

NATIONAL Assessment Centre Services

Date In: 15/08/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/II 22007712/13	E-mail (within 2hrs. MO 2hrs):		
Veh No: GBK 90824	i-Motor Claim Form		
DDA: 05/08/22 1845	i-Motor W/O (Within OD 2hrs. TP 4hrs)		
OD: (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SHAS390R** 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

NA 2202170	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : 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 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 Actual 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	15/08/2022 11:56 (SGT)
Reported by	Driver
Date of Accident	05/08/2022 18:45 (SGT)
Exact Location of Accident	Buangkok Green, Singapore
Additional Location Information	TWDS SENGKANG EAST RD B4 BUANGKOK DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9082Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXXX520E
Email Address	sgleasing@outlook.com
Mobile Phone No	(Phone) +65-84211426
Alternative Phone No	-

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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00010212201

DRIVER

Name of Driver	CHO KEAN FOO
NRIC No	SXXXX754Z
Date Of Birth	01/05/1986
Occupation	Outdoor

Date Of Driving Pass	12/06/2018
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98296669
Alt. Phone Number	-
Email Address	sgleasing@outlook.com
Address	BLK 20 CHAI CHEE RD
Address complement	#03-426
Postcode	461020
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	Collision - Head to Rear
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220805/2106

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP9085M
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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

