

NATIONAL Assessment Centre Services

Date In: 04/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/SM021010226/12	SAS e-filing		
Veh No: GBH0255R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 01/10/21 / 1550	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: GBJ8765Y	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 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

NA2104004

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:			
Cat 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	04/10/2021 19:01 (SGT)
Date of Accident	01/10/2021 15:50 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2285R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ENG SENG PARQUET PTE LTD
Company Reg No	1XXXXX817Z
Email Address	engsengparquet@yahoo.com.sg
Mobile Phone No	(Phone) +65-67477702
Alternative Phone No	(Office) +65-67477702

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	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE000708
Cover Note Number	-

DRIVER

Name of Driver	GAN CHOON HUAT
NRIC No	SXXXX683B

Date Of Birth	05/02/1956
Occupation	Outdoor
Date Of Driving Pass	23/01/1985
Driving experience	36 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96682539
Alt. Phone Number	-
Email Address	engsengparquet@yahoo.com.sg
Address	BLK 139 BEDOK RESERVOIR RD
Address complement	#08-1489
Postcode	470139
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211002/2037

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	GBJ8765Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB2267A
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	GAN CHOON HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH2285R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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.

ENG SENG PARQUET PTE LTD

Blk 1 Keld Bukit Ave 3 #06-22

Singapore 410337

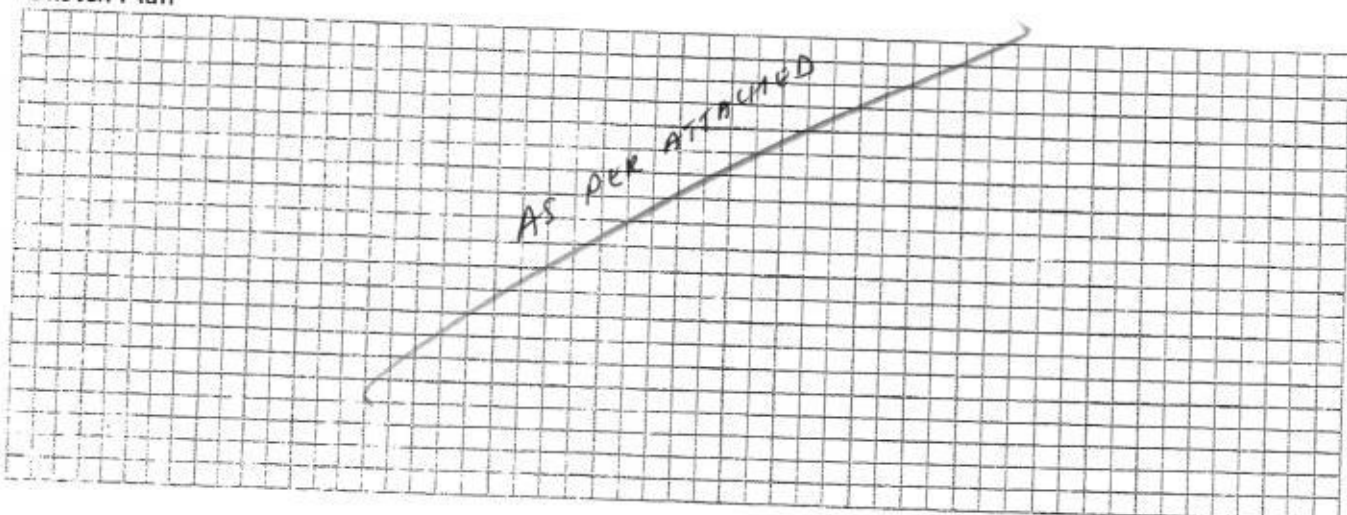
Tel: 6747 7702 Fax: 6747 7703

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Google Maps 570 MacPherson Rd

