

NATIONAL Assessment Centre Services

Date In: 15/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTE/1012695/12	SAS e-filing		
Veh No: SG48495J	E-mail (within 8hrs, AP: 2hrs)		
D.O.A: 10/11/21 UNKNOWN	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: UNKNOWN	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
	NO PHOTOS UPLOADED COZ VEH DEREGISTERED

1473104683	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idue DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idue 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	15/12/2021 14:08 (SGT)
Date of Accident	10/11/2021 00:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UNKNOWN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU8495J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHEONG LIMOUSINE
Company Reg No	5XXXX086A
Email Address	zephchan96@gmail.com
Mobile Phone No	(Phone) +65-84983980
Alternative Phone No	+65-84983980

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00002172100
Cover Note Number	-

DRIVER

Name of Driver	GURU ARAVIND S/O MOHAN
NRIC No	SXXXX635D

Date Of Birth	31/08/1994
Occupation	Outdoor
Date Of Driving Pass	22/01/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84983980
Alt. Phone Number	-
Email Address	zephchan96@gmail.com
Address	BLK 757 JURONG WEST ST 74
Address complement	#04-86
Postcode	640757
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit by fallen tree / Other objects
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

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

 15/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan

AVAILABLE
NO SKETCH ~~DETAILS MISSING~~

Describe Circumstances of the Accident

I WAS INFORMED BY MY INSURANCE COMPANY TO MAKE THIS REPORT. I AM THE FLEET OWNER AND NOT THE DRIVER. THE HIRER HAS TOLD ME THAT HE WAS NOT THE DRIVER DURING THE TIME OF THE ACCIDENT, BUT DID NOT PROVIDE DETAILS ON THE DRIVER DURING THAT ACCIDENT TIMING. THEREFORE, THERE ARE SOME DETAILS THAT I DO NOT HAVE.


HIRER WAS NOT THE DRIVER AT THE TIME OF ACCIDENT

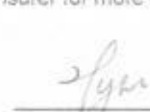
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

 15/12/21
Witnessed by Reporting Centre Personnel

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

15 Dec 2021

Our ref 1512210601N077091427

CHEONG LIMOUSINE
APT BLK 231 SERANGOON AVENUE 3
#02-44
SINGAPORE 550231

Dear Sir/Madam

Your Vehicle SGU8495J Has Been Deregistered

The above-mentioned vehicle was deregistered on 13 Dec 2021.

We have granted the following rebate(s) to you. You can use the rebate(s) if you have settled all outstanding matters, e.g. there are no road tax arrears, the vehicle financing is settled, etc.

PARF Rebate Amount	: N/A
PARF Rebate Reference No.	: N/A
Expiry Date of PARF Rebate	: N/A
COE Rebate Amount	: \$2,591.00
COE Rebate Reference No.	: 2167324WC0000
Expiry Date of COE Rebate	: 14 Dec 2022

You must use the PARF/COE rebate(s) before it expires. Go to onemotoring.lta.gov.sg > Digital Services and search for the services below:

- Encash PARF/COE Rebate
- Transfer PARF/COE Rebate

You can also use your rebate(s) to offset fees (e.g. Additional Registration Fee, Registration Fee, Used Car Surcharge, Vehicular Emission Scheme Surcharge or Quota Premium for your COE) for a new car registered in your name. You can check with your motor dealer on how to do so. You can also use COE rebates to offset the Prevailing Quota Premium (PQP) to renew the COE of your existing vehicle.

What You Need To Do:

- Dispose of your vehicle if you have not done so.
- Use your PARF/COE rebate(s) before it expires:
 - COE expires on 14 Dec 2022.
- Encash, transfer or offset fees on your new car with the PARF/COE rebate(s).
- Use your COE rebate to offset the Prevailing Quota Premium (PQP) when you renew the COE of your existing vehicle.

Motor Hire Car

MZ406L/B

N SN

AN0144A

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.

DMHCSNA00002172100

Engine No.: HR15147323A

Cha. No.: JN1BAAC11Z0004919

1. Index Mark and Registration
Number of Vehicle

SGU8495J

2. Name of Policy Holder

CHEONG LIMOUSINE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment20/10/2021
(17.58.00)

Excess Sect. II

S\$1,500.00

Excess Sect. II (Outside Singapore)

S\$3,000.00

4. Date of Expiry of Insurance

26/02/2022

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated 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.

6. Limitations as to use*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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 (other than for reward) 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

Accident Reporting Draft

VEHICLE NO: **SGU8495J**

MODEL: **NISSAN LATIO**

AUTO/MANUAL

DATE OF ACCIDENT	UNKNOWN		C.C: 1500
TIME OF ACCIDENT	UNKNOWN	HRS	AM/PM
LOCATION OF ACCIDENT	UNKNOWN		
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE		
NAME OF OWNER	CHEONG LIMOUSINE		
CONTACT NO.	84983980	EMAIL: ZEPHCHAN96@GMAIL.COM	
NRIC	53334086A		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / <u>REPORTING ONLY</u> 3P		
INSURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: UNKNOWN <i>GURU ARAVIND S/MOHAN</i>		
NRIC	UNKNOWN <i>59432633D</i> ANY PASSENGER: UNKNOWN		
DATE OF BIRTH	UNKNOWN <i>31/08/1994</i>		
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS	UNKNOWN <i>22/01/2019</i>		
GENDER	MALE / FEMALE		
CONTACT NO.	84983980	EMAIL: ZEPHCHAN96@GMAIL.COM	
ADDRESS	231 SERANGOON AVENUE 3 #02-44 S(550231)		
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO: <i>HIRER</i>		
WEATHER CONDITION	CLEAR / RAINY/ <u>OTHER</u> : UNKNOWN		
ROAD SURFACE	DRY / WET/ <u>OTHER</u> : UNKNOWN		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?		
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?	
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S)	<u>NO</u> / YES
VEHICLE B NO.	UNKNOWN <i>SBS BUS</i> ANY PASSENGER:		
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?			
	NO / YES		