

NATIONAL Assessment Centre Services

(Ref: 22/05)

MMA 118013157

Date In: 26/11/18 17:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ TMZ 18001648/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: G8G 9806T	i-Motor Claim Form		
D.O.A: 26/11/18 07:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: G8G 9338X	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 (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NI: Idea 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: Idea Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice date / Fee Charged		
Auditors' Comments:-	Invoice date / Fee Charged		
Date 1:			
Date 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 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 26/01/2018 17:21
 Date Of Accident 26/01/2018 07:35
 Exact Location Of Accident CTE TWDS CITY AT BRADDELL EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9806T
Insured/Policyholder
 Name Of Registered Owner D'AMAZING LIGHTS PTE LTD
 Co Reg No -
 Email Address NQEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67438802

Vehicle Particulars

Manufacturer NISSAN
 Model NV350
 Exact Purpose for which vehicle was being used at time of accident WORKING
 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 TOKIO MARINE INSURANCE SINGAPORE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 17-MW002749-R02
 Cover Note Number -

Driver

Name of Driver CHIA GEK KHIANG
 NRIC No S1682822Z
 Date Of Birth 16/09/1965
 Occupation OUTDOOR
 Date Of Driving Pass 22/01/2002
 Driving Experience 16 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97349775
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 644 AMK AVE 4 #04-874
Postcode 560644
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 -
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
Number of vehicles involved in the accident
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? NO
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,
POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 GBE9738X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver FANG ZHENLONG
NRIC/Passport Number S2647509J
Contact Number 96858927
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	CHIA GEK KHIANG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	GBC9806T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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

Bradford
Exit

A
B

City
towards

A = GBC 9806T

B = GBE 9738X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/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:

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



SINGAPORE POLICE FORCE



T/20180126/2049

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180126/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2018 11:31	Vide Report No.:	Station Diary No.: 55
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHIA GEK KHIANG			Address: APT BLK 644 ANG MO KIO AVENUE 4 #04-874 SINGAPORE 560644		
ID Type / ID No.: NRIC NO / S1682822Z			Contact No.: Home/Office: Mobile: 97349775		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 16/09/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Van delivery man			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2018 07:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY BRADDELL ROAD Along CTE (towards Braddell Road; Exit 10)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9806T	Van				Slightly Damaged	0
GBE9738X	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180126/2049

CONTINUATION OF REPORT

Driver			
Name	CHIA GEK KHIANG	ID No.	S1682822Z
Related Vehicle	GBC9806T (Van)	Contact No.	97349775
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: 26/01/2018
Date Treatment	26/01/2018	Date Discharge	26/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	FANG ZHENLONG	ID No.	S2647509J
Related Vehicle	GBE9738X (Lorry)	Contact No.	96858927
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.

On 26/01/2018 at about 0736hrs, I was driving my delivery van (GBC9806T) along Central Expressway, towards Braddell Road, going towards my company's office. I was driving along the extreme left lane as I intended to make an exit at Exit 10 (Braddell Road). I came to a complete stop as the vehicles ahead of me was waiting for the traffic light that was ahead. Moments later, there was a collision from the rear of my van causing my van to jerk forward. When I alighted from my van, I discovered that one lorry (GBE9738X) had collided with the rear of my van. The driver claimed that the lorry's brake was not strong enough as such, he ended up colliding with my van. My van sustained a dent on the rear door and the lorry sustained a small dent on the front bumper. I exchanged particulars with the other driver and subsequently continued with my journey.

On the same day at about 1100hrs, I visited Doctor's Inc Medical Group (Blk 190 Lorong 6 Toa Payoh #01-590) as I was feeling back and neck pain due to the accident and I was given 4 days of medical leave. I am lodging this report to facilitate Traffic Police in their investigations.



**SINGAPORE
POLICE FORCE**



T/20180126/2049

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20180126/2049

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:

E /

Sgt 2 MUHAMMAD ASH SHAHIDI BIN
MOHAMED PADILLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SIANG YI TING STEPHANIE
Contact No.: 65476414

SN 168

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

26/01/2018 11:31

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1682822Z**

Name: **CHIA GEK KHIANG**

Birth Date: **16 Sep 1965**

Issue Date: **02 Apr 2016**

002553614E




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1682822Z

Name: **CHIA GEK KHIANG**

Race: **CHINESE**

Date of birth: **16-09-1965**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S1682822Z





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

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	14 Aug 1997
Class 2A	Motorcycles between 201 cc and 400 cc	26 Jun 2001
Class 2	Motorcycles $>$ 400 cc	05 Nov 2002
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	22 Jan 2002

Licence No: S1682822Z

NP 428A



5582261

NRIC No: **S1682822Z**

Date of issue: **01-04-2016**

Address: **APT BLK 644 ANG MO KIO AVENUE 4
#04-874
SINGAPORE 560644**





TOKIO MARINE
INSURANCE GROUP

FORM MZ300

A member of the
Tokio Marine Group

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)

Policy No.: 17-MW002749-R02 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle GBC9806T Chassis No.: JN1MC2E26Z0001634
2. Name of Policyholder D'AMAZING LIGHTS PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 31/03/2017
4. Date of Expiry of Insurance 30/03/2018
5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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 Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 0774DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100
Financial Interest:	UNION MOTOR TRADING CO PTE LTD	

Tokio Marine Insurance Singapore Ltd.

KCB INVESTMENTS PTE LTD
Co Reg No. 198103345Z
200 Jalan Sultan
#02-36 Textile Centre
Singapore 199018
Tel: 6391 3811 Fax: 6391 3810

Authorised Signatory