  
 Date of Birth: 29-08-1959 Occupation: Indoor ☐ Outdoor ☒  
 Date of Driving Pass: 13-11-1979 Gender: Male ☒ Female ☐  
 Mobile Phone No: 8139 9857 Fax No: 6462 1136 Alternative Phone No: 6255 4466  
 Address: BIK 647 ANG MO KIO AVE 6 #04-4891 (Postal Code: 660647)  
 Email Address: \_\_\_\_\_

Was driver an employee of the Insured's Company? Yes ☒ No ☐ State relationship of driver with the insured: NA  
 Vehicle Registration Number of Driver's Own Vehicle (if applicable): NA  
 Insurance Company of Driver's Own Vehicle (if applicable): \_\_\_\_\_

## Other Information of the Accident

Type of Accident: TRAFFIC JUNCTION - HEAD TO HEAD  
 Weather Conditions: Clear ☒ Raining ☐ Others ☐ (Please state condition):  
 Road Surface: Wet ☐ Dry ☒ Others ☐ (Please state condition):  
 Was any body injured in the accident? No ☐ Yes ☒  
 Was any other vehicle or property damaged? No ☐ Yes ☒  
 Are accident photos available for attachment? No ☐ Yes ☒  
 Was there any video captured by Car Camera? No ☐ Yes ☐  
 Was the accident reported to the Police? No ☒ Yes ☐ If Yes, which police station?:  
 Was notice of intended Prosecution given? No ☒ Yes ☐ If Yes, against whom?:

## DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicle Registration No: SLC 2030S Vehicle Make/Model/Colour: TOYOTA VIOS / SILVER  
 Details of Property Damaged in Accident:  
 Name of Driver: LIM SIM THIAM NRIC/Passport Number: S1163342J  
 Contact Number: \_\_\_\_\_ (Postal Code: 650227)  
 Address: BIK 227 BUKIT BATOK CENTRAL #07-51

Insurance Company Name: \_\_\_\_\_ No. of Passenger (Including Driver): 01  
 Nature of Damage: FRONT SECTION

Details of Witness - Name: \_\_\_\_\_ Details of Witness - Email Address: \_\_\_\_\_  
 Details of Witness - Contact Number: \_\_\_\_\_

## DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name: NG BAK GUAN Approximate Age: 4891 (Postal Code: 660467)  
 Address: BIK 647 ANG MO KIO AVE 6 #04-4891  
 Injuries Sustained: DISCOMFORT Injured person in which vehicle: GBG 5075 R  
 Were seat belts worn? No ☐ Yes ☒ Were injured conveyed to the hospital by ambulance? No ☒ Yes ☐



Motor Commercial

MZ300/C

R SN

AN0420A

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, 1959 (Malaysia)

CERTIFICATE No. DMCVSNW00063602002

Engine No.: 1KD2739632

Cha. No.:JTFAT35Y30K208767

1. Index Mark and Registration  
Number of Vehicle GBG5075R

2. Name of Policy Holder SIN SENG HUP RECYCLE AUTO PARTS PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment 23/08/2020Excess Sect I . S\$500.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance 22/08/2021

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.

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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* 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

Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory