

NATIONAL Assessment Centre Services

Date: 19/12/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CT/20120341/W	SAS e-filing		
Veh No: PC 5679 D	E-mail (within 3hrs. A/C 2hrs)		
DOA: 16/12/2022	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SME 9275 J 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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Ist Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) iT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OT:			
	*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-in 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 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	19/12/2022 13:58 (SGT)
Reported by	Driver
Date of Accident	16/12/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE towards AYE after Cairnhill Circle exit.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5679D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Kim Transport Solutions Pte Ltd
Company Reg No	2XXXXX057N
Email Address	alexng@kimsingapore.com.sg
Mobile Phone No	(Phone) +65-98731138
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	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00014242200

DRIVER

Name of Driver	Tay Han Jung, Joseph
NRIC No	SXXXX941F
Date Of Birth	19/12/1996
Occupation	Outdoor

Date Of Driving Pass	08/12/2020
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-91251805
Alt. Phone Number	-
Email Address	alexng@kimsingapore.com.sg
Address	Blk 895A Woodlands Drive 50
Address complement	#10-10
Postcode	730895
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	3
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	-

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

Refer to the attached Statement.

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	SME9275J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lee Shi Ying
Contact Number	(Phone) +65-81381768
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

VEHICLE NO: **PC 5679D**

MAKE & MODEL: **Toyota Hiace**

AUTO / ~~MANUAL~~

DATE OF ACCIDENT	16 / 12 / 2022	*C.C. 2500
TIME OF ACCIDENT	6.00	AM / <u>PM</u>
LOCATION OF ACCIDENT	CTE towards AYE after Cairhill circle exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Kim Transport solutions Pte Ltd	
EMAIL	Alexng@kimsingapore.com.sg	Office: MOBILE: 98731138
NRIC	201300057N	
CLAIM TYPE	OP / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	<u>YES</u> / NO ?	
INSURANCE CO	CHINA TAIPING	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMBISNW00014242200	
NAME OF DRIVER	AS ABOVE / IF NO: Tay Han Jung Joseph	
NRIC	S9645941F	
DATE OF BIRTH	19 / 12 / 1996	
ANY PASSENGER	<u>YES</u> / NO : 03	
NAME OF PASSENGER		
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	08 / 12 / 2020	
GENDER	<u>Male</u> / Female	
CONTACT NO	Mobile: 91251805 , Office: Home:	
EMAIL	Alexng@kimsingapore.com.sg	
ADDRESS	48 Toh Guan Road E #05-97 Enterprise hub (s) 608586	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.:	INSURER:
RELATIONSHIP	<u>Employee</u> / If No.	
WEATHER CONDITION	Clear / <u>Raining</u> / Other	
ROAD SURFACE	Dry / <u>Wet</u> / Other	
ANY INJURIES	<u>NO</u> / If yes, Who?	
CONTACT NO		
POLICE REPORT	<u>NO</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		
VEHICLE B NO.	SME9275J	NO/IF YES, WHO?
NAME	Lee Shi Ying	Any Passenger: - unknown -
CONTACT NO.	81381768	
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		Any Passenger:
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDING?	<u>YES</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

SKETCH PLAN

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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.



[Handwritten Signature]

[Handwritten Signature]

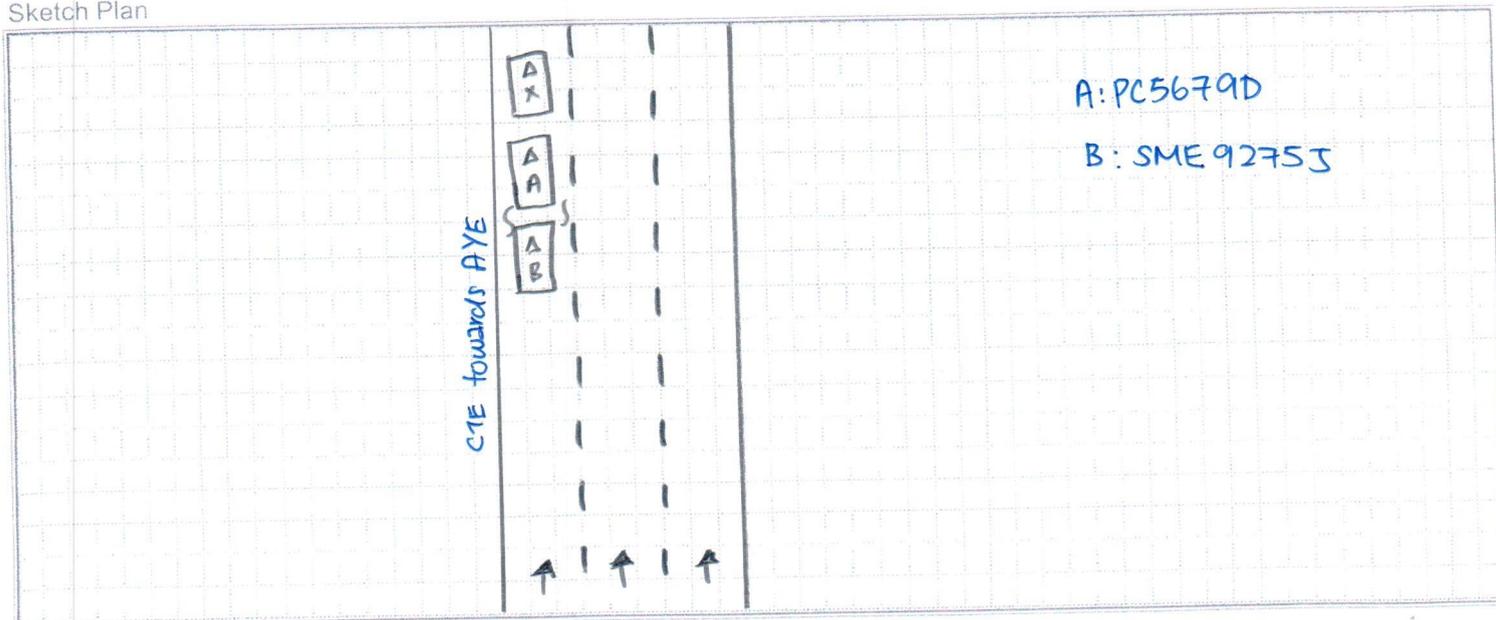
19/12/2022

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



Describe Circumstance of the Accident

I was travelling along CTE towards AYE after Cairnhill circle exit on 16/12/2022 at about 6:00pm. I was travelling straight and the vehicle in front of me slow down and stop, I follow thur. when I was about to stop, suddenly I felt an impact and realised vehicle B collided onto the rear portion of my vehicle. We alighted, exchange particulars and left the scene.

Declaration

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



19/12/2022

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)

Motor Bus

MZ601

N SN

AN0420A

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. DMB1SNW00014242200

Engine No.: 1KD2669904

Cha. No.:KDH2010211627

1. Index Mark and Registration Number of Vehicle PC5679D

AUTOSAFE
=====

2. Name of Policy Holder KIM TRANSPORT SOLUTIONS PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01/10/2022 (00:00:00)

Excess Sect I . S\$2,000.00
Excess Sect. II S\$1,500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance 30/09/2023

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.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD

* 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



[Handwritten Signature]

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Handwritten Signature]

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory