

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **Sheet 2 of 3**

Date In: 12/06/2023 10:23	Job Description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: NIA/CIT 28005918/Y	E-mail (within 24hrs, A/C 2hrs)		
Val No: PG 51124	1-Motor Claim Form		
D.O.A: 10/06/2023 11:55	1-Motor W/O (prints: OD, Int, 24 hrs)		
OD: TP (Repeating Only)	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VW/Rep		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Yell No: **ARC 9432-M** INC () / Non-INC ()

Owner / Driver: ()

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

Confirmed by: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): 1: 0-30%, F: 21-70%, F1 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

Center: ()

() Walk-In Customer / Customer's Information strictly Confidential & Strictly NO info of repeat.

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

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

Repair Shop: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

NIA 2857704

Insurance Bureau: ()

Owner/Driver: ()

Insured No: ()

Assigned Portion: ()

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

Signature: ()

Date: ()

Invoice: Repairation Charge	
1) Alls Accident Passbook (\$30)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$100
4) TP: Follow Through Survey (\$150)	\$150
5) TP: Follow Through Survey (\$150)	\$150
6) TP: Follow Through Survey (\$150)	\$150
7) TP: Follow Through Survey (\$150)	\$150
8) TP: Follow Through Survey (\$150)	\$150
9) TP: Follow Through Survey (\$150)	\$150
10) TP: Follow Through Survey (\$150)	\$150
11) TP: Follow Through Survey (\$150)	\$150
12) TP: Follow Through Survey (\$150)	\$150
13) TP: Follow Through Survey (\$150)	\$150
14) TP: Follow Through Survey (\$150)	\$150
15) TP: Follow Through Survey (\$150)	\$150
16) TP: Follow Through Survey (\$150)	\$150
17) TP: Follow Through Survey (\$150)	\$150
18) TP: Follow Through Survey (\$150)	\$150
19) TP: Follow Through Survey (\$150)	\$150
20) TP: Follow Through Survey (\$150)	\$150
21) TP: Follow Through Survey (\$150)	\$150
22) TP: Follow Through Survey (\$150)	\$150
23) TP: Follow Through Survey (\$150)	\$150
24) TP: Follow Through Survey (\$150)	\$150
25) TP: Follow Through Survey (\$150)	\$150
26) TP: Follow Through Survey (\$150)	\$150
27) TP: Follow Through Survey (\$150)	\$150
28) TP: Follow Through Survey (\$150)	\$150
29) TP: Follow Through Survey (\$150)	\$150
30) TP: Follow Through Survey (\$150)	\$150
31) TP: Follow Through Survey (\$150)	\$150
32) TP: Follow Through Survey (\$150)	\$150
33) TP: Follow Through Survey (\$150)	\$150
34) TP: Follow Through Survey (\$150)	\$150
35) TP: Follow Through Survey (\$150)	\$150
36) TP: Follow Through Survey (\$150)	\$150
37) TP: Follow Through Survey (\$150)	\$150
