

**NATIONAL Assessment Centre Services** (only for use by **SMC923440006**)

Date In: <b>04/04/2023 14:54</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA23002082</b>	SAS e-Milling		
Veh No: <b>PD 15577</b>	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: <b>03/04/2023 09:05</b>	1-Motor Claim Form		
QC: <b>TP</b> Reporting Only	1-Motor W/O (within 24 hrs, 24 hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: ( )

TP Particulars: Vch No: **SMK 6482R** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) T'Owner: ( )

Insured/Driver Liability: ( ) % (Note: Hst Status (WO): 10: 0-20%, F: 21-79%, F: 80-140%)

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: ( )

Ramp-Up: ( ) (Note: Hst Status (WO): 10: 0-20%, F: 21-79%, F: 80-140%)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Injury: ( )

Accident: ( )

Location: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**NA2300967**

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$10
4) PT: Follow-Through Survey (\$100)	\$10
5) PT: Follow-Through Survey (Emergency)	\$30
6) TR: Repairer Fee	\$20
7) NI: New DA + SMRT Survey	\$140
8) NTUC Additional Services	
9) NI: New DA + SMRT Survey	\$140
10) NI: New DA + SMRT Survey	\$140
11) NI: New DA + SMRT Survey	\$140
12) NI: New DA + SMRT Survey	\$140
13) NI: New DA + SMRT Survey	\$140
14) NI: New DA + SMRT Survey	\$140
15) NI: New DA + SMRT Survey	\$140
16) NI: New DA + SMRT Survey	\$140
17) NI: New DA + SMRT Survey	\$140
18) NI: New DA + SMRT Survey	\$140
19) NI: New DA + SMRT Survey	\$140
20) NI: New DA + SMRT Survey	\$140

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

Signature: ( )

Date: ( )

## 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	04/04/2023 14:54 (SGT)
Reported by	Actual Driver
Date of Accident	03/04/2023 09:05 (SGT)
Exact Location of Accident	Clementi Ave 2, Singapore
Additional Location Information	SLIP ROAD TO CLEMENTI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD1557T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	K T TRANSPORT SERVICES
Company Reg No	5XXXX215A
Email Address	admin@serveyou.com.sg
Mobile Phone No	(Phone) +65-96715250
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	2754

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MCV0002008-02

### DRIVER

Name of Driver	LIM SIANG CHER
NRIC No	SXXXX087F
Date Of Birth	06/07/1957
Occupation	Outdoor

Date Of Driving Pass	05/09/1979
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96715250
Alt. Phone Number	-
Email Address	admin@serveyou.com.sg
Address	BLK 34 TELOK BLANGAH WAY #09-1074
Address complement	-
Postcode	090034
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)	2
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	LOOI HING MOOI
Gender	Female

#### 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	SMK6482R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-90098056
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")

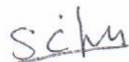
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

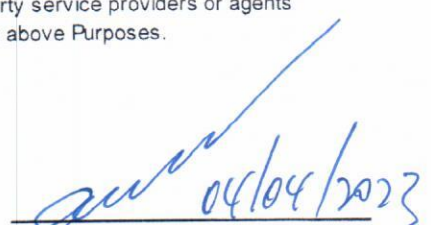
x



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

### **Sketch Plan**

- Refer to attached statement. -



**Describe Circumstances of the Accident**

- Refer to attached statement.

**Declaration**

We declare the foregoing particulars are true in every respect.

x

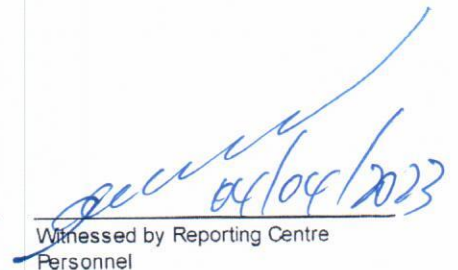
A circular stamp with the text "Transport Services" is overlaid on the signature.

Policyholder's Signature / Date & Time

Schin

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

Witnessed by Reporting Centre Personnel

A large, stylized signature in blue ink, followed by the date "04/04/2023" written in blue ink.