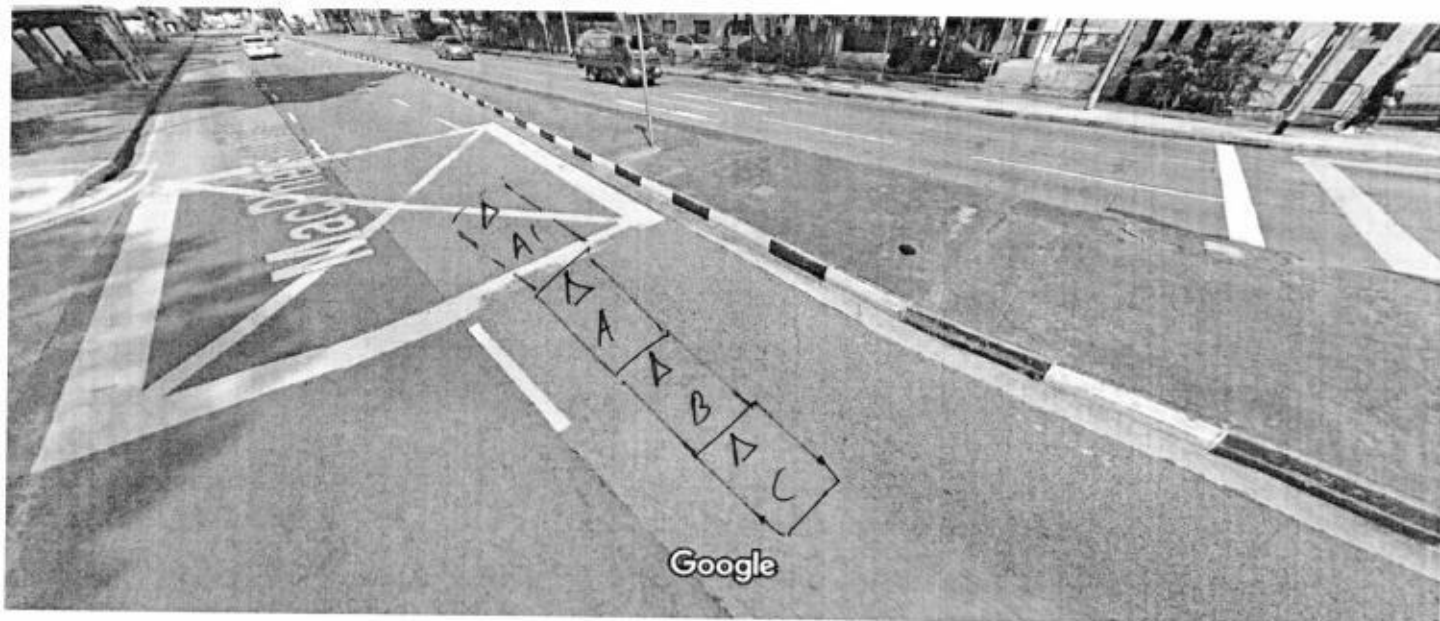


Image capture: Oct 2020 © 2021 Google

Singapore

Google

MACPHERSON ROAD

Street View - Oct 2020



A - GBH2285R

B - GBJ87654

C - GBB2267A

Describe Circumstances of the Accident

Pls refer to the police report: T/20211002/2037

Declaration

We declare the foregoing particulars are true in every respect.



ENG SENG PARQUET PTE LTD

Blk 1 Kallit Bukit Ave 2 #06-22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Shyue 04/10/21



SINGAPORE POLICE FORCE



T/20211002/2037

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3

Report No. T/20211002/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

02/10/2021 12:53

Vide Report No.:

G/20211001/0168

Station Diary No.:

27

Informant's Particulars

Name of Informant:

GAN CHOON HUAT

Address:

APT BLK 139 BEDOK RESERVOIR ROAD #08-1489
SINGAPORE 470139

ID Type / ID No.:

NRIC NO / S2558683B

Contact No.:

Home/Office:

Mobile: 96682539

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

65

Date of Birth:

05/02/1956

Type of Informant:

Driver

Race:

Chinese

Language:

English

Institution / School Name:

Occupation:

Lorry driver

Driving Licence Information:

Class:

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury

Attended by Police

Drink
Drive:

No

Date/Time of
Accident:

01/10/2021 15:50

Type of Location:

Straight Road

Location:

MACPHERSON ROAD

Lamp Post Number: 109

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

60 Km/h

Traffic Flow:

Dual Carriage Way

Traffic Control:

Traffic Light - Working

Traffic Volume:

Heavy

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:

Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2267A	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	Blue	Seriously Damaged	0
GBH2285R	Lorry	TOYOTA	DYNA 150 5MT	Silver	Seriously Damaged	0
GBJ8765Y	Van	TOYOTA	HIACE VAN TURBO 4DR AT	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211002/2037

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20211002/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN CHOON HUAT	ID No.	S2558683B
Related Vehicle	GBH2285R (Lorry)	Contact No.	96682539
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 01/10/2021 AT ABOUT 1553HRS, I WAS DRIVING MY VEHICLE GBH2285R ALONG MACPHERSON ROAD. AS I WAS DRIVING ALONG THE SAID ROAD, I STOPPED MY VEHICLE BEHIND A YELLOW BOX AS THER WERE VEHICLES STOPPED IN FRONT OF ME AFTER THE YELLOW BOX. THE YELLOW BOX IS IN FRONT OF 570 MACPHERSON ROAD. WHILE I WAS WAITING FOR THE TRAFFIC IN FRONT OF ME TO CLEAR FOR ME TO DRIVE OFF, SUDDENLY A VAN(GBJ8765Y) HIT MY REAR. I THEN GOT OUT OF MY VEHICLE AND REALISED THAT THERE WAS ANOTHER LORRY(GBB2267A) HAD HIT ONTO THE SAID VAN BEHIND MY VEHICLE. THERE IS NO SERIOUS INJURY ON ME. ALL THE DRIVERS SPOKE AND THEY INFORMED ME THAT I COULD LEAVE AS NO ONE WAS SERIOUSLY INJURED. I DID NOT TAKE THEIR PARTICULAR OR CONTACT NUMBERS. A TRAFFIC POLICE OFFICER ATTENDED TO THE SCENE.



**SINGAPORE
POLICE FORCE**



T/20211002/2037

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20211002/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
G /
Sgt 3 MUHAMMAD FARHAN BIN
MAZLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/10/2021 12:53

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (01/10/21) (DD/MM/YYYY), TIME: (15:50) (HH:MM)

LOCATION: MACPHERSON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH2285R
b) INSURANCE COMPANY: SOMPO
c) POLICY NUMBER: 221 MTPCUE 000708
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: ENG SENG PARQUET PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1998058172 CONTACT: 67477702
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GAN CHOON HUAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2558683B CONTACT: 96682539
c) ADDRESS: _____

* d) DATE OF BIRTH: (05/02/1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/01/1985

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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBJ87654 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBB2267A MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = engsengparquet@yahoo.com.sg

fax =

VIDEO:

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D21MTPCVE000708
 1. Registration No. : GBH2285R
 2. Insured Name : ENG SENG PARQUET PTE LTD
 3. Commencement Date : 26 MARCH 2021 00:00
 4. Expiry Date : 25 MARCH 2022 23:59
 5. Coverage : Market value at time of loss - Comprehensive
 6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive*
 b) Any person who is driving on the Insured'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.
 And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*
 1) Use in connection with the Insured'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, pacemaking, reliability trial or speed-testing
 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting
 It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.
 In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

ENSURE PTE LTD
 Co. Reg. No. 20101337M
 33 Toh Guan Road East
 #01-57 Enterprise Centre
 Singapore 608617
 Tel: 6515 5988 Fax: 6515 3121

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)

Sompo Insurance Singapore Pte. Ltd.

Signature

Date/Time of Issue : 09 MARCH 2021 13:14

*Limitation rendered inoperative by section 6 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.

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy