

NATIONAL Assessment Centre Services

(Rev 1 Jan 2021)

SN082207000

Date In: 07/12/2022 15:19	Job description	Date & Time Completed	Done by
Ref No: NPA 091220/22814	SAS e-filing		
Veh No: PC 4997D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 07/12/2022 18:28	I-Motor Claim Form		
OO: TP / Reporting Only	I-Motor W/O (within 24hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: GBK 5899J. 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Toll-free: 0788 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 2203388	Invoice Preparation Checklist	Fee Charged
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$50/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Excluding system INC Only (As of 12 Jan 2023)		
6) TR: Re-inspection	\$70	
7) NI: New DA + Short Survey	\$140	
8) NTUC Additional Services:		
ON:		
*NI: Courtesy Car / Tpt Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$1	
TP (NI): TP (Non INC) against INC	\$30	
5) NI: Line Mobile	10	
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	07/12/2022 15:19 (SGT)
Reported by	Driver
Date of Accident	02/12/2022 18:28 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	(155) HEAVY VEHICLE PARKING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4297D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANG SOCK SENG TRANSPORT SERVICE
Company Reg No	5XXXX662K
Email Address	mr.angss@gmail.com
Mobile Phone No	(Phone) +65-96630170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	Bus
Transmission	Auto
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00015882201

DRIVER

Name of Driver	ANG SOCK SENG
NRIC No	SXXXX597A
Date Of Birth	05/02/1961
Occupation	Outdoor

Date Of Driving Pass	04/08/1983
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96630170
Alt. Phone Number	-
Email Address	mr.angss@gmail.com
Address	BLK 183 BUKIT BATOK WEST AVENUE 8 #03-119
Address complement	-
Postcode	650183
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	Collided into Parked Vehicle
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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND NOTICE OF REPORTING (POLICE)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5899J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RIDZUAN
Contact Number	(Phone) +65-94571912
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.

B. 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

B1K 155 Bukit Batok Ave 8
Heavy veh Car Park.



A-PC42970

B-GBC58997.

Describe Circumstances of the Accident

Please refer to Police Report- (NOTICE OF REPORTING)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X A handwritten signature in black ink, appearing to be "S. S. S." followed by a stylized flourish.

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

A handwritten signature in black ink, appearing to be "M. S. S." followed by a stylized flourish, dated 07/12/2022.

Witnessed by Reporting Centre Personnel

NOTICE OF REPORTING

This is to confirm that Ang Sock Seng, NRIC: S1474597A, has reported to the Police a non-injury traffic accident which occurred at Block 155 Bukit Batok Avenue 8 (Heavy Vehicle Carpark) on 02/12/2022 at about 6.28pm involving the following vehicles:

- 1) PC4297D – Private Bus / Light pink in colour / Isuzu in brand
- 2) GBK5899J – Van / Grey in colour / Toyota in brand

On 02/12/2022 at about 6.28pm, I was parking my bus bearing registration number PC4297D into the heavy vehicle carpark lot number 29L located at Blk 155 Bukit Batok Avenue 8. At that point of time, there was a van bearing registration number GBK5899J parked beside my bus in lot number 30L. As my bus was too close to the van, I decided to adjust my bus to give more space to the van. I then accidentally collided to the right side of the van while reversing into the lot number 30L.

I then placed a personal note on the van for the owner to contact me. Within the same day, the van owner namely Ridzuan (h/p: 94571912) called me and both of us agreed to go for private settlement. There is in-car camera install in my vehicle.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(3) Benjamin Lee

Date: 03/12/2022 Time: 1617hrs
S/D Ref: 50

Police Post/Unit : Jurong East NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

3m
Jurong East
Neighbourhood Police Centre
No 92 Boon Lay Way
Singapore 609962
Tel: 1800-8949999

388214962 GBK5899 J
S1474597A PC4297D.

pay RIDZUA \$210 Trip
Rental

I Mr. Amy Do For your
repair For GBK5899 J.

94571912

R

yel

09:36

They wil get bck to me soon

09:36

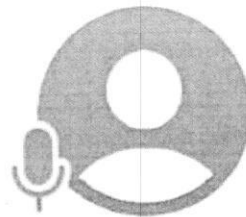
Ok

09:36 ✓✓



0:29

11:19



Ok

11:20 ✓✓

Ok

11:20 ✓✓

Have my company contact
u?

14:49

\$210 i keep 1st..anythin if
never use i wil give u
back..tday i stil need to send
delivery

14:50

Road surface: Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes/no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC: _____
Driver Name: _____
Driver Pass date: _____
Driver Birth date: _____

Relationship with insured: Employee 30mpb v
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: GBE58993
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of insured/Co: _____
Insurance co of third party vehicle: _____

Police report (if any): yes/no
Police report reported at which police station: Jurong Eas NPC.
Any intended prosecution given: yes / no
if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only
No of Pax: 1

Male

Female

Connect3 client vehicle no: PC429710.

Owner contact no: _____

Email Address: Mr. angss@gmail.com

Date of accident: 21/12/2022

Location of accident: B15155 Bukit Batok Ave 8 Heavy veh C.P.

Time of accident: 1828hrs.

Any Injury: yes / no (if yes, must have police report)



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

R SN

AN0828A

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, 1992 (Malaysia)

CERTIFICATE No.

D11B1SNW00015882201

Engine No: 61-K1584279

Chassis No: JALLT434PE7000103

1. Index Mark and Registration
Number of Vehicle

PC4297D

AUTOSAFE

2. Name of Policy Holder

ANG SOCK SENG TRANSPORT SERVICE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

13/10/2022
(00:00:00)

Excess Sect I. S\$2,000.00

Excess Sect II S\$3,000.00

EX ON WINDSCREEN. S\$800.00

4. Date of Expiry of Insurance

12/10/2023

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

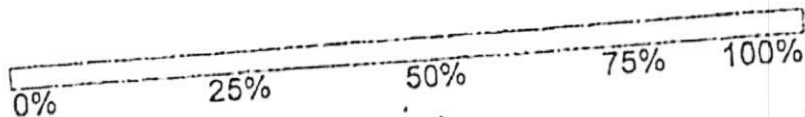
China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Text size + -



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	PC4287D	Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus		
Vehicle Attachment 1:	Air-Conditioned	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	LT434P 7.8 SMT
Vehicle Make:	ISUZU	Engine No.:	GHK1664279
Chassis No.:	JALLT434PE7000103	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	49
Propellant:	Diesel	Power Rating:	-
Engine Capacity:	7790 cc		
Maximum Power Output:	-	Maximum Laden Weight:	15200 kg
Unladen Weight:	10820 kg	Secondary Colour:	-
Primary Colour:	Multi-Colour	Original Registration Date:	13 Oct 2015
First Registration Date:	13 Oct 2015	Open Market Value:	\$94,854.00
Manufacturing Year:	2014	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	No	Additional Registration Fee Rate:	5.00%
No. of Transfers:	0		

Owner Particulars

Owner Name:	ANG SOCK SENG TRANSPORT SERVICE
Owner ID Type:	Business
Owner ID:	52913662K
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	183
Registered Street Name:	BUKIT BATOK WEST AVENUE 8
Registered Unit No.:	# 03 - 119
Registered Building Name:	-
Registered Postal Code:	650183
COE No. / Expiry Date:	2015101305000830C / 12 Oct 2025
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$20,917.00

Transaction Details

Business Transaction Ref. No.:	20151013102703766351
Business Transaction Date:	13 Oct 2015
Business Transaction Time:	10:27:03
Message	

The above vehicle has been successfully registered.