

NATIONAL Assessment Centre Services. [ver 1 Jan 2001]

Date In: 14/03/2018 15:47	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18004870.K4	SAS e-billing		
Veh No: GBD2777J	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 13/03/2018 18:05	1-Motor Claim Form		
OD TP Reporting Only	1-Motor W/O (within: OD 3hrs, TP 4hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Yeh No: SKV33445, 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

NA 1801663	Invoice Preparation Checklist
Human's Particulars	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)
Contact No:	3) TP: Towing Fee \$40/\$43
Damaged Portion:	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	Forfeiting against INC Only (wef 10 Jan 2001)
	6) TR: Re-inspection \$35
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:
	Q11:
	*N3: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DY / Collision Uxcess Coordination \$5
	TP (NI) : TP (Non INC) against INC \$20
	9) N12: 1 day Mobile \$10
	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 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	14/03/2018 15:47
Date Of Accident	13/03/2018 18:05
Exact Location Of Accident	LAVENDER STREET TWDS CRAWFORD STREET ON LANE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2777J
Insured/Policyholder	
Name Of Registered Owner	M/S GRECA TRADING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97620332
Alternative Phone No	OFFICE-97620332

Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3056991702
Cover Note Number	

Driver

Name of Driver	LIM KHEK GHEE
NRIC No	S1372662J
Date Of Birth	10/07/1959
Occupation	INDOOR
Date Of Driving Pass	05/11/1979
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97620332
Fax Number	
Contact Number	OTHERS-97620332
Email Address	NOEMAIL

Address	BLK 472 ANG MO KIO AVE 10 #04-866
Postcode	560472
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : F/20180314/2063

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	SKV3344S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM KHEK GHEE

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBD2777J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

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.:



14/3/2018

SKETCH PLAN

Lavender Street toward Crawford street on Lane 2



A - GBD 2777J
B - SKV 3344S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
F/20180314/2463

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.:

14/3/2018





**SINGAPORE
POLICE FORCE**



F/20180314/2063

1 of 2

POLICE REPORT (NP299)

Report No. F/20180314/2063

Police Station Of Origin
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Date/Time Report Made 14/03/2018 13:07	Vide Report No.	Station Diary No. 6
Name Of Informant LIM KHEK GHEE	Address APT BLK 472 ANG MO KIO AVENUE 10 #04-866 SINGAPORE 560472	
ID Type / ID No. NRIC NO / S1372662J	Contact No. Home/Office Mobile 97620332	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 58
Institution/School Name	Date of Birth 10/07/1959	Race Chinese
Date/Time Of Incident 13/03/2018 18:05	Location Of Incident CRAWFORD STREET SINGAPORE On the bridge	

Brief details.

On 13/03/2018 at 1805hrs, I was driving my van, GBD2777J, along Lavender Street towards Crawford street on lane 2.

After passing the cross junction of Kallang Road and Crawford Street, I notice there is a vehicle SKV3344S on the left lane wanting to cut into my lane. As the vehicle was close to my vehicle, I horned to alert the driver.

Signature Of Officer Recording The Report: F / Staff Sgt YIP WAI LEONG	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2018 13:07
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / Insp TENG YIN HANG Contact No.: 62180000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



F/20180314/2063

2 of 2

Report No. F/20180314/2063

After the horn, the driver moved back to his lane and then speed up and maneuver his vehicle 45 degree placing his vehicle between my lane and started applying his vehicle brake forcing me to lane 1 towards the railing.

I then stop my vehicle to prevent collision with the railing, the driver also alighted from his vehicle and slam his fist on my bonnet, after which he came to the driver door and open my car door and slam about 3 time against the railing and shouted vulgarities at me and told me to alight.

After alighting, the driver keeps shouting vulgarities at me and claims that I hit his vehicle and wanted report the matter, I told the driver since he wanted to report the matter we should exchange particulars however he refused and left in a hurry.

After the driver left, I made a check on my vehicle and discovered that my driver door was dented due to the slam and scratches on my left front bumper due to the other driver maneuvering.

After the incident, I felt so nervous and I can't sleep at all and I was given 3 days of medical leave due the stress and headache from lack of sleep.

Signature Of Officer Recording The Report:

F / Staff Sgt YIP WAI LEONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
Insp TENG YIN HANG
Contact No.: 62180000

Authentication Stamp

Signature Of Informant:

Date/Time:
14/03/2018 13:07

Classification Of Case:

* Reported on 14/3/2018
@ 1525Hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: 13/3/2018 (DD/MM/YYYY), TIME: 18:05 (HH:MM)

LOCATION: Lavender Street toward Crawford Street on lane 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 2777J
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97620332
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKV 33445 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* ask
but
driver
say
do not
have
any
details
of
TP?

Email =

fax =

CTI

Waiting for Certificate? OK

* Waiting for Company Chop? ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1372662J



Name

LIM KHEK GHEE

林克义

Race

CHINESE

Date of birth

10-07-1959

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1372662J

Name

LIM KHEK GHEE

10 Jul 1959

21 Nov 2003



4368924



NRIC No. S1372662J

Date of issue

13-03-2009

Address

APT BLK 472 ANG MO KIO AVENUE 10
#04-866
SINGAPORE 560472

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

PASS DATE

06 Nov 1979

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



Licence No: S1372662J

NP 428A



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0421A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No.	DMCVSN3056991702	Engine No :D4CBE561812 ChaNo:KMFWBX7KMEU672871
1. Index Mark and Registration Number of Vehicle	GBD2777J	AUTOSAFE =====
2. Name of Policy Holder	M/S GRECA TRADING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22 August 2017	Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	21 August 2018	
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. : MALAYAN BANKING BERHAD AS HP OWNER

* 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: VITESSE SOLUTIONS
Authorised Officer

.....
Authorised Signatory