

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 10/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT22000265/13	SAS e-filing		
Veh No: GBL60454	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 09/03/22 1750	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: FBL6637L 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)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time Actions

NA2200662

## Invoice Preparation Checklist

Amt (\$) 1st Bill Amt (\$) Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 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) FT: 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 (N/a INC) against INC \$20
- 9) N12: Idac Mobile 30

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 ..... 10/03/2022 16:11 (SGT)  
Date of Accident ..... 09/03/2022 17:50 (SGT)  
Exact Location of Accident ..... Bendemeer Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL6045U

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EZ MULTI SERVICES PTE LTD  
Company Reg No ..... 2XXXXX251K  
Email Address ..... erictan.ezmultiservices@gmail.com  
Mobile Phone No ..... (Phone) +65-82293313  
Alternative Phone No ..... +65-82293313

#### 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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1998

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00140092100  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN SWEE POH(CHEN SHUIBAO)  
NRIC No ..... SXXXX625B

Date Of Birth	03/03/1975
Occupation	Outdoor
Date Of Driving Pass	17/12/1999
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82293313
Alt. Phone Number	-
Email Address	erictan.ezmultiservices@gmail.com
Address	BLK 234A SUMANG LANE
Address complement	#11-281
Postcode	821234
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	Side Swipe
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?	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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20220309/7049

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL6637L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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' 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.

 10/3/2022  
Policyholder's Signature / Date & Time

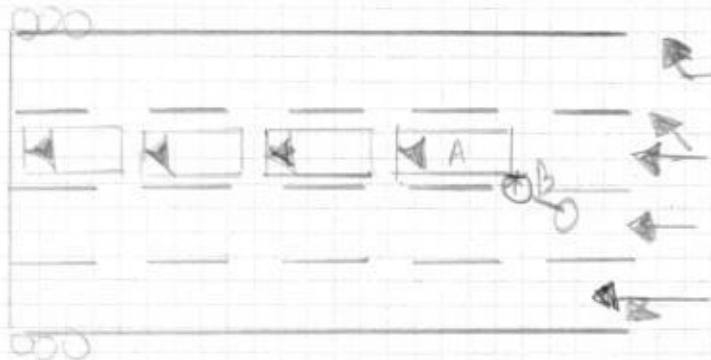
Driver's Signature (If driver is not the policyholder) / Date & Time

 10/03/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan

ALONG BENDEMEER RD

A - GAL604SU  
B - FBL6637L




Describe Circumstances of the Accident

P/S refer to the police report: F/20220309/7049


Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

10/3/2022

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

 10/02/22  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



F/20220309/7049

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20220309/7049

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 09/03/2022 18:47	Vide Report No.	Station Diary No.		
Name Of Informant TAN SWEE POH	Address 234A SUMANG LANE #11-281 SINGAPORE 821234			
ID Type / ID No. NRIC NO / S7506625B	Contact No. Home/Office:	Mobile: 82293313		
Nationality SINGAPORE CITIZEN	Email Address erictan.ezmultiservices@gmail.com			
Occupation Van driver	Sex Male	Age 47	Date of Birth 03/03/1975	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/03/2022 17:50 - 09/03/2022 18:00	Location Of Incident 234A SUMANG LANE #11-281 SINGAPORE 821234			

**Brief details.**

I was driving along and stay stationary at lane 1 along Kempas Road when a SCDF motorbike whom siren was turning on, hit my van and run off. This incident happened around 5.50pm.  
Hence after, the motorbike made a u-turn without stopping.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Unknown		
Gender	Male	Race	Malay

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2022 18:47
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220309/7049

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220309/7049

Victim			
Person Name	TAN SWEE POH		
ID Type	NRIC NO	ID No	S7506625B
Gender	Male	Age	47
Race	Chinese	Language	English
Occupation	Van driver	Address	234A SUMANG LANE #11-281 SINGAPORE 821234
Mobile No	82293313	Is Informant A Victim?	Yes
Person Name	TAN SWEE POH (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:  
09/03/2022 18:47