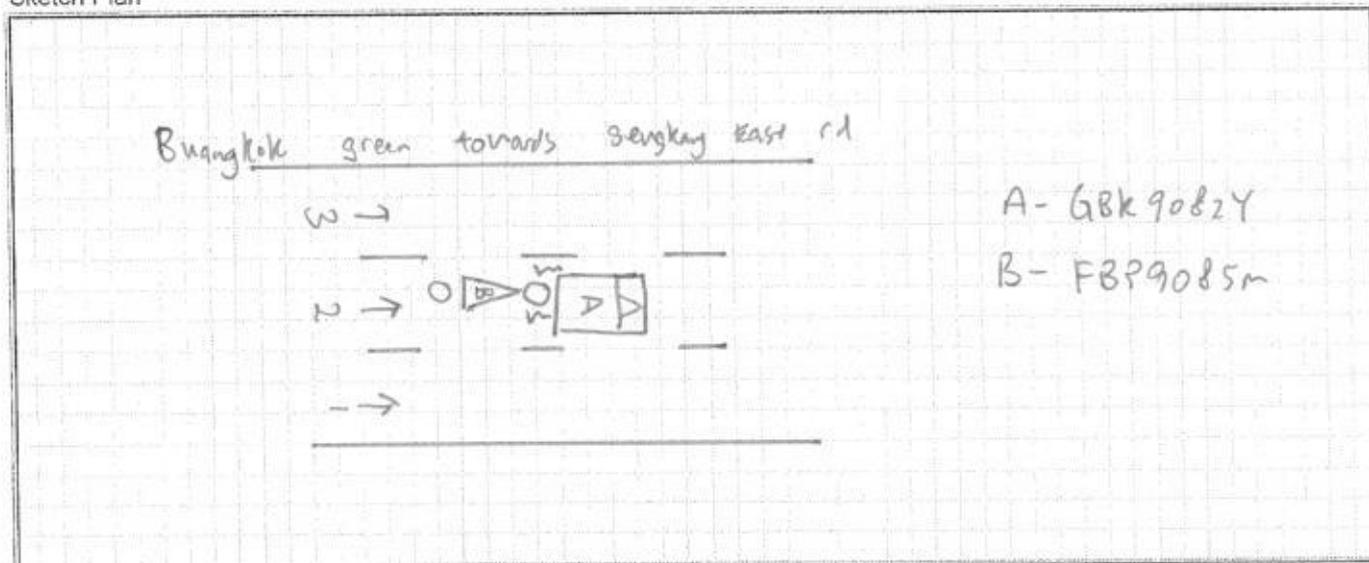


Policyholder's Signature / Date & Time

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

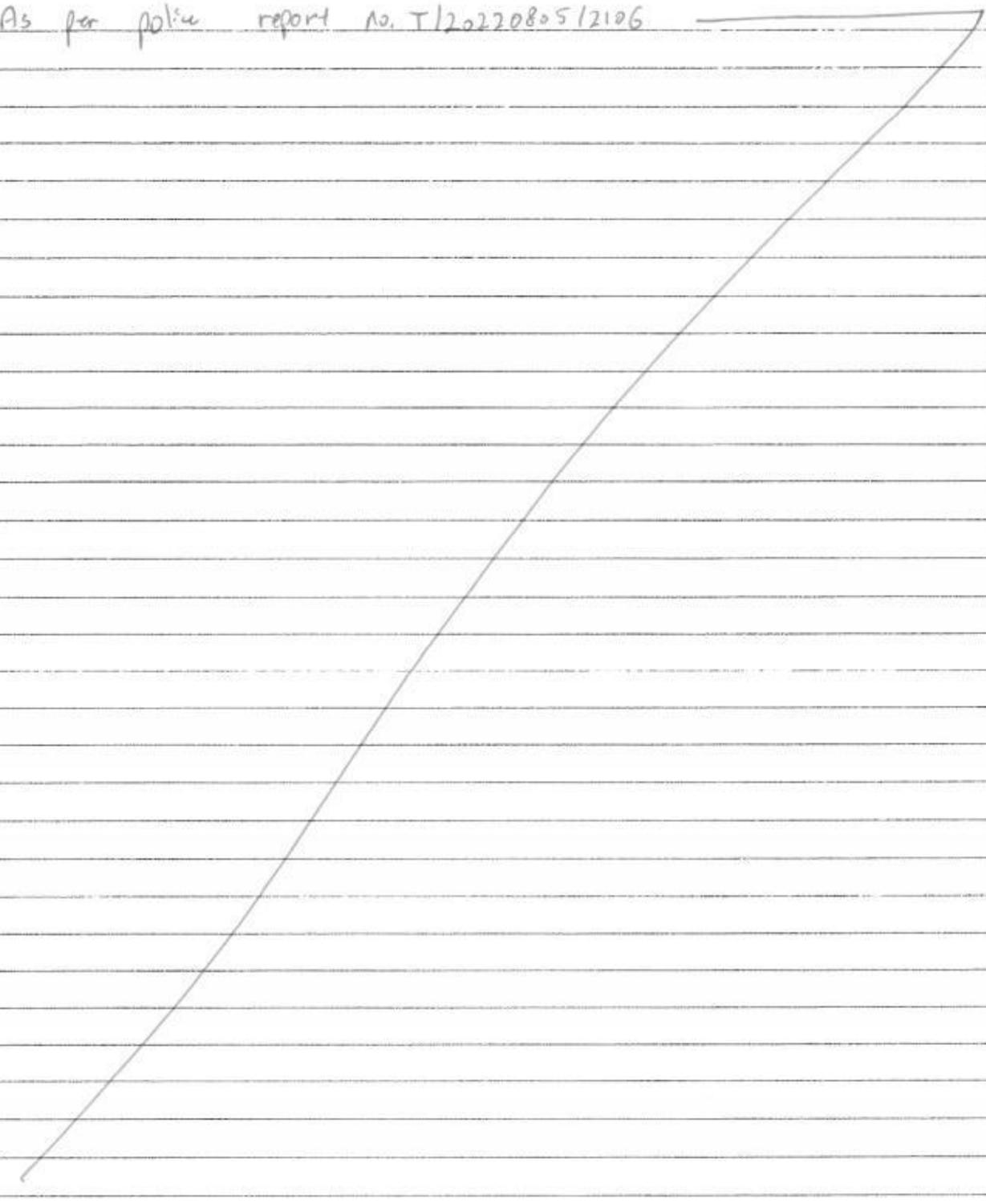
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

As per police report No. T/20220805/2106



Declaration

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




Policyholder's Signature / Date & Time


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

 15/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220805/2106

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20220805/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2022 20:00	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: CHO KEAN FOO		Address: APT BLK 20 CHAI CHEE ROAD #03-426 PING-AN GARDENS SINGAPORE 461020	
ID Type / ID No.: NRIC NO / S8684754Z		Contact No.: Home/Office: Mobile: 98296669	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 36	Date of Birth: 01/05/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRABFOOD DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/08/2022 18:45	Type of Location: Straight Road
Location: BUANGKOK GREEN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color	Year
FBP9085M	Motorcycle	YAMAHA	AEROX GDR155 CVT	Black	0
GBK9082Y	Van	TOYOTA	HIACE DX 2.5 AUTO	Silver	0

Details of Person Involved	
Any Pedestrian Involved:	No
No. of Pedestrians Injured:	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220805/2106

2 of 3

Report No. T/20220805/2106

CONTINUATION OF REPORT

Driver			
Name	CHO KEAN FOO	ID No.	S8684754Z
Related Vehicle	GBK9082Y (Van)	Contact No.	98296669
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 05/08/22 AT ABOUT 1845HRS, I BEARING VEHICLE PLATE NUMBER GBK9082Y AND THE OTHER PARTY VEHICLE FBP9085M. I WAS DRIVING ALONG BUANGKOK GREEN AND STOPPED AT THE TRAFFIC LIGHT AS IT WAS SHOWING RED. SUDDENLY I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I DOUBLE SIGNAL AND EXITED MY VEHICLE. I ASKED IF HE WAS OKAY AND HE ANSWERED THAT HE IS ALL GOOD AS HE DID NOT FALL DOWN. THE HEAD OF THE OTHER PARTY VEHICLE HAD HIT THE REAR OF MY VEHICLE. THE REAR OF MY VAN SUFFERED A DENT AT THE BOTTOM LEFT SIDE. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER PARTY AS I WAS SLIGHTLY CONFUSED AS TO WHAT TO DO OR WHAT WOULD HAPPEN NEXT. WE THEN MAKE OUR WAY TO OUR OWN VEHICLES AND LEFT THE SCENE. I WISH TO STATE THAT I RENTED THE VAN TO CARRY OUT MY JOB AS A DELIVERY DRIVER. I WAS NOT INJURED. THE POLICE AND THE AMBULANCE WERE NOT INVOLVED. THAT IS ALL.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220805/2106

