

NATIONAL Assessment Centre Services (Unit 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)

Job description : SAS e-filing
Date & Time Completed : 19/09/2022 19:31
Done by : [Signature]

Job description : E-mail (with photo, 100 photos)
Date & Time Completed : 19/09/2022 19:40
Done by : [Signature]

Job description : 1-Motor Claim Form
Date & Time Completed : 19/09/2022 19:40
Done by : [Signature]

Job description : 1-Motor W/O (with photo, 100 photos, TP 4hrs)
Date & Time Completed : 19/09/2022 19:40
Done by : [Signature]

Job description : 1-Photo Uploaded
Date & Time Completed : 19/09/2022 19:40
Done by : [Signature]

Job description : Assessment/Survey Report
Date & Time Completed : 19/09/2022 19:40
Done by : [Signature]

Job description : Ass't Report by Fax / Hand to Owner/WKSP
Date & Time Completed : 19/09/2022 19:40
Done by : [Signature]

Insurer : [Signature]
Toll : [Signature]
Fax : [Signature]

Insured Wksp / INC Assign Wksp / QW : [Signature]
Particulars : [Signature]
Owner / Driver : [Signature]
Policy No : [Signature]
Period : [Signature]
Date : [Signature]
Time : [Signature]
Confirmed by : [Signature]
Insured/Driver Liability : [Signature]
Year of Registration : [Signature]
Excess : [Signature]
Loading : [Signature]
Warranty : [Signature]
General Remarks : [Signature]
Walk-In Customer : [Signature]
Total Loss Case : [Signature]
Drive-In : [Signature]
Towed-In : [Signature]
Involved : [Signature]
Towing Co : [Signature]
Remarks : [Signature]
1) Apply for Transport Allowance : [Signature]
2) QC Check / Post Repair Inspection : [Signature]
3) Upload Resurvey Photo (Repair Cost > \$3000) : [Signature]
Injury : [Signature]
Date : [Signature]
Action : [Signature]

NA2202569

Driver/Owner : [Signature]
Contact No : [Signature]
Damaged Portion : [Signature]
C Checked by (Engn-In-Charge) : [Signature]
Warranty : [Signature]
1/2/3 : [Signature]

Incident Preparation Checklist

Item	Amount	Incident
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee		
4) FT: Follow-Through Survey		
5) PT: Follow-Through Survey (Survey)		
6) TR: Re-inspection		
7) NI: 1st DA + SMRT Survey		
8) NTUC Additional Services		
9) NI: 1st Mobile		
10) NI: 2nd Mobile		
11) NI: 3rd Mobile		
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98) NI: 90th Mobile		
99) NI: 91st Mobile		
100) NI: 92nd Mobile		

Invoice dated : [Signature]
Invoice dated : [Signature]
Per Charged : [Signature]
Per Charged : [Signature]

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	19/09/2022 19:31 (SGT)
Reported by	Driver
Date of Accident	14/09/2022 17:40 (SGT)
Exact Location of Accident	Midview City, Singapore
Additional Location Information	GROUND FLOOR CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4699Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TC TAY CYCLE
Company Reg No	4XXXX700J
Email Address	catherine@cappa.com.sg
Mobile Phone No	(Phone) +65-97848359
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2755

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG2101512

DRIVER

Name of Driver	QUAH LAI TEE @ ANG LAI TEE
NRIC No	SXXXX212C
Date Of Birth	08/06/1957
Occupation	Outdoor

Date Of Driving Pass	02/05/1978
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91736968
Alt. Phone Number	-
Email Address	catherine@cappa.com.sg
Address	BLK 170 ANG MO KIO AVENUE 4 #3-539
Address complement	-
Postcode	560170
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 - Major/Minor Rd
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS FILTERING OUT AT MIDVIEW CITY GROUND CAR PARK. SUDDENLY VEHICLE (B) CAME AND COLLIDED ONTO MY VEHICLE.

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	SJP4801J
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)	

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.

