

NATIONAL Assessment Center Services

SA0871470001

Date In: 7/10/21 17:55	Job description	Date & Time Completed	Done by
Ref No: NGA/CT/210605371	SAS e-Milling		
Val No: 930 8383Y	E-mail (by date sent, also date)		
D.O.A: 6/10/21 16:45	1-Motor Claims Form		
	1-Motor W/O (Within 60 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Summary Report		
	Assessment Report by Fax/Hand to Owner/Vision		

(1) (1) Reporting Only

TP Insurer:

Preferred Wksp / INO Assgn Wksp / OW:

TP Insurer/Agency: Vets No: 53N1743R INC () / Non-INC ()

Owner / Driver ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Date:

Time:

Insured/Driver Liability: () % (Note: Est. Slows (WO): N: 0-20%; P: 21-79%; F: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: \$ Loading: \$1,000 () / \$2,000 ()

() Walk-In Outcomer: Customer's information strictly confidential & strictly NO Referral of report

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

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

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

2) QO Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury:

NA21060537

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Workup (50)	
2) DA Survey Allowance (\$100)	INC (10)
3) TP Towing Fee	\$120
4) PT Follow-up Repair Survey	\$50
5) PT Follow-up Repair Survey (Repair)	\$50
6) Repair Allowance (1st) NO ONLY (with 1st 700)	\$75
7) Repair Allowance	\$160
8) Repair Allowance Survey	
9) Repair Allowance	\$5
10) Repair Allowance	\$10
11) Repair Allowance	\$5
12) Repair Allowance	\$5
13) Repair Allowance	\$5
14) Repair Allowance	\$5
15) Repair Allowance	\$5
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95) Repair Allowance	\$5
96) Repair Allowance	\$5
97) Repair Allowance	\$5
98) Repair Allowance	\$5
99) Repair Allowance	\$5
100) Repair Allowance	\$5

Invoice dated
Invoice dated

Per Client
Per Client

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	07/10/2021 17:55 (SGT)
Date of Accident	06/10/2021 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEFU LANE 10 NEAR BLK 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8383Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUANG KEE GENERAL CONSTRUCTION
Company Reg No	4XXXX000E
Email Address	GENERAL@HUANGKEE.COM.SG
Mobile Phone No	(Phone) +65-93671417
Alternative Phone No	(Office) +65-93671417

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00033712100
Cover Note Number	-

DRIVER

Name of Driver	SUNDARARASU INPARASU
Passport No/FIN	GXXXX518N

Date Of Birth	01/06/1989
Occupation	Outdoor
Date Of Driving Pass	12/04/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87869710
Alt. Phone Number	-
Email Address	GENERAL@HUANGKEE.COM.SG
Address	44 JALAN TARI PIRING JALAN KAYU ESTATE
Address complement	-
Postcode	799197
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 on 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	2
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	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20211007/2038

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	SJN1743R
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SUNDARARASU INPARASU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST AREA
Injured person in which vehicle?	GBD8383Y
Were seat belts worn?	-
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 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 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



Describe Circumstances of the Accident

REF TO TP REPORT T/20211007/2038

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Supa.

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

[Signature]

Witnessed by Reporting Centre
Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 06-Oct-2021

ACCIDENT TIME: 1645hrs

LOCATION: DEFU LANE 10 NEAR BLK 8

VEHICLE NUMBER: GBD8383Y

INSURED NAME: HUANG KEE GENERAL CONSTRUCTION

NRIC / FIN: 46550000E

CONTACT: 93671417

MAKE: FIAT

MODEL: NEW DOBLO SX 1.6MJ E6 GLAZED

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: CHINA TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMCVSNW00033712100

EXPIRY DATE: 14-Apr-2022

NAME DRIVER: SUNDARARASU INPARASU

NRIC / FIN: G5313518N

CONTACT: 87869710

DATE OF BIRTH: 01-Jun-1989

DRIVING PASS DATE: 12-Apr-2013

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS: GENERAL@HUANGKEE.COM.SG

ADDRESS OF DRIVER: 44 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799197

