

NATIONAL Assessment Centre Services

Date In: 20/08/21

Ref No: NAD103750/12

Veh No: XD63895

DOA: 14/08/21

1300

OD: TP (Reporting Only)

TP Insurer:

Job description

SAS e-filing

E-mail (within 2hrs: 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs: TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SL77685

INC () / Non-INC ()

Tel:

Fax:

Owner / Driver: (

Policy No: (

Period: (

Tel:

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

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

Remarks:- (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Date & Time Completed

Done by

Injury:

Date/Time

Actions

26/08/21 MOBILE REPORTING
PASS money to Lyda \$50

NAD103764 / NAD103765

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Amr (\$)

Amr (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) NI2: Idac Mobile 30

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	20/08/2021 11:28 (SGT)
Date of Accident	14/08/2021 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PREMISE LOF NO 43 SUNGEI KADUT LOOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD6389J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHENG WANG TRANSPORT ENGINEERING
Company Reg No	5XXXX455E
Email Address	shengwangengineering@yahoo.com.sg
Mobile Phone No	(Phone) +65-98225148
Alternative Phone No	+65-98225148

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
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
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00077202100
Cover Note Number	-

DRIVER

Name of Driver	ONG WEI MENG
NRIC No	SXXXX469B

Date Of Birth	16/01/1965
Occupation	Outdoor
Date Of Driving Pass	10/05/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96337424
Alt. Phone Number	-
Email Address	shengwangengineering@yahoo.com.sg
Address	BLK 247 YISHUN AVE 9
Address complement	#07-167
Postcode	760247
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	Raining
Road Surface	Wet

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 vehicle 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

PLS REFER TO THE ATTACHED 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	SLL7768S
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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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' law yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

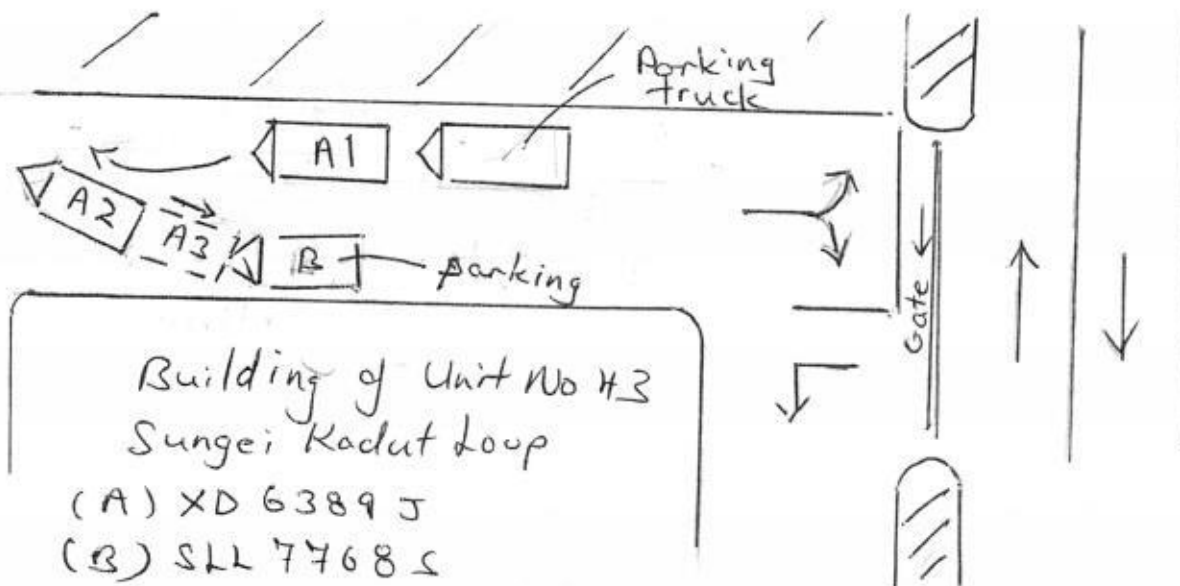


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 14/08/2021 at about 1300 hrs at Premises of No 43 Sungei Kadut Loop. After my accident involved with vehicle no. XE 5536 C on this even date and was told by the driver of XE 5536 C to have a private settlement at his workshop at the above mentioned premises. When I reached there, their workshop appraised my vehicle's damages and told me to proceed with a 3rd Party claim against their vehicle XE 5536 C insurance as my vehicle's damages was quite badly. After our conversation I try to shift my vehicle to make a 3-point turn towards the exit without my left side Mirror as it was damaged and lefted at the scene. While reversing I collided onto the front Right Portion of Vehicle (B) which was parked at the left side of the building. I then propose for private settlement and was told to wait for call. Till now no call or quotation was given as such I made this reporting.

