

NATIONAL Assessment Centre Services (wef: Jan'05)

Date In: 10/01/22	Job description	Date & Time Completed	Done by
Ref No: NA/1100000078/13	SAS e-filing		
Veh No: GBL5593K	E-mail (within Slurs, AIC 2hrs)		
D.O.A: 08/01/22 0945	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: GBB5962G 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)

Remarks:-	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

NA2200088

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Cat. 1:	7) N1: Idac DA + SMRI Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	OH*		
	*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		
	Invoice date / 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	10/01/2022 14:09 (SGT)
Date of Accident	08/01/2022 09:45 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL5593K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TIONG HENG AIRCON & ENGINEERING SERVICES PTE LTD
Company Reg No	2XXXXX216D
Email Address	wangchang0606@gmail.com
Mobile Phone No	(Phone) +65-86910686
Alternative Phone No	+65-86910686

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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00131232100
Cover Note Number	-

DRIVER

Name of Driver	LING WANG CHANG
NRIC No	SXXXX666B

Date Of Birth	04/05/1990
Occupation	Outdoor
Date Of Driving Pass	12/03/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86910686
Alt. Phone Number	-
Email Address	wangchang0606@gmail.com
Address	BLK 238 BUKIT BATOK EAST AVE 5
Address complement	#04-193
Postcode	650238
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

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	GBB5962G
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAZIB MOHAMMAD
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	GBK9255R
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)	-

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.

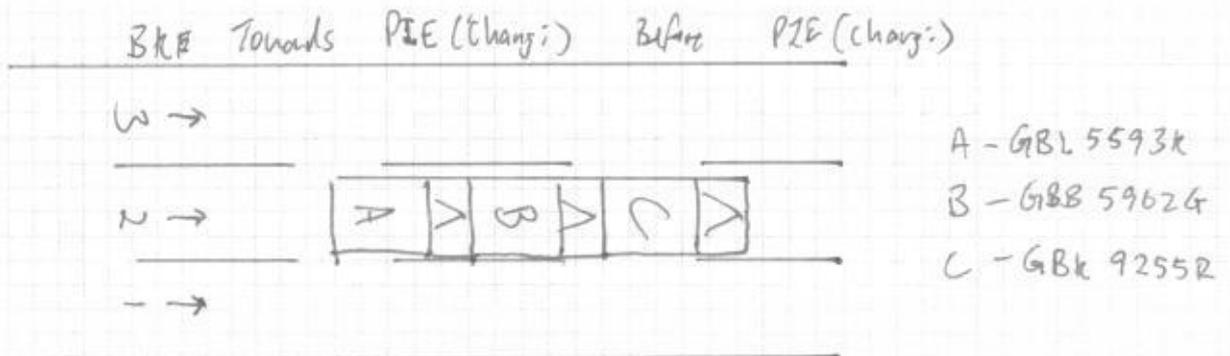
TIONG HENG 長興
Aircon & Engineering
Services Pte Ltd

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 10/01/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

AS per above date and time, I was driving my vehicle GBL 5593K along BKE Towards PIE (Changi) on the center lane. Somewhere before PIE (Changi) exit, vehicles in front of me suddenly jammed brake and stop. As such, I applied brake but I couldn't brake in time. As a result, my vehicle - front portion collided onto veh (B) GBB 5962G rear portion. I alighted and discovered I was involved in a 3-vehicles chain collision accident.

- veh A - GBL 5593K
- veh B - GBB 5962G
- veh C - GBK 9255R.

Declaration

I/we declare the foregoing particulars are true in every respect.

