

NATIONAL Assessment Centre Services (Call 1-800-555-5555) **NA 2300990**

Date In: 05/04/2023 15:28	Job description	Date & Time Completed	Done by
Ref No: NBA/CTZ 23003560/Y	SAS e-filing		
Veh No: PC: 429715	E-mail (with ins, AIC ins)		
D.O.A: 04/04/2023 11:00	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (with: OD ins, or ins)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Ins		

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

TP Particulars: Veh No: **YP 574E** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Bst Status (WO): 10-0-20%, F: 21-79%, P: 30-140%)

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 repeller.

() Total Loss Case ; to e-mail Insurer URGENTLY.

Drive-in () / Towed-in () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Lodging: 0788, 0015)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time: ()

NA 2300990	Invoice/Preparation Charge List	
1) AIL: Accident Papering (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$55)	
3) TP: Towing Fee	\$30/\$45	
4) PT: Follow-Through Survey	\$135	
5) FT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: New DA + SMRT Survey	\$140	
8) NTC Additional Services		
9) QW:		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$35	
*NI: DY / Collect Excess Coordination	\$1	
*TP (N1): TP (Non-INC) Insurer ASE	\$20	
*TP (N2) 1 Day Mobile	10	
Invoice Total		Fees 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	05/04/2023 15:25 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 11:00 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 8, Singapore
Additional Location Information	U11 HEAVY VEHICLE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4297D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANG SOCK SENG TRANSPORT SERVICE
Company Reg No	5XXXX662K
Email Address	mr.angss@gmail.com
Mobile Phone No	(Phone) +65-96630170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00015882201

DRIVER

Name of Driver	ANG SOCK SENG
NRIC No	SXXXX597A
Date Of Birth	05/02/1951
Occupation	Outdoor

Date Of Driving Pass	04/08/1983
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96630170
Alt. Phone Number	-
Email Address	mr.angss@gmail.com
Address	BLK 183 BUKIT BATOK WEST AVENUE 8 #03-119
Address complement	-
Postcode	650183
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230405/7025

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP574E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

ANG SOCK SENG TANG SOCK SENG TRANSPORT SERVICE

Bik 183, Bukit Batok West Ave 8, #03-119 Singapore 650183	Bik 183, Bukit Batok West Ave 8, #03-119 Singapore 650183	M.P. 9663 0170 PG: 9703 6205 TEL: 899 8165 FAX: 566 8185
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[Handwritten signature] 05/04/2023

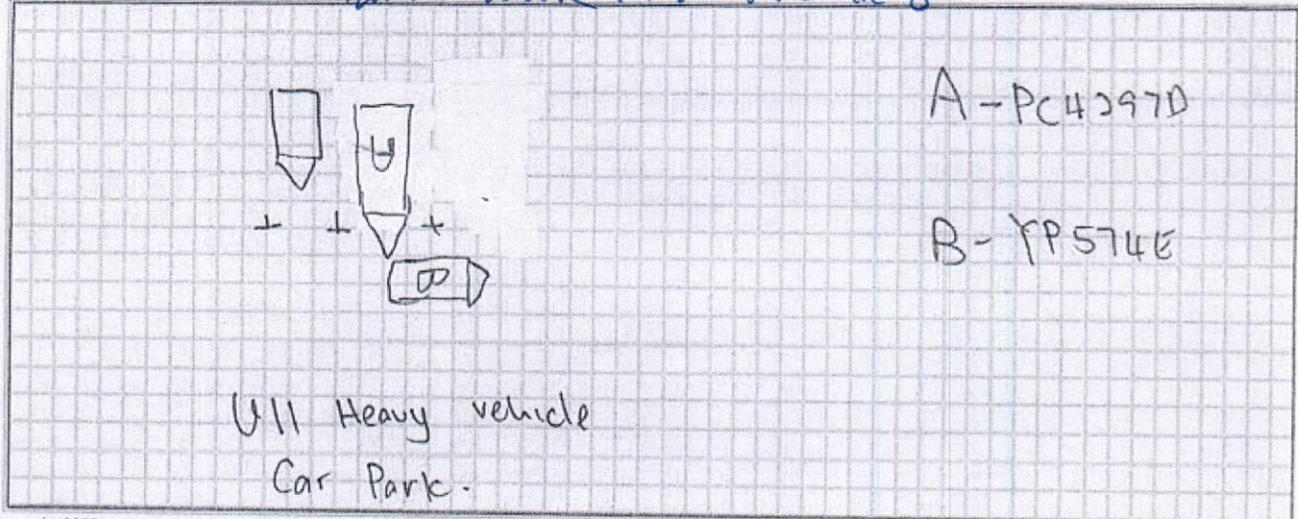
Policyholder's Signature / Date & Time

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

BUKIT BATOK WEST AVENUE 8



Describe Circumstance of the Accident

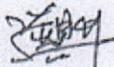
Please refer to Police Report - T/20230405/7025

Declaration

洪 洪 We declare the foregoing particulars are true in every respect.

