

**NATIONAL Assessment Centre Services** (Call 1-800-333-3333) **NA2300768**

Date In: <b>16/03/2023 11:11</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA2300768</b>	SAS e-Mailing		
Veh No: <b>6430 Y067</b>	E-mail (with photo, AIC form)		
D.O.A: <b>15/03/2023 06:48</b>	1-Motor Clean Form		
OD: <b>TP</b> Reporting Only	1-Motor W/O (with photo, AIC form)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Driver		

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

TP Particulars: ( ) Veh No: **SHC 5570C** INC: ( ) / Non-INC: ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) (Note: Hst Status (W/O): 1: 0.30%, F: 21.72%, F: 90.140%)

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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Injury: ( )

Location: ( )

Witness: ( )

Police Report: ( )

Medical Report: ( )

Other: ( )

**NA2300768**

Invoice: Preparation Charge ( )

1) A/R: Accident Processing (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee (\$10)	\$10/\$10
4) PE: Follow-Through Survey (\$10)	\$10
5) PE: Follow-Through Survey (Emergency) (\$10)	\$10
6) TR: Repairs (\$10)	\$10
7) NI: Hst DA + GIFT Survey (\$10)	\$10
8) NIUC Additional Fee (\$10)	\$10
9) NIUC Additional Fee (\$10)	\$10
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100) NIUC Additional Fee (\$10)	\$10

Checked by (Engr-In-Charge): ( )

Printed Name: ( )

Printed Address: ( )

Printed Phone: ( )

Printed Email: ( )

Printed Date: ( )

Printed Time: ( )

Printed Location: ( )

Printed Witness: ( )

Printed Police Report: ( )

Printed Medical Report: ( )

Printed Other: ( )



## 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	16/03/2023 11:11 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 06:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE CHANGI AND UPPER SERANGOON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD406T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAN BUS TRANSPORT
Company Reg No	5XXXX308C
Email Address	tan.bus.transport@gmail.com
Mobile Phone No	(Phone) +65-91160666
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Dispatch
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	Manual
CC	1997

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0007892

#### DRIVER

Name of Driver	LIU JIANPING
NRIC No	SXXXX250J
Date Of Birth	29/08/1983
Occupation	Outdoor

Date Of Driving Pass .....	25/01/2011
Driving experience .....	12 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91160666
Alt. Phone Number .....	-
Email Address .....	tan.bus.transport@gmail.com
Address .....	BLK 117 BEDOK NORTH ROAD #08-219
Address complement .....	-
Postcode .....	460117
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 .....	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) .....	0
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 STATEMENT AND ATTACHMENT

#### 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 .....	SHC5570C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	NG KIM THONG
NRIC No .....	SXXXX632G

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.

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)

Sketch Plan

- refer to attached statement. -

Describe Circumstance of the Accident

- Refer to attached statement. -

Was there any video captured by Car Camera? Yes ☒ No

Has the driver been approached by unknown person(s)? Yes / ☒ No

Number of Passengers (Including Driver)?

Name Gender:

Name Gender:

Name Gender:

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)



Accident Date: 15/03/2023

Accident Time: 06:45 Hr

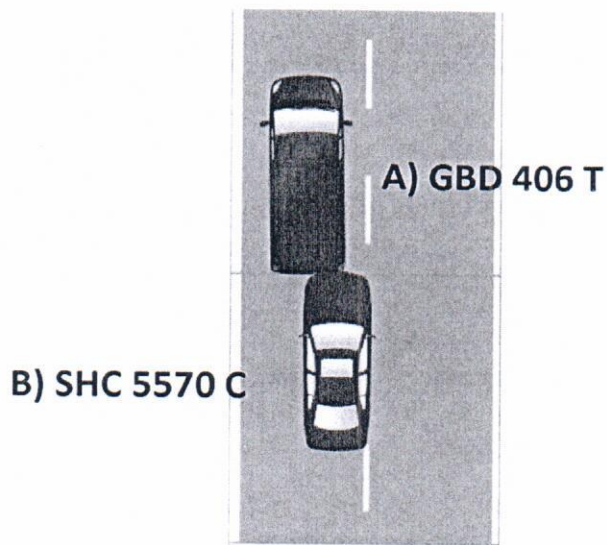
Location: CTE towards PIE Changi and Upp Serangoon Road


Vehicle No.                      A) GBD 406 T

   B) SHC 5570 C

On 15/03/2023, at 6.10am, I was driving my vehicle (A) GBD 406 T at CTE towards PIE Changi and Upp Serangoon Road. I noticed the tyre punctured and I stopped my vehicle (A) GBD 406 T at the road side to wait for assistance from workshop for around 20 mins. I placed an indicator behind the vehicle to indicate my vehicle was break down at the road side and I was waiting by the road side.

