

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 06/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23005803/d4	SAS e-filing		
Veh No: SKL 5910E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/06/2023 18:10	i-Motor Claim Form		
OD / (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLJ 5121G 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add E
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Cat. 1:	7) N1 : Idae DA + SMRT Survey \$160			
Cat. 2 / 3:	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpl 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: Idae 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	06/06/2023 17:13 (SGT)
Reported by	Actual Driver
Date of Accident	05/06/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5910E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KARKOOL LIMOUSINE
Company Reg No	5XXXX768D
Email Address	admins@se2000.com.sg
Mobile Phone No	(Phone) +65-62192000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00010462300

DRIVER

Name of Driver	TAN BEE SENG
NRIC No	SXXXX041I
Date Of Birth	01/02/1965
Occupation	Outdoor

Date Of Driving Pass	14/01/1986
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97282842
Alt. Phone Number	-
Email Address	admins@se2000.com.sg
Address	APT BLK 156 JALAN TECK WHYE
Address complement	# 19-55
Postcode	680156
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL-LEASING
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)	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	ALVIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - F/20230605/2087

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WAS STOLEN BY DRIVER OF SLJ5121G

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5121G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH ZHI BING , BRYAN
NRIC No	SXXXX998J
Contact Number	(Phone) +65-83224534
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	ALVIN
Phone	(Phone) +65-91196182
Email	-

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.



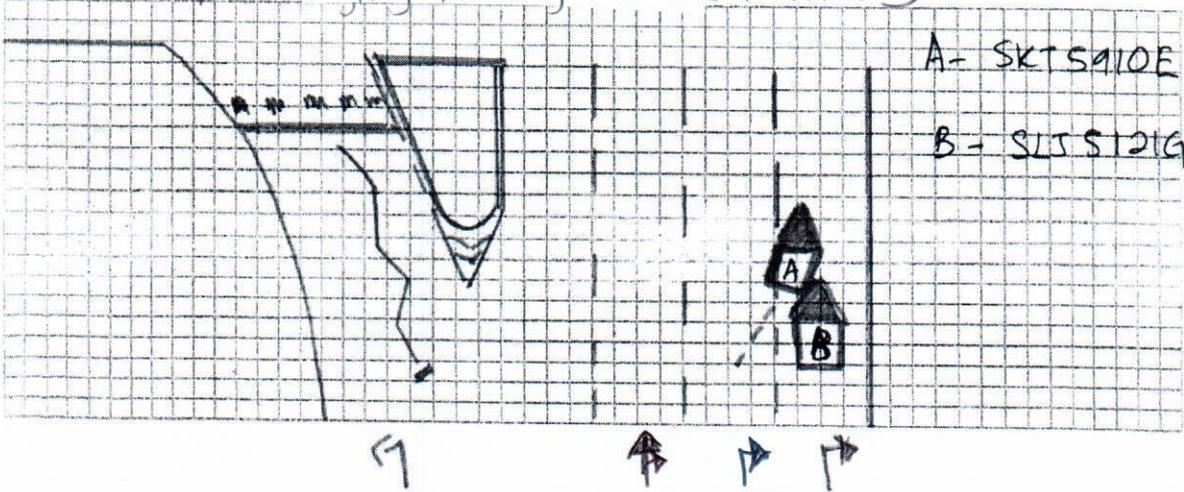
Policyholder's Signature / Date & Time

[Handwritten Signature] 6/June/2023

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

[Handwritten Signature] 6/6/2023
Witnessed by Reporting Centre Personnel

Sketch Plan slip road exiting to Ang Mo Kio Avenue 5



A - SKTSAIOE

B - SLSSTIG

Describe the Circumstance of the Accident

Please Refer to the attached
police Report
- F/2023 0605/2023 -

Declaration

I/We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

6/June/2023

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

[Signature] 6/6/2023

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



**SINGAPORE
POLICE FORCE**



F/20230605/2087

1 of 2

POLICE REPORT (NP299)

Report No. F/20230605/2087

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 05/06/2023 19:25	Vide Report No.	Station Diary No. 141	
Name Of Informant TAN BEE SENG	Address APT BLK 156 JALAN TECK WHYE #19-55 SINGAPORE 680156		
ID Type / ID No. NRIC NO / S17050411	Contact No. Home/Office	Mobile 97282842	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation PRIVATE HIRE	Sex Male	Age 57	Date of Birth 01/12/1965
Institution/School Name	Race Chinese		
Date/Time Of Incident 05/06/2023 18:15	Location Of Incident ANG MO KIO AVENUE 5 SINGAPORE		

Brief details.

