

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SN 09214 L 000 D

Date In: 21/4/21 15:06	Job description	Date & Time Completed	Done by
Ref No: MAICTZ 2100 5011/64	SAS e-filing		
Veh No: SMK 1888L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/4/21 14:30	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKU 509J	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%. F: 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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	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

MA 210 2674	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: DV / Collect Excess Coordination \$20		
	TP (N11): TP (N-11) against INC 30		
	9) N12: Idac Mobile		
Auditors' Comments:	Invoice dated	Fee Charged	
at 1:	Invoice dated	Fee Charged	
at 2 / 3:			



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	21/04/2021 15:06 (SGT)
Date of Accident	20/04/2021 14:30 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1888L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DK DESIGN & BUILD PTE LTD
Company Reg No	2XXXXX525E
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-87213495
Alternative Phone No	+65-87213495

VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	3993

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00024012100
Cover Note Number	-

DRIVER

Name of Driver	DESMOND NG KECK KIANG
NRIC No	SXXXX126E



Date Of Birth	19/03/1966
Occupation	Indoor
Date Of Driving Pass	16/07/1986
Driving experience	34 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87213495
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	39 NIM RISE
Address complement	-
Postcode	804439
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

REFER TO STATEMENT.

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	SKU509J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOKIJAN BIN DARIMOSUVITO
NRIC No	SXXXX936D
Contact Number	(Phone) +65-96256668
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers a convenience to reputate 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 the 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

John Goh's name

A
C
B
A

A: SMK1888L
B: SKA1509J
C: unknown

Describe Circumstances of the Accident

Ref to attached statement

Declaration

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

Witnessed by Reporting Centre Personnel

Accident statement

I stopped behind of vehicle (B) SKU509J as waiting traffic junction turns green. A few seconds later, traffic junction turn green, I thought of front vehicle has moved off and she sudden jammed brake. I did not manage to brake in time. My vehicle slightly bump onto rear portion of vehicle (B) SKU509J. The 1st vehicle moved off after the accident without stopping.

BUSINESS PROFILE



REQUEST CRITERIA

You have requested to search on the following:

Date of Request:	06/01/2021
Name of Requestor:	NG CHERLENE
Requested Entity Name:	DK DESIGN & BUILD PTE. LTD.
Requested Entity Number:	201527525E
File Reference Number:	

SEARCH RECORD

Entity Name:	1) DK DESIGN & BUILD PTE. LTD. 2) DK MANAGEMENT PTE. LTD.
Entity Number:	201527525E

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)

ACRA

WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF COMPANY

Entity Name:	DK DESIGN & BUILD PTE. LTD.
Entity Number:	201527525E
Date Of Registration (dd/mm/yyyy):	01/07/2015
Country/Region Of Incorporation/Registration:	SINGAPORE
Date Of Change Of Name:	03/06/2020
) Former Name (Effective Date):	DK MANAGEMENT PTE. LTD. (01/07/2015)
Type Of Company:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Registered Office Address:	3791 JALAN BUKIT MERAH #10-18 E-CENTRE @ REDHILL SINGAPORE 159471
Date Of Change Of Address:	09/01/2018
Principal Activity / Activities:	1) OTHER SPECIALISED DESIGN ACTIVITIES N.E.C. (74199) 2) RENOVATION CONTRACTORS (43301)
Status:	LIVE COMPANY
Status Date:	01/07/2015

CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
SUBSIDIARY ORDINARY	200,000.00	SINGAPORE DOLLARS	200,000.00
AID-UP ORDINARY	-	SINGAPORE DOLLARS	200,000.00

Note: The number of shares is displayed up to two decimal points.

CHARGE(S)

AUDITOR(S)

Name	Date Of Appointment
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OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name	Address	Nationality/Citizenship	Date Of Appointment/ Position Held
ESMOND NG KECK KIANG 1735126E	39 NIM RISE NIM COLLECTION SINGAPORE 804439 01/07/2019	SINGAPORE CITIZEN	01/07/2015 DIRECTOR
EET SU MENG 1601987I	5208 TAMPINES CENTRAL 8 #10-49 CENTRALE 8 AT TAMPINES SINGAPORE 522520 22/03/2016	SINGAPORE CITIZEN	01/07/2015 SECRETARY

SHAREHOLDER(S)

Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Name	Nationality/Citizenship	Address
ESMOND NG KECK KIANG 1735126E	SINGAPORE CITIZEN	39 NIM RISE NIM COLLECTION SINGAPORE 804439 01/07/2019
Type	No Of Shares	Currency
ORDINARY	200,000.00	SINGAPORE DOLLARS

Note: The number of shares is displayed up to two decimal points.