38) TP: Follow Through Survey (\$150)	\$150
39) TP: Follow Through Survey (\$150)	\$150
40) TP: Follow Through Survey (\$150)	\$150
41) TP: Follow Through Survey (\$150)	\$150
42) TP: Follow Through Survey (\$150)	\$150
43) TP: Follow Through Survey (\$150)	\$150
44) TP: Follow Through Survey (\$150)	\$150
45) TP: Follow Through Survey (\$150)	\$150
46) TP: Follow Through Survey (\$150)	\$150
47) TP: Follow Through Survey (\$150)	\$150
48) TP: Follow Through Survey (\$150)	\$150
49) TP: Follow Through Survey (\$150)	\$150
50) TP: Follow Through Survey (\$150)	\$150
51) TP: Follow Through Survey (\$150)	\$150
52) TP: Follow Through Survey (\$150)	\$150
53) TP: Follow Through Survey (\$150)	\$150
54) TP: Follow Through Survey (\$150)	\$150
55) TP: Follow Through Survey (\$150)	\$150
56) TP: Follow Through Survey (\$150)	\$150
57) TP: Follow Through Survey (\$150)	\$150
58) TP: Follow Through Survey (\$150)	\$150
59) TP: Follow Through Survey (\$150)	\$150
60) TP: Follow Through Survey (\$150)	\$150
61) TP: Follow Through Survey (\$150)	\$150
62) TP: Follow Through Survey (\$150)	\$150
63) TP: Follow Through Survey (\$150)	\$150
64) TP: Follow Through Survey (\$150)	\$150
65) TP: Follow Through Survey (\$150)	\$150
66) TP: Follow Through Survey (\$150)	\$150
67) TP: Follow Through Survey (\$150)	\$150
68) TP: Follow Through Survey (\$150)	\$150
69) TP: Follow Through Survey (\$150)	\$150
70) TP: Follow Through Survey (\$150)	\$150
71) TP: Follow Through Survey (\$150)	\$150
72) TP: Follow Through Survey (\$150)	\$150
73) TP: Follow Through Survey (\$150)	\$150
74) TP: Follow Through Survey (\$150)	\$150
75) TP: Follow Through Survey (\$150)	\$150
76) TP: Follow Through Survey (\$150)	\$150
77) TP: Follow Through Survey (\$150)	\$150
78) TP: Follow Through Survey (\$150)	\$150
79) TP: Follow Through Survey (\$150)	\$150
80) TP: Follow Through Survey (\$150)	\$150
81) TP: Follow Through Survey (\$150)	\$150
82) TP: Follow Through Survey (\$150)	\$150
83) TP: Follow Through Survey (\$150)	\$150
84) TP: Follow Through Survey (\$150)	\$150
85) TP: Follow Through Survey (\$150)	\$150
86) TP: Follow Through Survey (\$150)	\$150
87) TP: Follow Through Survey (\$150)	\$150
88) TP: Follow Through Survey (\$150)	\$150
89) TP: Follow Through Survey (\$150)	\$150
90) TP: Follow Through Survey (\$150)	\$150
91) TP: Follow Through Survey (\$150)	\$150
92) TP: Follow Through Survey (\$150)	\$150
93) TP: Follow Through Survey (\$150)	\$150
94) TP: Follow Through Survey (\$150)	\$150
95) TP: Follow Through Survey (\$150)	\$150
96) TP: Follow Through Survey (\$150)	\$150
97) TP: Follow Through Survey (\$150)	\$150
98) TP: Follow Through Survey (\$150)	\$150
99) TP: Follow Through Survey (\$150)	\$150
100) TP: Follow Through Survey (\$150)	\$150