(A) XD 6389 J

(B) SL 7768 S

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

王維明

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

Witnessed by Reporting Centre Personnel

20/08/21

P/s email to

mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date:	14/8/11	Time:	1300	(hh:mm) 24 hr format
Location	Premises of No 43 Sungei Kadut Loop			
Vehicle Number	XD 6389J			
Insured Name	SHENG WANG TRANSPORT ENGINEERING			
NRIC / FIN	53102455E	Contact Number	9822 5148	
Make	MITSUBISHI	Model	FV51JJD4RDEA	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting				
Insurance Company	CHINA TAIPING			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	DMCVSNW000 77202100			
Name of Driver	ONG WEI MENG	() Same as Insured		
NRIC / FIN	51723469B	Contact Number	9633 7424	
Date of Birth	16-01-1965			
Driving Pass Date	10-MAY-1985			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	shengwangengineering@yahoo.com (<input checked="" type="checkbox"/>) NO EMAIL			
Address of Driver	Blk 247 YISHUN AVENUE 9 #07-167 S (760247)			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No				
If No, Relationship of the Driver with the Insured Employee				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others				
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	5LL 77685			
Veh C				
Veh D				
Veh E				
Veh F				

Include Driver 1 person only

Motor Commercial

M2301/G

N SN

AN0717A

Cov. Type:F

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1999
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No. DMCVSNW0007T202100 Engine No.: 6MT0454328
Chs. No.: FV51JJA10018

1. Indian Mark and Registration Number of Vehicle XD9386J

2. Name of Policy Holder SHENG WANG TRANSPORT ENGINEERING

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 13/07/2021 (00:00:00)

4. Date of Expiry of Insurance 12/07/2022

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes
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 racing, pace-making, reliability trial or speed-testing
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward.

* Limitations mentioned hereinafter 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: JIN LI PTE LTD
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

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 769475/78
TEL: 6482 0153 FAX: 6481 1903

BUSINESS PROFILE

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

**Business Profile (Business) of SHENG WANG TRANSPORT ENGINEERING
(53102455E)**

Date: 06/09/2020

The Following Are The Brief Particulars of :

Name of Business	:	SHENG WANG TRANSPORT ENGINEERING
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53102455E
Registration Date	:	08/10/2007
Commencement Date	:	08/10/2007
Status of Business	:	Live
Status Date	:	01/10/2017
Renewal Date	:	05/09/2020
Expiry Date	:	08/10/2021
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	609 WOODLANDS RING ROAD #08-221 SINGAPORE (730609)
Date of Change of Address	:	

Principal Activities

Activities (I)	:	OTHER TRANSPORTATION SUPPORT ACTIVITIES N.E.C. (52299)
Description	:	
Activities (II)	:	
Description	:	

Particulars of Authorised Representative(s)

Name	ID	Nationality/Citizenship	Address	Address Source	Date of Appointment
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Existing Sole-Proprietor(s) / Partner(s)					
Name	ID	Nationality/Citizenship	Address	Address Source	Date of Entry
		Place of Incorporation/ Origin/Registration			Position

Authentication No. : W20606739H

BUSINESS PROFILE

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**Business Profile (Business) of SHENG WANG TRANSPORT ENGINEERING
(53102455E)**

Date: 06/09/2020

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position
ONG PANG NAM	S7005809Z	SINGAPORE CITIZEN	609 WOODLANDS RING ROAD #08-221 SINGAPORE (730809)	ACRA	08/10/2007 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA200905083450 (Free Business Profile by ACRA)

DATE : 06/09/2020

This is computer generated. Hence no signature required.



Authentication No. : W20806739H