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
SUNDARARASU INPARASU	G5313518N	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? Yes

Police Report Number: T/20211007/2038

Details Of 3rd Party Name

NRIC

Contact

No.of Paxs(incl' driver)

Veh B SJN1743R

Not Sure



**SINGAPORE
POLICE FORCE**



T/20211007/2038

1 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20211007/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2021 14:21		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: SUNDARARASU INPARASU			Address: 44 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799197		
ID Type / ID No.: FIN NO / G5313518N			Contact No.: Home/Office: Mobile: 87869710		
Nationality: INDIAN			Email: general@huangkee.com.sg		
Sex: Male	Age: 32	Date of Birth: 01/06/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry: 11/04/2023		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2021 16:45	Type of Location: Straight Road
Location: DEFU LANE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8383Y	Van				Slightly Damaged	0
SJN1743R	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211007/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20211007/2038

CONTINUATION OF REPORT

Driver			
Name	SUNDARARASU INPARASU	ID No.	G5313518N
Related Vehicle	GBD8383Y (Van)	Contact No.	87869710
Hospital/Clinic	PHOENIX MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 11/04/2023
Date Treatment	06/10/2021	Date Discharge	06/10/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	JUDE ROYSTON STEVEN	ID No.	S7240900J
Related Vehicle	SJN1743R (Car)	Contact No.	NIL
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.

GENERAL CONSTRUCTION.

On the 06/10/2021 at about 1645hrs, I was driving my company vehicle, grey coloured Fiat van (GBD8383Y) belonging to company Huang Kee Building Maintenance Pte Ltd alone. I was driving along Defu Lane 10 near Block 8 Defu Lane 10. The road was dry, weather was clear and there was no traffic. Suddenly a white coloured Mercedes car (SJN1743R) came from the opposite lane and cut into my lane before colliding head on into the front right portion of my van.

The driver alighted and we exchange particulars however I did not have his contact number. He was alone. The front right portion of my van was badly dented and the front portion of his car was also badly dented. I did not see any injury on him however I felt pain on my chest area. No police or ambulance came to scene. We then go our separate ways. I went to Phoenix Medical Group Pte Ltd at 1 Seletar Road #02-11 to seek medical attention. I received 4 days MC from 06/10/2021 to 09/10/2021 with MC number: 0000071227.

There is camera in my van and it recorded the whole accident and I noticed there was also camera in his car. I did not notice any CCTV nearby. No witness came forward to us at the scene.



**SINGAPORE
POLICE FORCE**



T/20211007/2038

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20211007/2038


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 / Sr Staff Sgt MUHAMMAD NAUFAL BIN ZAINAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2021 14:21
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	



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. DMCVSNW00033712100

Engine No.: 263A80008180427

Cha. No.: ZFA26300006H91585

1. Index Mark and Registration
Number of Vehicle

GBD8383Y

AUTOSAFE

=====

2. Name of Policy Holder

HUANG KEE GENERAL CONSTRUCTION

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

15/04/2021
(00:00:00)

Excess Sect I . S\$450.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

14/04/2022

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. : GOLDBELL FINANCIAL SERVICES PTE. LTD.

* 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: ACORN INTERNATIONAL NETWORK PTE
Authorised Officer


Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Business

Owner ID:

000E

Vehicle Details

Vehicle No.:

GBD8383Y

Vehicle to be Exported:

Yes

Intended Deregistration Date:

06 Oct 2021

Vehicle Make:

FIAT

Vehicle Model:

NEW DOBLO SX 1.6MJ E6 GLAZED

Primary Colour:

Silver

Manufacturing Year:

2017

Engine No.:

263A80008180427

Chassis No.:

ZFA26300006H91585

Maximum Power Output:

-

Open Market Value:

\$20,615.00

Original Registration Date:

15 Apr 2019

First Registration Date:

15 Apr 2019

Transfer Count:

0

Actual ARF Paid:

\$1,031.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

14 Apr 2029

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$27,021.00

COE Rebate Amount:

\$20,325.00

Total Rebate Amount:

\$20,325.00

The information contained herein is correct as at 06 Oct 2021

OK