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	12/06/2023 10:23 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 11:55 (SGT)
Exact Location of Accident	Outram Rd, Singapore 169608
Additional Location Information	BEFORE JUNCTION CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5112Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VINTAGE TOURS & TRAVEL PTE. LTD.
Company Reg No	UXXNOWN
Email Address	vintagetourssg@gmail.com
Mobile Phone No	(Phone) +65-83220872
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	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00017222200

DRIVER

Name of Driver	KUPPUSWAMY SUBRAMANIAM SRIDHAR
NRIC No	SXXXX691D
Date Of Birth	17/06/1966
Occupation	Outdoor

Date Of Driving Pass	06/09/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83220872
Alt. Phone Number	-
Email Address	vintagetourssg@gmail.com
Address	BLK 536 BEDOK NORTH STREET 3 #05-872
Address complement	-
Postcode	460536
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	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)	3
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	-

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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 SKETCH PLAN

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	GBC9432M
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ISLAM MONIRUL
Contact Number	(Phone) +65-81717396
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

 Accident report SN08236C0001

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

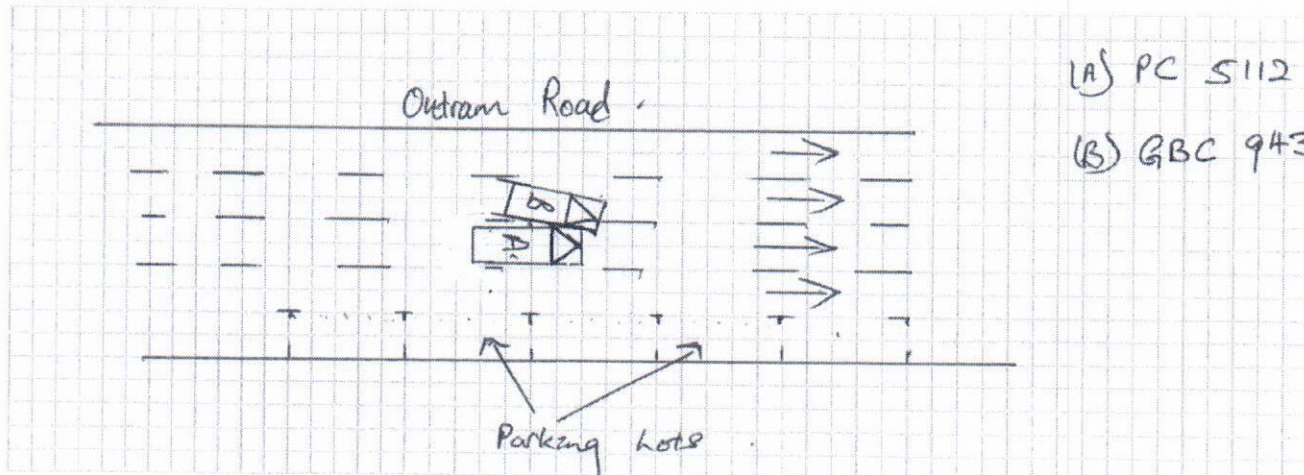
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

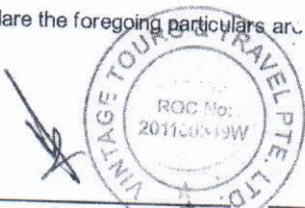


Describe Circumstances of the Accident

On 10/06/23 at @ 1155 hrs, I was travelling in my vehicle (PC 5112Y) along Outram Road before CTE on the 2nd lane from the right. Suddenly, a lorry (GBC 9432M) on my left, cut into my path and collided onto the left side of my vehicle.

Declaration

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

[Handwritten signature]
12/06/2023

Date of Accident : 10/06/23 Accident Time: 11:55 hrs (24-HR-Format)
Accident Place : Outram Road before junction CTE.
Vehicle No. (Car Plate No.) : PC 5112 Y Make/Model: Toyota Haze. 4-door.
Insurance Company : Cheng Tai Ping. Policy No: OMB18NW0001T222200
Owner or Company Name /IC No. : Vintage Tours & Travel Pte Ltd /201106349W
Owner or Company Contact No. : 8322 0872 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Kuppuswamy Subramanian Sridhar / 82652691D.
DRIVER'S Date Of Birth : 17/06/1966 DRIVER'S License Pass Date 06/09/2007.
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.
DRIVER'S Address : BLK 536 Bedok North St 3 #05-872 (S460536)
DRIVER'S Contact No./ Alt No. : (1) 8322 0872 . 2) _____
DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)
Email Address : VINTAGE TOURS SG @GMAIL.COM
Weather & Road Surface : ~~CLEAR & DRY~~ \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ Claim Own Insurance
Number of Passengers (Including Driver): 03 include driver
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): N.A.

Other Party Driver's Particular (if any)

Vehicle No: GBC 9432 M
Vehicle Make/Model: Nissan Cabstar.
Name Driver: Islam Monirul
IC No. Driver/Contact: 8171 7296.

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① unknown (F)
② unknown (M)

Motor Bus

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)

MZ601

N SN

AN0706B

Cov. Type:C

CERTIFICATE No. DMB1SNW00017222200 Engine No.: 1GD8979466
Cha. No. GDH2232004609

1. Index Mark and Registration Number of Vehicle PC5112Y AUTOSAFE
=====

2. Name of Policy Holder VINTAGE TOURS & TRAVEL PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (09:39:49) 25/10/2022
Ordinance or Enactment Excess Sect I. S\$1,500.00
Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance 24/10/2023 EX ON WINDSCREEN. S\$100.00

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 reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : MOTOR CREDIT PTE LTD

* 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: Muhammad Safwan Bin Mohamed

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

www.sg.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	349W
Vehicle Details	
Vehicle No.:	PC5112Y
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	White
Manufacturing Year:	2022
Engine No.:	1GD8979466
Chassis No.:	GDH2232004609
Maximum Power Output:	-
Open Market Value:	\$37,136.00
Original Registration Date:	25 Oct 2022
First Registration Date:	25 Oct 2022
Transfer Count:	0
Actual ARF Paid:	\$1,857.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Oct 2032
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$67,001.00
COE Rebate Amount:	\$62,264.00
Total Rebate Amount:	\$62,264.00

The information contained herein is correct as at 12 Jun 2023

OK