

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: # 03/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C7123006687/d4	SAS e-filing		
Veh No: GBL 4475A	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 30/06/2023 16:40	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: PD 241K 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	Am't (\$)	Am't (\$)
		1st Bill	Ad
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		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idao Mobile \$0		
	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 03/07/2023 15:32 (SGT)
Reported by Actual Driver
Date of Accident 30/06/2023 16:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES CENTRAL 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL4475A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FURNITUREREBORN
Company Reg No 3XXXX000X
Email Address aloysiustan80@hotmail.com
Mobile Phone No (Phone) +65-96980360
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Vito
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2143

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00140942200

DRIVER

Name of Driver TAN SEOW HOW
NRIC No SXXXX041D
Date Of Birth 12/03/1954
Occupation Indoor

Date Of Driving Pass	11/11/1976
Driving experience	46 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90068115
Alt. Phone Number	-
Email Address	aloysiustan80@hotmail.com
Address	APT BLK 457B SENGKANG WEST ROAD
Address complement	# 14-370
Postcode	792457
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	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230630/2089

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	PD241K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
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 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

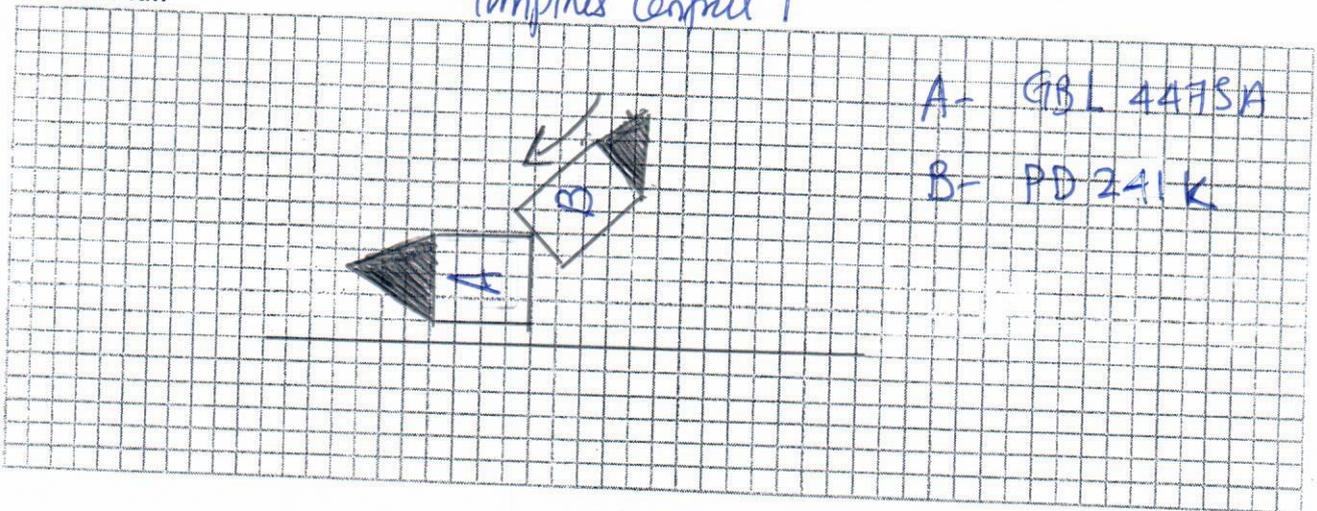
Witnessed by Reporting Centre Personnel

[Handwritten Signature] - 3rd July 2023

[Handwritten Signature] 3/7/2023

Tampines Central 1

Sketch Plan



Describe Circumstance of the Accident

please Refer to the attached
police Report

- T/20230630/2089 -

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 3rd July 2023

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

[Signature] 3/7/2023

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



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2023 21:04	Vide Report No.:	Station Diary No.: 100
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: TAN YEE KERN ALOYSIUS		Address: APT BLK 163C RIVERVALE CRESCENT #18-262 SINGAPORE 543163	
ID Type / ID No.: NRIC NO / S8029571E		Contact No.: Home/Office: Mobile: 96980360	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 20/09/1980	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/06/2023 16:40	Type of Location: Car Park
Location: TAMPINES CENTRAL 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		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	Condition	No of Passenger
GBL4475A	Van	MERCEDES BENZ	VITO	Black	Slightly Damaged	0
PD241K	Van	TOYOTA	HIACE	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL4475A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			



**SINGAPORE
POLICE FORCE**



T/20230630/2089

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20230630/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YEE KERN ALOYSIUS	ID No.	S8029571E
Related Vehicle	GBL4475A (Van)	Contact No.	96980360
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/6/2023 at about 1630hrs, my father namely Tan Seow How with NRIC: S0025041D and mobile number: 90068115 parked the company van (furnitureREBORN) at the above-mentioned location. At about 1640hrs, he returned back to the van and saw damages on the rear of the van such as broken tail lights and dents on the bumper. My father informed me about it and I viewed the dash camera. It was a white Toyota Hiace (SATS WORKERS UNION (SATSWU)) with plate number: PD241K that reversed onto my company van. The white van drove off without leaving any notices.



**SINGAPORE
POLICE FORCE**



T/20230630/2089

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20230630/2089

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 1 JAMES CHAY CHUN WAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:

Date/Time:
30/06/2023 21:04

Classification Of Case:

NP168

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 30/6/2023	TIME OF ACCIDENT : 16:40
VEHICLE NO : GBL 4475A	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Mercedes Benz Vito	LOCATION : Tampines Central 1
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : chira Taiping	POLICY NO : DMCVSNW00140942200
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)
NAME OF OWNER : Fumiturereborn	NRIC : 37733000X
ADDRESS :	CONTACT NO : 96980360
EMAIL ADDRESS :	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : Tan Seow How	NRIC : 80625041D CONTACT NO : 90068115
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : <input type="radio"/> MALE () FEMALE ()
DATE OF BIRTH : 12 / 03 / 1954	DRIVING PASSING DATE : 11 / 11 / 1976
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : Apt Blk 457B Sengkang west Road # 14-370, S792457
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ? Sengkang N.P.C
WEATHER CONDITION : CLEAR / RAINING / OTHERS :	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : PD 241K	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES : YES / NO	
VEHICLE NUMBER : SMZ 78274	HANDLING INSURER : Alliance



Motor Commercial

MZ300/C

N SN

AN0677A

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.	DMCVSNW00140942200	Engine No.: 65195035428813 Cha. No.:W1V44760323895292
1. Index Mark and Registration Number of Vehicle	GBL4475A	AUTOSAFE =====
2. Name of Policy Holder	FURNITUREREBORN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22/11/2022 (00:00:00)	Excess Sect I . S\$500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	21/11/2023	
5. Persons or Classes of Persons entitled to drive* 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.		
6. Limitations as to use:*		
(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED * 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: CVD AUTO PTE LTD

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