

NATIONAL Assessment Centre Services

Date In 07 1021 2023	Job description	Date & Time Completed	Done by
Ref NO NA/CT123001254/p	SAS e-filing		
Veh NO PA 6411 M	E-mail (within 8hrs. Aft 2hrs)		
DOA 04/02/2023	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/Wksn		

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

TP Particulars: Vch No: SL5 2894 D 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)

Remarks:-	Date & Time Completed	Done by
() Apply for Transport Allowance () / Courtesy Car ()		
() QC Check / Post Repair Inspection ()		
() Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time: _____ Actions: _____

NA2300375	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Insurant's Particulars			1st Bill	Add Bill
Owner/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Charged Portion:	3) TP: Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):	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:-			
	ON:			
	* N5: Courtesy Car / Tpl Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$5			
Editors' Comments:-				

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 06/02/2023 21:00 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 04/02/2023 16:35 (SGT)
Exact Location of Accident 2 Havelock Rd, Singapore 059763
Additional Location Information JUNCTION OF HAVELOCK ROAD AND NEW MARKET ROAD
Country/State of Loss (BESIDE MOM)
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA6411M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BC TAN TRANSPORT SERVICES
Company Reg No 5XXXX005E
Email Address BCTANTPT@YAHOO.COM.SG
Mobile Phone No (Phone) +65-93622588
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 Bus
Transmission Auto
CC 2494

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00014812207

DRIVER

Name of Driver TAN BOON CHUAN
NRIC No SXXXX164Z
Date Of Birth 10/11/1953

Occupation	Outdoor
Date Of Driving Pass	20/12/1974
Driving experience	48 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93622588
Alt. Phone Number	-
Email Address	BCTANTPT@YAHOO.COM.SG
Address	6 HOUGANG ST 92
Address complement	#14-02
Postcode	538685
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	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)	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

PLS REFER TO 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	SLJ2894D
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)	-

SINGAPORE ACCIDENT STATEMENT

Accident Date: 04/02/2023	Time: 16:35	(hh:mm) 24 hr format
Location Junction of Havelock Road and New Market Road (beside ministry of Manpower)		
Vehicle Number PA 6411M		
Insured Name BC Tan Transport Services		
NRIC / FIN 53025005E	Contact Number 9362 2588	
Make Toyota	Model Hiace Bus	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMBISNW00014812207		
Name of Driver Tan Boon Chuan	() Same as Insured	
NRIC / FIN 50025164Z	Contact Number 9362 2588	
Date of Birth 10/11/1953		
Driving Pass Date 20/12/1974		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address bctanpt@yahoo.com.sg	() NO EMAIL	
Address of Driver 6 Honggang Street #2 #14-02 Singapore 538685		
Was driver an employee of the Insured's Company? (/) Yes () No		
If No, Relationship of the Driver with the Insured		
(/) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (/) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle -		
Insurance Company of Driver's Own Vehicle -		
Weather Conditions () Clear (/) Raining () Others		
Road Surface () Dry (/) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? () Yes (/) No		
If yes, injured detail -		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? () Yes (/) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SLJ 2894D		
Veh C		
Veh D		
Veh E		
Veh F		

(1) passenger = Lim Sin Keng (F)

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.



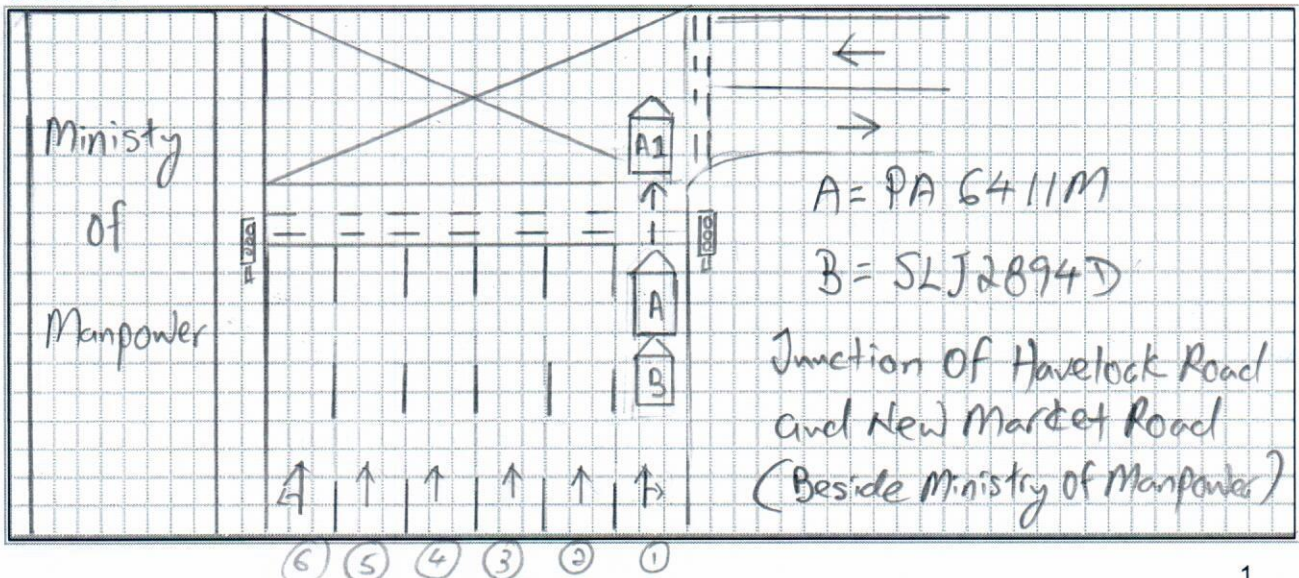
Policyholder's Signature / Date & Time

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

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

07/10/2023

Sketch Plan



Describe Circumstance of the Accident

Refer to attached

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

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

07/02/2023

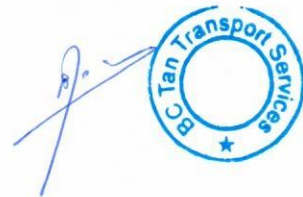
On 04.02.2023 at about 16:35 hours along Junction of Havelock Road and New Market Road (Beside Ministry of Manpower). While I was travelling on the lane 1, when coming towards the traffic light I saw the traffic light turn amber, I slow down and stop my vehicle.

suddenly I heard a loud bang from behind and the impact push my vehicle to the yellow box and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

I wish to state that, I have 1 passenger on my vehicle (A).

Vehicle (A): PA 6411M

Vehicle (B): SLJ 2894D



Motor Bus

MZ601

R SN

AN0580A

Cov. Type: F

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)

Engine No.: 2KD1488275
Cha. No.: JTFHS02P700052465

CERTIFICATE No.

DMB1SNW00014812207

1. Index Mark and Registration
Number of Vehicle

PA6411M

2. Name of Policy Holder

BC TAN TRANSPORT SERVICES

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

26/09/2022
(00:00:00)

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

25/09/2023

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.: BOARDINGHOUSE PTE. LTD. AS HP OWNER

* 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.

ed By:

ODDSEVEN
Authorised Officer

Authorised Signatory