

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA1716637

Date In: 19/12/17 - 12:39	Job description	Date & Time Completed	Done by
Ref No: NA/GA217024029/24	SAS e-filing		
Veh No: G2 2079R	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 18/12/17 - 01:00	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: SJ370L	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% P: 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

NA1767810	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
at 1:			
at 2 / 3:			

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 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 ability.
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 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 Report	19/12/2017 12:39
Date Of Accident	18/12/2017 01:00
Exact Location Of Accident	JUNC YIO CHU KANG RD & HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2079R
Insured/Policyholder	
Name Of Registered Owner	CALIFORNIA LAUNDRY PTE LTD
Co Reg No	198801245W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62516616

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVC000002372-00-000
Cover Note Number	

Driver

Name of Driver	HENRY TEE JIE WEI
NRIC No	S9220241J
Date Of Birth	25/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2014
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96412436
Fax Number	
Contact Number	OFFICE-96412436
Email Address	NOEMAIL

Address	BLK 502A YISHUN STREET 51 #02-412
Postcode	761502
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171218/2029.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ370L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name HENRY TEE JIE WEI
Approximate Age
Injuries Sustain SHOULDER & NECK
Injured person in which vehicle? GZ2079R
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TEE BOON WAH
Approximate Age
Injuries Sustain SHOULDER & NECK
Injured person in which vehicle? GZ2079R
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Yio Chu Kang rd

A: GZ 2079R
B: SLJ 370L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/12/18/2029.

DECLARATION

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



Policyholder's Signature
Date & Time:

4

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

Handwritten signature in blue ink.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171218/2029

1 of 3

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

Report No. T/20171218/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2017 10:38	Vide Report No.:	Station Diary No.:
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Informant's Particulars		
Name of Informant: HENRY TEE JIE WEI		Address: APT BLK 502A YISHUN STREET 51 #02-412 SINGAPORE 761502
ID Type / ID No.: NRIC NO / S9220241J		Contact No.: Home/Office: Mobile: 96412436
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 25	Date of Birth: 25/05/1992
Type of Informant: Driver		
Race: Chinese		Language: Institution / School Name:
Occupation: Laundry and dry cleaning worker (machine, non-household)		Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/12/2017 01:00	Type of Location:
Location: Junction of Road 1 and Road 2 YIO CHU KANG ROAD HOUGANG AVENUE 2				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ2079R	Van				Slightly Damaged	1
SLJ370L	Car				No Damage	1

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



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

Report No. T/20171218/2029

CONTINUATION OF REPORT

Driver				
Name	HENRY TEE JIE WEI		ID No.	S9220241J
Related Vehicle	GZ2079R (Van)		Contact No.	96412436
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
Driver				
Name	CHUA LI LI		ID No.	S7605544J
Related Vehicle	SLJ370L (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG YIO CHU KANG ROAD. AS I WAS NEARING THE JUNCTION OF YIO CHU KANG ROAD AND HOUGANG AVENUE 2, THE TRAFFIC LIGHT WAS RED. SO I MADE A STOP AND THEN THE CAR MENTIONED BEHIND HIT MY VEHICLE FROM THE BACK. I THEN GOT OUT OF THE CAR TO CHECK THE DAMAGE AND ALSO CALLED THE POLICE. POLICE AND AMBULANCE THEN ARRIVED AT THE SCENE, I WAS CONVEYED BY AMBULANCE TO TAN TOCK SENG HOSPITAL. I RECEIVED 2 DAYS MC. THIS REPORT IS ALSO USED FOR INSURANCE PURPOSE. THAT'S ALL.



SINGAPORE POLICE FORCE



T/20171218/2029

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

3 of 3

Report No. T/20171218/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
S SIVAVIKNESH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/12/2017 10:38

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9220241J**



Name
HENRY TEE JIE WEI

郑杰威

Race
CHINESE

Date of birth
25-05-1992

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S9220241J**

Name
HENRY TEE JIE WEI

Birth Date: **25 May 1992**

Issue Date: **15 Oct 2014**




4050764




NRIC No. **S9220241J**

Date of issue
30-05-2007


APT BLK 602A YISHUN STREET S1 #02-412
SINGAPORE 781502

NRIC No: **S9220241J** Date: **31/12/2016**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 15 Oct 2014



TP 429A

**COMMERCIAL VEHICLE COMPREHENSIVE
POLICY SCHEDULE**

ORIGINAL

We, Great American Insurance Company (hereinafter called the Insurer), hereby agree, in consideration of the payment to us by or on behalf of the Insured of the premium specified in the Schedule, to insure against loss, liability or expense in the manner hereinafter provided. Subject to the following terms, conditions, exclusions, clauses, endorsements and warranties printed hereon or attached hereto.

Policy No.	: MOMVC000002372-00-000	Issue Date	: 03/01/2017
Intermediary	: Willy Insurance Brokers Pte Ltd		
Insured	: California Laundry Pte Ltd		
Address	: 11 Toa Payoh Industrial Park #01-1197/1199/1201 Singapore 319063		
Period of Insurance	: From 20/01/2017 (00:00) To 19/01/2018 (23:59) (Both Dates Inclusive)		
Policy Version	: MVC_0116_V1.4		

Coverage Details

Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium Inclusive GST	: SGD 729.00

Cover Type	: Commercial Vehicle (Third Party Only)		
Named Driver 01	: Any persons who is driving on the policyholder's order or with their permission		
Type of Business	: Others		
Vehicle Make Model	: TOYOTA HIACE MANUAL	Manufacturing Year	: 2005
Registration Number	: GZ2079R	Tonnage	: 1.04
Vehicle Body	: VAN		
Chassis Number	: JTFHS02P100037394	Engine Number	: 2KD1408778
NCD Entitlement	: 20% Fleet Discount		
Preferred Workshop	: -		
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Windscreen Excess	: N/A		
Hire Purchase Company	: N/A		

Subjected to the following terms, conditions, clauses, endorsements and warranties printed hereon or attached hereto:

THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY

Third Party Only

It is hereby understood and agreed that Section I (and its Exceptions) of this Policy are not applicable. The Insurer shall only indemnify the Insured under Section II of the Policy.

Legal liability of Passengers for Acts of Negligence