TIONG HENG 長興
Aircon & Engineering
Services Pte Ltd


Policyholder's Signature / Date & Time

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

 10/01/22
Witnessed by Reporting Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM09221A000A Vehicle Registration No: G8L5593K

Name (as shown in NRIC): LING WANG CHANG NRIC/FIN/Passport No: SXXXX666B

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 228 BUKIT BATOK EAST AVE 5 #04-193 Singapore (650228)

Contact (Tel): _____ Mobile No.: 86910686

Email Address: _____

Date of Accident: 08/01/2022 Time of Accident: 09:45

Place of Accident: BLK 228 WAS PIC (CHANGI)

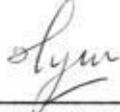
Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND NAME OF INSURANCE COMPANY

Policyholder / Driver's Signature
Date:

 11/01/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

VEHICLE NO:	GOL 5593K		MAKE & MODEL:	Toyota Hiace		AUTO / MANUAL
DATE OF ACCIDENT:	08/01/2022		CC:			
TIME OF ACCIDENT:	0945 HRS					
LOCATION OF ACCIDENT:	BKE Towards PLE (Changi) before PLE (Changi)					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Tiong Heng Aircon & Engineering Services Pte Ltd					
TEL NO:	H/P: 8691 0686	OFFICE:	HOME:			
NRIC:	2020 092160					
ADDRESS:	238 Bukit Batok East Avenue 5 #04-193 S(650238)					
EMAIL:	wangchang0606@gmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMCVSNW 00131232100					
NAME OF DRIVER:	AS ABOVE / IF NO: Ling Wang Chang					
NRIC:	S9082666B	ANY PASSENGER:		2 (male)		
DATE OF BIRTH:	04/05/1990	LICENCE PASSED DATE:		12/03/2018		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 8691 0686	OFFICE:	HOME:			
ADDRESS:	238 Bukit Batok East Ave 5 #04-193 S(650238)					
EMAIL:	As above					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	GBB 5962G	ANY PASSENGERS:		1 (male)		
NAME OF DRIVER:	Razib Mohammad	CONTACT NO:		unknown		
VEHICLE C REG NO:	GBK 9255 R	ANY PASSENGERS:		N.A.		
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Front portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Ann Ming.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Commercial

MZ300/C

N SN

AN0676A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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. DMCVSNW00131232100

Engine No.: 1GD8782061

Cha. No.:GDH2011065371

1. Index Mark and Registration
Number of Vehicle

GBL5593K

2. Name of Policy Holder

TIONG HENG AIRCON & ENGINEERING SERVICES PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment15/10/2021
(00:00:00)Excess Sect I . S\$350.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

14/10/2022

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. : UNITED OVERSEAS BANK LIMITED

** 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



Ezy-1 Services Pte. Ltd.

55 Serangoon North Avenue 4, #08-07 S9, Singapore 555859

T 6873 0308

F 6873 0200

ROC No. 201839109G

E insurance@ezy-1.com

DEBIT NOTE

TIONG HENG AIRCON & ENGINEERING SERVICES PTE. LTD.
238 BUKIT BATOK EAST AVENUE 5
#04-193 GOMBAK GARDENS
SINGAPORE 650238

Original
Debit Note No : DNI-S0001097
Date : 15/10/2021
Our Reference : JIM
Staff :

Description	Amount (SGD)
Insured : TIONG HENG AIRCON & ENGINEERING SERVICES PTE. LTD.	
Vehicle No : GBL5593K	
Period : 15/10/2021 To 14/10/2022	
Class : MOTOR COMMERCIAL	
Plan : COMPREHENSIVE-ANY WKSHP	
Insurer : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD	
Policy No : DMCVSNW00131232100	Premium: \$2,174.00
	Total: \$2,174.00

NOTE:

- 1) Subject to Premium Warranty as per your policy
- 2) Please pay the premium as per your Premium Warranty to ensure the continuity of your insurance cover.
- 3) This is a Debit Note and the GST amount is non-claimable as Input Tax. The insurance company's tax invoice will be send to you shortly.

PAYMENT:

- 1) For Cheque payment, please issue cheque make payable to "EZY-1 SERVICES PTE LTD"
- 2) Please also indicate Vehicle no. and Debit Note no. on the reverse side of the cheque.
- 3) For internet banking, please transfer your fund to "OCBC 713348951001" or paynow to "UEN 201839109G"

This is a computer generated document. No Signature is required