3 of 3

Report No. T/20220805/2106

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:

TP /

SC MOHAMMED AHNAF BIN
MOHAMMED FAHMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/08/2022 20:00

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168

VEHICLE NO:	GBK 9082Y	MAKE & MODEL	Toyota Hiace	AUTO / MANUAL	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT	05/08/2022			CC.	2-8
TIME OF ACCIDENT:	1845	HRS			
LOCATION OF ACCIDENT:	Bangkok green towards Sengkang Base rd before Bangkok Drive				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	SG Leasing Pte Ltd				
TEL NO:	H/P: 8421 1426	OFFICE:		HOME:	
NRIC:	201317520E				
ADDRESS:	15 Yishun Industrial Street (S7768091) #01-08				
EMAIL:	sgleasing@outlook.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:	DMCVSNW00010212201				
NAME OF DRIVER:	AS ABOVE / IF NO: Cho Kean Foo				
NRIC:	88847542	ANY PASSENGER:	N.A.		
DATE OF BIRTH:	01/05/1986	LICENCE PASSED DATE:	12/06/2018		
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 9829 6669	OFFICE:		HOME:	
ADDRESS:	20 Chai Chee rd #03-426 (S7461020)				
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO	IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Hiree				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE? T/20220805/2106				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?				
VEHICLE B REG NO:	FB9 9085 M	ANY PASSENGERS:	N.A.		
NAME OF DRIVER:	unknown	CONTACT NO:	unknown		
VEHICLE C REG NO:		ANY PASSENGERS:			
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 / <input checked="" type="radio"/> NO				
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO				
ACCIDENT PORTION:	Rear portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun Ming				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Commercial

MZ407/C

R: SN

AN0663A

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, 1956 (Malaysia)

CERTIFICATE No	DMCVSNW00010212201	Engine No: 1GD8625337	
		Cha. No: GDH2011049754	
1. Index Mark and Registration Number of Vehicle	GBK9082Y	AUTOSAFE	*****
2. Name of Policy Holder	SG LEASING PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/01/2022 (00:00:00)	Excess Sect. I	SS\$1,500.00
		Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	11/01/2023	EX ON WINDSCREEN	SS\$100.00
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p>		
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business and Hirer's Business.</p> <p>(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.</p> <p>(3) Use for social, domestic or pleasure purpose.</p> <p>The policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>		
<p>HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED</p> <p>* Limitations rendered inoperative by Section B 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.</p>			

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:

SGML PTE LTD
Authorised Officer



Authorised Signatory

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	GBK9082Y	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	HIACE DX 2.8 AUTO
Vehicle Attachment 2:	-	Engine No.:	1GD8625337
Vehicle Make:	TOYOTA	Trailer Chassis No.:	-
Chassis No.:	GDH2011049754	Passenger Capacity:	2
Motor No.:	-	Power Rating:	-
Propellant:	Diesel	Maximum Laden Weight:	3205 kg
Engine Capacity:	2754 cc	Secondary Colour:	-
Maximum Power Output:	-	Original Registration Date:	12 Jan 2021
Unladen Weight:	1800 kg	Open Market Value:	\$27,279.00
Primary Colour:	Silver	Minimum PARF Benefit:	\$0.00
First Registration Date:	12 Jan 2021	Additional Registration Fee Rate:	5.00%
Manufacturing Year:	2020		
PARF Eligibility:	No		
No. of Transfers:	0		
Actual ARF Paid:	\$1,364.00		

Owner Particulars

Owner Name:	SG LEASING PTE. LTD.
Owner ID Type:	Company
Owner ID:	201317520E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	15
Registered Street Name:	YISHUN INDUSTRIAL STREET 1
Registered Unit No.:	# 01 - 08
Registered Building Name:	WIN 5
Registered Postal Code:	768091
COE No. / Expiry Date:	2021011205000823K / 11 Jan 2031
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$34,681.00

Transaction Details

Business Transaction Ref. No.:	20210112142536663192
Business Transaction Date:	12 Jan 2021
Business Transaction Time:	14:25:36

Message

The above vehicle has been successfully registered.
The total amount is \$30,129.00.

OK

Save as PDF