On the 05/06/2023 at about 1810hrs, I was travelling along Ang Mo Kio Avenue 12 towards BuangKok Crescent. As I was approaching the traffic light, I then slowed down my vehicle (SKT5910E). Suddenly there was a vehicle (SLJ5121G) suddenly hit onto my right rear bumper of my vehicle. I then get down of my vehicle and exchanged particulars with the driver (S9636998J, Goh Zhi Bing, Bryan, 83224534, SLJ5121G). We did not call for police or ambulance as us both parties was not injured and decide on a private settlement. As such, I then walked back to my vehicle. My passenger (Alvin, 91196182) informed me that earlier while I was exchanging particulars, there is a man came into my vehicle and removed my

Signature Of Officer Recording The Report: F / SGT 1 KWOK ZHENG YANG, GEORGE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2023 19:25
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / INSP (2) RAMESH GAUTAM KEVIN Contact No.: 62181343	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230605/2087

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230605/2087

SD card from the dash camera of my vehicle. I then made a check and the SD card was missing. I then noticed the other vehicle had already left the scene, I then tried contacting Bryan and he told me that he did not take my SD card and told me that he was driving and unable to talk to me. I then dropped off my passenger and came to a nearby police station. I wish to state that I did not call for police at that moment as I was confused on what is happening.

I am lodging this report for police assistance.

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Stolen				1		01 Mirco SD Card

Signature Of Officer Recording The Report:
F / SGT 1 KWOK ZHENG YANG,
GEORGE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/06/2023 19:25

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
INSP (2) RAMESH GAUTAM KEVIN
Contact No.: 62181343

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 05/06/2023	TIME OF ACCIDENT: 18:10 pm
VEHICLE NO: SKT 5910E	TRANSMISSION: <u>AUTO</u> / MANUAL
MAKE & MODEL: Kia / Forte K31.6A	LOCATION: slip Road of Ang Mo Kio Avenue 5
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	CLAIM TYPE: <u>OD</u> / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: China Taiping	POLICY NO: DMHCSNW00010462300
TYPE OF COVERAGE: <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (<u>SALOON</u> / COUPE / MPV / VAN / LORRY / MOTORCYCLE)
NAME OF OWNER: Karkool Limousine	NRIC: 53359768D
ADDRESS:	CONTACT NO: 6219 2000
EMAIL ADDRESS: admins@se2000.com.sg	VIDEO RECORDING: YES / <u>NO</u>
NAME OF DRIVER: AS ABOVE / IF NO: Tan Bee Seng	NRIC: <u>31705041L</u> CONTACT NO: <u>9728 2842</u>
DRIVER OWNER RELATIONSHIP: <u>Rental-leasing</u>	PASSENGER: Alvin MALE (<u>1</u>) FEMALE ()
DATE OF BIRTH: 01 / 12 / 1965	DRIVING PASSING DATE: 14 / 01 / 1986
OCCUPATION: INDOOR / <u>OUTDOOR</u>	ADDRESS: Apt Blk 156, Jalan Teck Whye #19-55, S 680156
ANY INJURIES: NO, IF YES: _____	POLICE REPORT: NO / IF YES WHERE? <u>Hougang</u>
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO: <u>SLJ 5121G</u>	VEHICLE C REG NO: _____
DRIVER NAME: <u>Goh Zhi Bing, Bryan</u>	DRIVER NAME: _____
NRIC: <u>89636998J</u>	NRIC: _____
CONTACT: <u>83224534</u>	CONTACT: _____
VEHICLE D REG NO: _____	ANY WITNESS? NO, IF YES: _____
DRIVER NAME: _____	NAME: <u>Alvin</u>
NRIC: _____	CONTACT: <u>9119 6182</u>
CONTACT: _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM: _____	WERE SEAT BELTS WORN? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



Motor Hire Car

MZ406L/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)

N SN

AN0450A

Cov. Type:F

CERTIFICATE No.	DMHCSNW00010462300	Engine No.: G4FGFH766568	Cha. No.:KNAFX411MF5396692
1. Index Mark and Registration Number of Vehicle	SKT5910E		
2. Name of Policy Holder	KARKOOL LIMOUSINE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/05/2023 (15:08:19)	Excess Sect. II	SS2,000.00
		Excess Sect.II (Outside Singapore).	SS4,000.00
4. Date of Expiry of Insurance	11/05/2024		
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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:*	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.		
	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.		

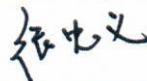
** Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.*

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: INXPIRE N SOLUTIONS
Authorised Officer


Authorised Signatory

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

6389 6111

6222 1033

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