ANG SOCK SENG TRANSPORT SERVICE

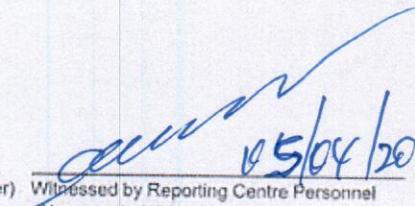
Blk 183, Bukit Batok West H.P. 9663 0170
Ave 8, #03-119 PG: 9703 6205
Singapore 650183 TEL: 899 8185
FAX: 566 8185



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)


105/04/2023



**SINGAPORE
POLICE FORCE**



T/20230405/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230405/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2023 12:23	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ANG SOCK SENG		Address: 183 BUKIT BATOK WEST AVENUE 8 #03-119 SINGAPORE 650183	
ID Type / ID No.: NRIC NO / S1474597A		Contact No.: Home/Office: Mobile: 96630170	
Nationality: SINGAPORE CITIZEN		Email: MR.ANGSS@GMAIL.COM	
Sex: Male	Age: 62	Date of Birth: 05/02/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/04/2023 11:00	Type of Location: Car Park
Location: BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC4297D	Van					0
YP574E	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230405/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230405/7025

CONTINUATION OF REPORT

Driver			
Name	ANG SOCK SENG	ID No.	S1474597A
Related Vehicle	PC4297D (Van)	Contact No.	96630170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 04/04/2023 AROUND 11000HRS, MY BUS PC4297D WAS PARKED AT U11 HEAVY VEHICLE CAR PARK, AND I WENT BACK HOME. AT ABOUT 12NOON I WENT BACK TO THE CAR PARK TO COLLECT MY BUS, AS SUCH I SAW MY BUS LEFT REAR VIEW MIRROR DAMAGES. I RETRIEVE THE BUS CCTV, IT SSHOW VEH B YP574E DOVE PAST MY BUS AND HIT ONTO MY LEFT REAR VIEW MIRROR. VEH B DRIVER ALIGHT HIS LORRY AND DO HIS DELIVERY AND DRIVER DID NOT LEAVE ANY NOTE OR WAIT FOR ME.



**SINGAPORE
POLICE FORCE**



T/20230405/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230405/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
05/04/2023 12:23

Classification Of Case:

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes/no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC:
Driver Name :
Driver Pass date :
Driver Birth date :

Relationship with insured: Employee & employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: XP 574E
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of insured/Co: _____
Insurance co of third party vehicle: MSIG

Police report (if any): yes/no
Police report reported at which police station: 10 vbi Ave 3
Any intended prosecution given: yes /no
if yes, against whom: veh A /veh B driver

Action taken: claiming third party / claiming own damage / reporting only

No of Pax: 0

- Male
- Female

Connect3 client vehicle no: PC4297D

Owner contact no: 96630170

Email Address: Mr. Ang SS @gmail.com

Date of accident: 4/4/2023

Location of accident: U11 Heavy Vehicle Car Park

Time of accident: 1100hrs

Any Injury: yes /no (if yes, must have police report)



Motor Bus

MZ601

R SH

AN0826A

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.	DVB1SNW00015882201	Engine No.: 6HK1664279	
		Chs. No.: JALLT434PET000103	
1. Index Mark and Registration Number of Vehicle	PC4297D	AUTOSAFE	
2. Name of Policy Holder	ANG SOCK SENG TRANSPORT SERVICE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/10/2022 (00:00:00)	Excess Sect I.	S\$2,000.00
		Excess Sect II	S\$3,000.00
4. Date of Expiry of Insurance	12/10/2023	EX ON WINDSCREEN.	S\$800.00
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 forward) 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.

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.

Issued By: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
#3 Anson Road #16-00 Springleaf Tower Singapore 079909

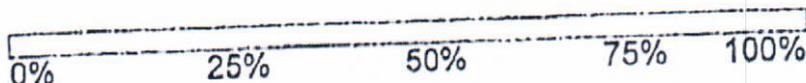
☎ 6389 6111

☎ 6222 1033

🌐 www.sg.entaiping.com

Register New Vehicle

Text size + -



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	PC4297D	Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus	Vehicle Attachment 3:	-
Vehicle Attachment 1:	Air-Conditioned	Vehicle Attachment 2:	-
Vehicle Attachment 2:	-	Vehicle Model:	LT434P 7.8 SMT
Vehicle Make:	ISUZU	Engine No.:	6HK1664279
Chassis No.:	JALLT434PE7000103	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	49
Propellant:	Diesel	Power Rating:	-
Engine Capacity:	7790 cc	Maximum Laden Weight:	15200 kg
Maximum Power Output:	-	Secondary Colour:	-
Unladen Weight:	10820 kg	Original Registration Date:	13 Oct 2015
Primary Colour:	Multi-Colour	Open Market Value:	\$94,854.00
First Registration Date:	13 Oct 2015	Minimum PARF Benefit:	\$0.00
Manufacturing Year:	2014	Additional Registration Fee Rate:	5.00%
PARF Eligibility:	No		
No. of Transfers:	0		

Owner Particulars

Owner Name: ANG SOCK SENG TRANSPORT SERVICE
 Owner ID Type: Business
 Owner ID: 52913662K
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 183
 Registered Street Name: BUKIT BATOK WEST AVENUE 8
 Registered Unit No.: # 03 - 119
 Registered Building Name: -
 Registered Postal Code: 650183
 COE No. / Expiry Date: 2015101305000830C / 12 Oct 2025
 COE Bid Category: C - Goods Vehicle & Bus
 PQP Paid: \$28,917.00

Transaction Details

Business Transaction Ref. No.: 20151013102703766351
 Business Transaction Date: 13 Oct 2015
 Business Transaction Time: 10:27:03

Message

The above vehicle has been successfully registered.