At 6.45am, I saw a taxi (B) SHC 5570 C did not slow down his vehicle and direct hit on my rear side of vehicle (A) GBD 406 T. I was shocked and quickly checked the driver condition. Taxi driver said no need to request ambulance assistance. After we exchanged particular, I arranged towing for my vehicle.



  
Liu Jianping

  
16/03/2023

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	15/03/2023	Time of Accident:	06:45 Hr
Exact Location:	CTE towards PIE Changi and Upp Serangoon Road		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	G8D 406T	NRIC / FIN / Passport no:	53068308C
Name of Registered Owner:	Tan Bus Transport		
Owner's Email:	tan.bus.transport@gmail.com		
Owner's Address:	117 Bedok North Road #08-219 Singapore 460117		
Vehicle Make:	Citroen	Vehicle Model:	Dispatch 2.0I HDI MT
Engine Capacity (cc):	1997cc	Transmission:	(Auto) Manual
Type of Claim:	Own Damage / <del>Third Party</del> / Reporting Only		
Vehicle Category:	Private <del>Commercial</del> / Motorcycle / Private Hire		
Name of Insurance Co:	India International Insurance		
Type of Policy:	<del>Comprehensive</del> / Third Party / Third Party, Fire & Theft		
Policy Number:	D22MCV0007892		

DRIVER			
Name of Driver:	Liu Jianping	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S8387250J	Date of Birth:	29/08/1983
Occupation:	Indoor / <u>Outdoor</u>	Driving Pass Date:	25/01/2011
Contact Number:	91160666	Gender:	Male <del>(Female)</del>
Address:	Same as Above		
Relationship with Owner:	<u>Owner</u> / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	


GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <u>Front to Rear</u> / Others:		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	Yes <del>(No)</del>		
Was anybody injured?	Yes <del>(No)</del>	Police Report Made?	Yes <del>(No)</del>
No. of passenger onboard (including driver):	0 * Driver stand by the road side.		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHC 5570C		
Vehicle Make / Model:	-		
Name of Driver:	Ng Kim Thong		
NRIC / FIN / Passport no:	S1519632G		
Contact Number:	-		
Name of Insurance Co:	-		

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

  
 \_\_\_\_\_  
 Signature of Driver


\_\_\_\_\_  
 Date and time



## 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D22MCV0007892</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: GBD406T	
Chassis No	: VF7XURHHAZ012915	
2. Name of Policyholder	: TAN BUS TRANSPORT	
3. Effective date of Insurance	: 30 Aug 2022	
4. Expiry date of Insurance	: 29 Aug 2023	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes. <b>The Policy does not cover</b> a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>		
<p>Excess Section I : SGD600.00 Windscreen Excess: SGD100.00 Hire Purchase Company : N.A</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : A000047/SINCL PTE LTD Date of Issue : 31/08/2022 15:30:21 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**GBD406T**

Make / Model  
**CITROEN / DISPATCH 2.0I HDI AT**

Vehicle Type :  
**A50 - Goods (Closed) Van/Van Panel (Delivery)**

Vehicle Scheme :  
**Normal**

Propellant :  
**Diesel**

Motor No. :  
**-**

Power Rating :  
**-**

Maximum Laden Weight :  
**3005 kg**

Year Of Manufacture :  
**2014**

Lifespan Expiry Date :  
**11 May 2034**

Quota Premium :  
**\$36,301.00**

Road Tax Expiry Date :  
**11 May 2023**

Inspection Due Date :  
**11 May 2023**

CO2 Emission :  
**189.00 (g/km)**

CO Emission :  
**-**

NOx Emission :  
**-**

Vehicle Attachment 1 :  
**No Attachment**

Chassis No. :  
**VF7XURHHAEZ012915**

Engine No. :  
**10WAPH0402490**

Engine Capacity :  
**1997 cc**

Maximum Power Output :  
**-**

Unladen Weight :  
**1740 kg**

Original Registration Date :  
**12 May 2014**

COE Category :  
**C - Goods Vehicle & Bus**

COE Expiry Date :  
**11 May 2024**

PARF Eligibility Expiry Date :  
**-**

Intended Transfer Date :  
**16 Mar 2023**

CEV/VES Rebate Utilised Amount :  
**-**

HC Emission :  
**-**

PM Emission :  
**-**