Classification Of Case:



## INFORMATION RESOURCES

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 (Company) of EZ MULTI SERVICES PTE. LTD. (201830251K)

Date: 27/09/2021

## The Following Are The Brief Particulars of :

UEN	:	201830251K
Company Name	:	EZ MULTI SERVICES PTE. LTD.
Former Name if any	:	
Incorporation Date	:	04/09/2018
Company Type	:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	:	Live Company
Status Date	:	04/09/2018

## Principal Activities

Activities (I)	:	EVENT/CONCERT ORGANISERS (82303)
Description	:	
Activities (II)	:	OTHER TRANSPORTATION SUPPORT ACTIVITIES N.E.C. (52299)
Description	:	

## Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
100000	100000	SINGAPORE, DOLLARS	ORDINARY

\* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
100000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
------------------	----------

## INFORMATION RESOURCES

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 (Company) of EZ MULTI SERVICES PTE. LTD. (201830251K)

Date: 27/09/2021

Registered Office Address

60 ALBERT STREET  
#08-04  
OG ALBERT COMPLEX  
SINGAPORE (189969)

Date of Address

04/09/2018

Date of Last AGM

26/02/2021

Date of Last AR

26/02/2021

FYE As At Date of Last AR

31/08/2020

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
------------	-----------------	----------	----------------	------------

Officers/Authorised Representative(s)

Name	ID	Nationality/Citizenship	Source of Address	Date of Appointment
Address		Position Held		
TAN SWEE POH	S7506625B	SINGAPORE CITIZEN	OSCARS	04/09/2018
234A SUMANG LANE #11-281 MATILDA COURT SINGAPORE (821234)		Director		
HENG YUEH MING	S2646629F	SINGAPORE CITIZEN	OSCARS	04/06/2019
83 YISHUN STREET 81 #10-02 ORCHID PARK CONDOMINIUM SINGAPORE (768446)		Secretary		

Shareholder(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Source of Address	Address Changed
Address				
1 TAN SWEE POH	S7506625B	SINGAPORE CITIZEN	OSCARS	25/07/2019

Authentication No. : J21785159R

## INFORMATION RESOURCES

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 (Company) of EZ MULTI SERVICES PTE. LTD. (201830251K)

Date: 27/09/2021

## Shareholder(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Source of Address	Address Changed
Address				
234A SUMANG LANE #11-281 MATILDA COURT SINGAPORE (821234)				
Ordinary(Number)	Currency			
100000	SINGAPORE, DOLLARS			

## Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration &amp; 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](http://www.acra.gov.sg).

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA210927119300

DATE : 27/09/2021

This is computer generated. Hence no signature required.



Authentication No. : J21785159R

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/03/02 (DD/MM/YYYY), TIME: 17:45 (HH:MM) <sup>50</sup>

LOCATION: KEMPAS R BEND MEER RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL60454  
 b) INSURANCE COMPANY: CHINA FAIRING  
 c) POLICY NUMBER: DMCVSNW00140092100  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA HIAL Auto/manual  
 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) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: E2 MULTI SERVICES PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201830251K CONTACT:  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: TAN SWEE POH (HEN SHUIBAO) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 57506625R CONTACT: 82293313  
 c) ADDRESS: BLK 234A JUMANG LANE  
H11-281 (821234)

\*d) DATE OF BIRTH: 03/03/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17/12/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIRECTOR

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) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBL6637L MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email =

fax =

video =

Motor Commercial

MZ300/C

N SN

AN0676A

Cov. Type:C

**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.

DMCVSNW00140092100

Engine No.: 1TR2364796

Cha. No.: TRH2005047958

1. Index Mark and Registration  
Number of Vehicle

GBL6045U

2. Name of Policy Holder

EZ MULTI SERVICES PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment03/11/2021  
(13:16:51)Excess Sect I. S\$350.00  
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

02/11/2022

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: Chua Suat Lay Sally  
Authorised Officer  
Authorised Signatory