

# NATIONAL Assessment Centre Services.

Ref: 1 Jan 2003

SN: 02/630001

Date In: 03/06/2021 11:56	Job description	Date & Time Completed	Done by
Ref No: N/A 17121006365/Y	SAS e-illing		
Veh No: GBA 2313E	E-mail (Adjuster, A/C 2hrs)		
D.O.A: 02/06/2021 12:50	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (Vehicle: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars: Vch No: GBA 1387L 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: \_\_\_\_\_

Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Engr-In-Charge):	1) AIT: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• NI: Courtesy Car / Trip Allowance	\$3	
• NG: Repair Co-ordination	\$10	
• TP: Post Repair Inspection	\$25	
• ND: DV / Collect License Coordination	\$3	
TP (NI): TP (Non-INC) against INC	\$20	
9) NI: Idea Mobile	\$0	
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 Submission	03/06/2021 11:36 (SGT)
Date of Accident	02/06/2021 12:50 (SGT)
Exact Location of Accident	Near 219 Boon Lay Ave, Singapore 640219
Additional Location Information	BLK 221 BOON LAY CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA2313E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GBA2313E
Company Reg No	1XXX240X
Email Address	kevinlau7569@gmail.com
Mobile Phone No	(Phone) +65-84341366
Alternative Phone No	+65-84341366

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2754

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNA00004832101
Cover Note Number	-

#### DRIVER

Name of Driver	NG KOK KHEONG
NRIC No	SXXXX120A

Date Of Birth	18/02/1973
Occupation	Outdoor
Date Of Driving Pass	21/08/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84341366
Alt. Phone Number	-
Email Address	kevinlau7569@gmail.com
Address	BLK 186 BOON LAY AVENUE #14-106
Address complement	-
Postcode	640186
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?	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1387L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) .....	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	NG KOK KHEONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBA2313E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No





## SKETCH PLAN

### IMPORTANT NOTICE

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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.



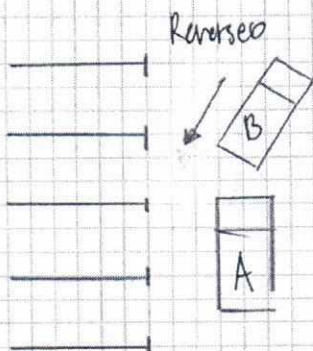
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

BIK221 BOW LAY CARPARK



(A) 6BA 2313E

(B) 6BA 1387L

**Describe Circumstances of the Accident**

On 02-06-2021 at about 12:50h's, I was travelling along Open Space Car Park at 221 Bann Lane. As I was heading straight all of a sudden a vehicle 6BH1387L in front of me make a sudden reverse without on his hazard light. I honked him to alert but he continue reversed his vehicle and collided into my front portion.

**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

03/06/2021



Date of Accident : 02/06/21 Accident Time: 1250 (24-HR-Format)  
Accident Place : BOON LAY BIK 221 CARPARK  
Vehicle. No. (Car Plate No.) : GBA 2318E Make/Model: TOYOTA HIACE Auto  
Insurance Company : CHINA TRIPING Policy No: DMCVSNA 00004832101  
Owner or Company Name /IC No. : TAN SOON MUN FOOD INDUSTRIES (11022400X)  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : NG KOK KHEONG S7381120A  
DRIVER'S Date Of Birth : 18/02/1973 DRIVER'S License Pass Date 21/08/1995  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BIK 186 BOON LAY AVE #14-106 S(640186)  
DRIVER'S Contact No./ Alt No. : 1) 84341366 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : kevinlan7569@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>GBH 1387L</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Motor Commercial

MZ300/C

R SN

AN0575A

Cov. Type: T

**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. DMCVSNA00004832101 Engine No.: 1KD1621889  
Cha. No.: JTFHT02P000003556

1. Index Mark and Registration Number of Vehicle GBA2313E

2. Name of Policy Holder TAN SOON MUI FOOD INDUSTRIES

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01/01/2021 (00:00:00)

4. Date of Expiry of Insurance 31/12/2021

## 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: Zhong YueQiang  
Authorised Officer

Authorised Signatory



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	400X
<b>Vehicle Details</b>	
Vehicle No.:	GBA2313E
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE AUTO
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	1KD1621889
Chassis No.:	JTFHT02P0000003556
Maximum Power Output:	-
Open Market Value:	\$26,106.00
Original Registration Date:	19 Apr 2007
First Registration Date:	19 Apr 2007
Transfer Count:	0
Actual ARF Paid:	\$0.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Apr 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,005.00
COE Rebate Amount:	\$3,840.00
<b>Total Rebate Amount:</b>	<b>\$3,840.00</b>
<b>Message</b>	
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 02 Jun 2021

OK