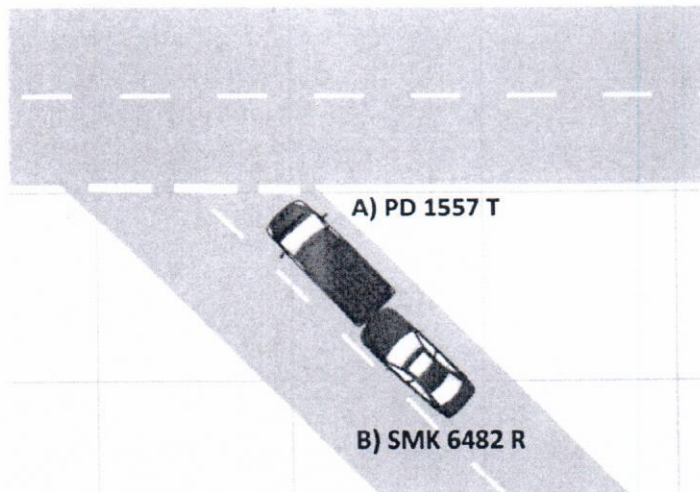
Accident Date: 03/04/2023

Accident Time: 09:05 Hr

Location: Clementi Ave 2 slip road to Clementi Road

Vehicle No.                    A) PD 1557 T  
   B) SMK 6482 R

On 03/04/2023, at 9:05am, I was driving a company vehicle A) PD 1557 T on the Clementi Ave 2 slip road towards Clementi Road. As I approached the entrance to Clementi Road, I stopped my car to check if the traffic was clear. Suddenly, I felt a great impact from behind and caused my vehicle A) PD 1557 T moved forward. I got out of my car to inspect the damage and noticed that a vehicle B) SMK 6482 R had collided with the rear side of my vehicle. Nobody was injured. We exchanged particular and left the scene.



sch  
Lim Siang Cher

*sch*  
04/04/2023

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

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

## SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	03/04/2023	Time of Accident:	09:05Hr
Exact Location:	Clementi Ave 2 slip road to Clementi Road.		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PD1557T	NRIC / FIN / Passport no:	53083215A
Name of Registered Owner:	KT Transport Services		
Owner's Email:	admin@serveyou.com.sg.		
Owner's Address:	679 Woodlands Ave 6 #07-700 Admiralty Place, S730679.		
Vehicle Make:	Toyota	Vehicle Model:	Hiace DX 2.8 Auto
Engine Capacity (cc):	2754cc	Transmission:	(Auto) Manual
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private (Commercial) / Motorcycle / Private Hire		
Name of Insurance Co:	India International Insurance		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	D21 MCV0002008-02		

DRIVER			
Name of Driver:	Lim Siang Cher	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S1276087F	Date of Birth:	06/07/1957
Occupation:	Indoor / (Outdoor)	Driving Pass Date:	05/09/1979
Contact Number:	96715250	Gender:	(Male) / Female
Address:	Blk 34 Telok Blangah Way #09-1074 S090034		
Relationship with Owner:	Owner / (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 / (Front to Rear) / Others:		
Weather Condition:	Clear / (Raining) / Others:	Road Surface:	Dry / (Wet)
Video available:	Yes / No		
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / (No)
No. of passenger onboard (including driver):	02	1) Looi Hing Mooi - Female.	

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMK6482R		
Vehicle Make / Model:	-		
Name of Driver:	-		
NRIC / FIN / Passport no:	-		
Contact Number:	90098056		
Name of Insurance Co:	-		

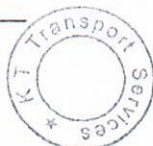
DETAILS OF WITNESS			
Name:		Contact Info:	

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, 1980 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.: D21MCV0002008_02</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: PD1557T	
Chassis No	: GDH2012014806	
2. Name of Policyholder	: K T TRANSPORT SERVICES	
3. Effective date of Insurance	: 12 Mar 2023	
4. Expiry date of Insurance	: 11 Mar 2024	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he is in the Policyholder's employ and is driving on their 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>Use only for the carriage of passengers or goods in connection with the Policyholder's business. <b>The Policy does not cover</b> a) Use for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) 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 &amp; II Separately: SGD1,500.00 Windscreen Excess : SGD200.00 TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY Hire Purchase Company: DAIMLER FINANCIAL SERVICES AFRICA &amp; ASIA PACIFIC LTD</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1500/- ON SECTION I &amp; II (SEPARATELY) 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 : 03/03/2023 09:55:51 M.Z. 600C - OMNIBUS (ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p>  <p>Nalini Venugopal MD &amp; CEO</p>



**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	PD1557T		
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus	Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Attachment 1:	Air-Conditioned		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	HIACE DX 2.8 AUTO
Chassis No.:	GDH2012014806	Engine No.:	1GD8622937
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	11
Engine Capacity:	2754 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	1800 kg	Maximum Laden Weight:	3205 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	12 Mar 2021	Original Registration Date:	12 Mar 2021
Manufacturing Year:	2020	Open Market Value:	\$41,297.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$2,065.00		

**Owner Particulars**

Owner Name: K T TRANSPORT SERVICES  
 Owner ID Type: Business  
 Owner ID: 53083215A  
 Registered Address Type: Private Residential (Condo Apt or House) /  
 Shopping / Office Complexes  
 Registered Block/House No.: 679  
 Registered Street Name: WOODLANDS AVENUE 6  
 Registered Unit No.: # 07 - 700  
 Registered Building Name: ADMIRALTY PLACE  
 Registered Postal Code: 730679  
 COE No. / Expiry Date: 2021031205000562E / 11 Mar 2031  
 COE Bid Category: C - Goods Vehicle & Bus  
 PQP Paid: \$31,540.00

**Transaction Details**

Business Transaction Ref. No.: 20210312121728594883  
 Business Transaction Date: 12 Mar 2021  
 Business Transaction Time: 12:17:28

**Message**

The above vehicle has been successfully registered.  
 The total amount is \$33,924.00.

OK

Save as PDF