COMPLIANCE RECORD

Date Of Last AGM:	-
Date Of Last AR:	21/11/2019
Date Of A/C Laid At Last AGM:	30/06/2019

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 08/01/2021

PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY

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Motor Vehicle Code

SEX: M

E: SN

ADDRESS

City: Taipei

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules 1987
Road Transport Act 1987 (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Act 1988 (Malaysia)

CERTIFICATE No.	DMTC/SHAW/02#0712100	Engine No. CUM004441	Chassis No. SCBJN61W50C083734
1. Motor Vehicle Registration Number of Vehicle	SAM 1888		
2. Name of Policyholder	DK DESIGN & BUILD PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03/02/2021 (00:00:00)	Named Drivers Ex Sect 1	\$88,000.00
		Excess Sect. 1 (Outside Singapore)	\$316,000.00
		EX ON WINDSCREEN	\$5500.00
4. Date of expiry of insurance	26/01/2022		
5. Persons or Class of Persons entitled to drive? As per Named Drivers listed below	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 DESMOND NG YECK KIANG CHANG TAT HONG TEO WAI LEONG (ZHANG WEIRONG)		
6. Limitations as to use*	Use for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, tuition driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business, or use for any purpose in connection with the Motor Trade		
HIRE PURCHASE CO. - TECK WEI CREDIT PTE LTD * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 35 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

TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road
The Grandstand, Lot A8
Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

P.O. CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Lim Lee Choo
Authorised Officer



Authorised Signatory



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 525E

Vehicle Details

Vehicle No: SMK1888L

Vehicle to be Exported: Yes

Intended Deregistration Date: 20 Apr 2021

Vehicle Make: BENTLEY

Vehicle Model: CONTINENTAL GT V8 4.0 A

Primary Colour: Grey

Manufacturing Year: 2012

Engine No.: CMM004843

Chassis No.: SCBFN63W9DC083739

Maximum Power Output: 373.0 kW (500 bhp)

Open Market Value: \$192,406.00

Original Registration Date: 12 Apr 2013

First Registration Date: 12 Apr 2013

Transfer Count: 2

Actual ARF Paid: \$192,406.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 11 Apr 2023

PARF Rebate Amount: \$105,823.00

Intended COE Rebate Details

COE Expiry Date: 11 Apr 2023

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$96,101.00

COE Rebate Amount: \$18,997.00

Total Rebate Amount: \$124,820.00

The information contained herein is correct as at 20 Apr 2021

OK

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident 20 / 04 / 2021 (dd/mm/yy) Time of Accident 14 : 30 (24 HR FORMAT)

Vehicle No. SMK1888L Vehicle Make & Model Bentley Continental

*Transmission: ☐ Manual ☒ Auto *C.C. 3993

Exact location of Accident Jln Bukit Merah junction with College Road

Policyholder's Name DK Design & Build Pte Ltd NRIC / FIN / REG No. 201527525
E

*Policyholder's email address: reporting@mycar.sg

Driver's Name Desmond Ng Keck Kiang NRIC / FIN / REG No. S1735126E

*Driver's email address: reporting@mycar.sg

Driver's Contact No. 87213495 Company Contact No (if any) _____

Date of birth 19 Mar 1966 Driving Pass Date 16 Jul 1986

Driver's Address 39 Nim Rise Singapore (804439)

Insurance Company China Taiping

Policy No. DMPCSNW00024012100 Type of Coverage Comprehensive Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)
☒ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident
☒ Chain Collision: ☐ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / including Driver: 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: Tokijan Bin Darimosuvito S1575936D Vehicle No: SKU509J
Driver's Contact No: 96256668 Insurance Company: _____

2. Driver's Name / IC No (if Any): _____ Vehicle No: Unknown
Driver's Contact No: _____ Insurance Company: _____

Third-Party Agent (if Any): _____ Contact No: _____

Preferred Medical Repairer: My Car Consultant Pte Ltd Contact No: 83447681