TAY CYCLE
BLOCK 139 TAMPINES ST 1
#01-40 SINGAPORE 521

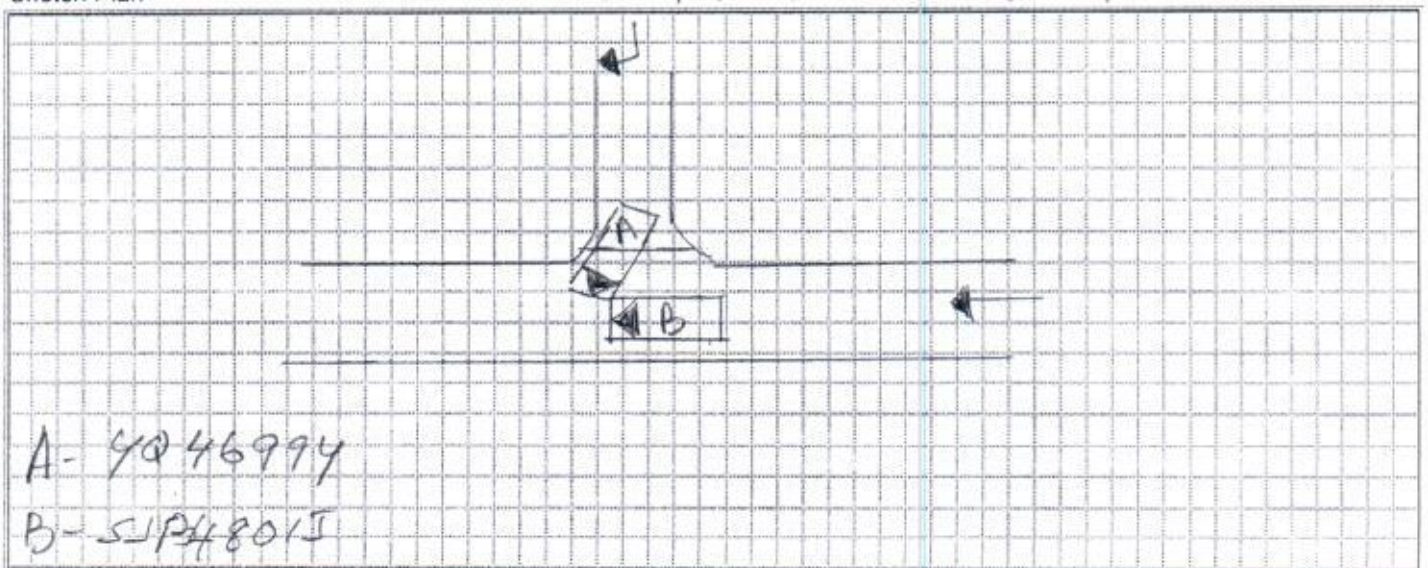
Policyholder's Signature / Date & Time

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

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

Sketch Plan

MIDVIEW CITY GROUND FLOOR CARPARK



Describe Circumstance of the Accident

I was pulling out at Michew City Ground-floor carpark. Suddenly veh B came and collided onto my veh.

Declaration

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

TAY CYCLE

BLOCK 139 TAMPINES ST 11
#01-40 SINGAPORE 521139

Policyholder's Signature / Date & Time

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 11/09/00 (DD/MM/YYYY), TIME: 12:40 (HH:MM)

LOCATION: MARVEL CITY GROUND FLOOR CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9026994
 b) INSURANCE COMPANY: ERGO
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: _____ 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)?
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY): _____

2. INSURED / POLICY HOLDER

- a) NAME: TC 144 CYCLE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97848859
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: QUAH LAI TEE & ANG LAI TEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S705212C CONTACT: 91736968
 c) ADDRESS: BLK 170 ANG AVE 4
#03-834

* d) DATE OF BIRTH: 08/06/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 02/05/1978

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)?

7. a) REPORTED TO POLICE (YES / NO)?

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP 48015 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: _____

Email = catherine@lappa.com.sg

Fax = _____

Video = NO

No. of passenger
 (including driver)
()

No. of passenger
 (including driver)
()

No. of passenger
 (including driver)
()

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)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG21013512
Vehicle Registration Number : YQ4699Y
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : TC TAY CYCLE
Commencement Date of Insurance : 14/10/2021
Expiry Date of Insurance : 13/10/2022
Excess : EXCESS: (SECTION I).....
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..
YOUNG&INEXP DRIVERS(SECTION I)

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. 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.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing 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 (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.

Approved Insurer

Karl-Heinz Jung

Authorized Signature

A100052	ALPINE INSURANCE AGENCY PTE LTD	Contact Number: 65113025
Vehicle Chassis Number : JHHAGV4620K001194, Vehicle Engine Number : 1GD8809579		CP1, 02/11/2021 17:57

1U 1511080086

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	YQ4699Y	Vehicle Scheme:	Normal
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	DYNA 150 5MT
Vehicle Attachment 2:	-	Engine No.:	1GD8809579
Vehicle Make:	TOYOTA	Trailer Chassis No.:	-
Chassis No.:	JHHAGV4620K001194	Passenger Capacity:	2
Motor No.:	-	Power Rating:	-
Propellant:	Diesel	Maximum Laden Weight:	3700 kg
Engine Capacity:	2755 cc	Secondary Colour:	-
Maximum Power Output:	-	Original Registration Date:	14 Oct 2021
Unladen Weight:	1780 kg	Open Market Value:	\$31,609.00
Primary Colour:	Silver	Minimum PARF Benefit:	\$0.00
First Registration Date:	14 Oct 2021	Additional Registration Fee Rate:	5.00%
Manufacturing Year:	2021		
PARF Eligibility:	No		
No. of Transfers:	0		
Actual ARF Paid:	\$1,581.00		

Owner Particulars

Owner Name: TAY CYCLE
 Owner ID Type: Business
 Owner ID: 45868700J
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 139
 Registered Street Name: TAMPINES STREET 11
 Registered Unit No.: # 01 - 40
 Registered Building Name: -
 Registered Postal Code: 521139
 COE No. / Expiry Date: 2021090105000205N / 13 Oct 2031
 COE Bld Category: C - Goods Vehicle & Bus
 QP Paid: \$40,010.00

Transaction Details

Business Transaction Ref. No.: 20211014072753812932
 Business Transaction Date: 14 Oct 2021
 Business Transaction Time: 07:27:53

Message

The above vehicle has been successfully registered.
 The total amount is \$31,990.00.

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