

# NATIONAL Assessment Centre Services

Date In 20/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/ TM/23001873/d4	SAS e-filing		
Veh No GBH 2549E	E-mail (within 8hrs. APT 2hrs)		
DOA 18/02/2023 23:10	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:	Veh No: SHC 8986 S	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

NA2300531	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-			1st 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			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR : Re-inspection \$75			
	7) N1 : 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	20/02/2023 15:37 (SGT)
Reported by	Driver
Date of Accident	18/02/2023 23:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2549E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAN XIANGZI TRADING
Company Reg No	5XXXX799L
Email Address	9938kimchi@gmail.com
Mobile Phone No	(Phone) +65-96311618
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ001269-R01

#### DRIVER

Name of Driver	KANG LIM KWAN
NRIC No	SXXXX432F
Date Of Birth	02/01/1952
Occupation	Outdoor

Date Of Driving Pass .....	04/01/1979
Driving experience .....	44 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96311618
Alt. Phone Number .....	-
Email Address .....	9938kimchi@gmail.com
Address .....	APT BLK 116 LORONG 2 TOA PAYOH
Address complement .....	# 06-146
Postcode .....	310116
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 .....	Side Swipe
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

PLEASE 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 .....	SHC8986S
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 Authorised 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. 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.

#### 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.



Kang Lin Kwan



April 20/02/2023

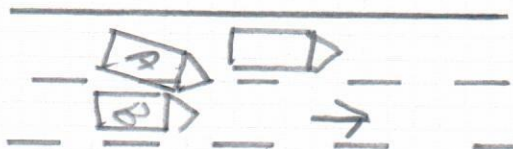
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE



A. 81BH254PE  
B. 8HC89202

Describe Circumstances of the Accident

I SAW A VAN STOPPED IN FRONT OF ME. THEN I SHOW R+  
SIGNAL AND MOVE TO RIGHT LANE SLOWLY. VAN 2 CAME FROM  
MY RIGHT LANE AND HIT ON TO MY VAN R+ FRONT PORTION.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

Kazlin Kuan



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

gmuah 20/02/2023

Witnessed by Reporting Centre  
Personnel





# HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

<b>VEHICLE NO:</b> <u>81BA 0549E</u>		<b>MAKE/MODEL:</b> <u>Y/HACE</u>	
<b>DATE OF ACCIDENT</b>	<u>18/2/2023</u> DAY/MONTH/YEAR	<b>TIME</b>	<u>23</u> HR <u>10</u> MIN <u>PM</u>
<b>LOCATION OF ACCIDENT</b>		<u>PTE</u>	
<b>EXACT PURPOSE USE DURING ACCIDENT</b>		<u>GOING HOME</u>	
<b>CAR OWNER</b>			
<b>NAME OF CAR OWNER</b>		<u>HAN KIANHUI TRADING (53323799L)</u>	
<b>CONTACT NO</b>		<u>96311618 9938 kimchi@gmail.com</u>	
<b>NRIC</b>			
<b>CLAIM TYPE</b>	<input type="checkbox"/> OD	<input type="checkbox"/> THIRD PARTY	<input checked="" type="checkbox"/> REPORTING ONLY
<b>INSURANCE COMPANY</b>	<u>Yokyo</u>		
<b>TYPE OF COVERAGE</b>	<input checked="" type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> THIRD PARTY FIRE & THEFT
<b>POLICY NO</b>		<u>22-MQ001269-R01</u>	
<b>ACCIDENT DRIVER</b>			
<input type="checkbox"/> AS ABOVE		<input type="checkbox"/> IF NOT- KINDLY FILL IN BELOW	
<b>NAME OF DRIVER</b>		<u>KANG KIM KWAN</u>	
<b>NRIC</b>	<u>800374327</u>	<b>NO OF PASSENGER/S</b> <u>1</u>	
<b>DATE OF BIRTH</b>	<u>02-01-1952</u>		
<b>OCCUPATION</b>		<input checked="" type="checkbox"/> OUTDOOR	<input type="checkbox"/> INDOOR
<b>DATE OF DRIVING PASS</b>	<u>04/01/1979</u>		
<b>GENDER</b>		<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<b>CONTACT NO</b>	<u>96311618.</u>		
<b>ADDRESS</b>	<u>BLK 116 KORONG 2 TUA PAYOH #06-146 (E) 310116</u>		
<b>DRIVER OWN ANY VEHICLE</b> NO/ IF YES- REGISTRATION NO			
<b>RELATIONSHIP</b> EMPLOYEE/SPOUSE IF NOT: <u>DRIVER</u> <u>Employee</u>			
<b>WEATHER CONDITION</b>	<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/> RAINING	<b>OTHER:</b> _____
<b>ROAD SURFACE</b>	<input checked="" type="checkbox"/> DRY	<input type="checkbox"/> WET	<b>OTHER:</b> _____
<b>ANY INJURIES</b>	<input checked="" type="checkbox"/> NO/ IF YES- NAME: _____		
<b>CONTACT NO</b>	_____		
<b>POLICE REPORT</b>	<input checked="" type="checkbox"/> NO/ IF YES- LOCATION: _____		
<b>VIDEO FOOTAGE</b>	<input checked="" type="checkbox"/> NO/ YES		
<b>3RD PARTY INFO</b>			
<b>VEHICLE B NO</b>	<u>SAC 89869</u>	<b>NO OF PASSENGER/S</b> <input type="checkbox"/>	
<b>NAME</b>	_____		
<b>CONTACT NO</b>	_____		
<b>VEHICLE C NO</b>	_____	<b>NO OF PASSENGER/S</b>	<input type="checkbox"/>
<b>VEHICLE D NO</b>	_____	<b>NO OF PASSENGER/S</b>	<input type="checkbox"/>
<b>VEHICLE E NO</b>	_____	<b>NO OF PASSENGER/S</b>	<input type="checkbox"/>
<b>VEHICLE F NO</b>	_____	<b>NO OF PASSENGER/S</b>	<input type="checkbox"/>
<b>ANY WITNESS</b>	_____		
<b>WITNESS CONTACT NO</b>	_____		



## 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)**

Policy No.: 22-MQ001269-R01 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBH2549E **Chassis No.:** KDH2010224259
2. **Name of Policyholder** HAN XIANGZI TRADING
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 02/04/2022
4. **Date of Expiry of Insurance** 01/04/2023
5. **Persons or Class of Persons entitled to drive\***  
Any person who is driving on the policyholder's order or with their 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.

**6. Limitations as to use\***

- 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for 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 provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 2382DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 600
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	ABS FINANCIAL PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature