

Date In: 21/3/18 11:53	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ18005251/h4	SAS e-filing		
Veh No: G8F 7193A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/3/18 09:00	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJC2464Y	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

NA1801828	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	9) QP:		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Contact No:	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idac Mobile	\$0	
Damaged Portion:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
QC Checked by (Engr-In-Charge):			
Auditors' Comments :-			
Dat 1:			
Dat 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	21/03/2018 11:53
Date Of Accident	20/03/2018 09:00
Exact Location Of Accident	PIE TWDS TUAS AFTER UPPER JURONG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7193A
Insured/Policyholder	
Name Of Registered Owner	M/S CESSTECH (S) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81274258

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSN1715801801
Cover Note Number	-

Driver

Name of Driver	ONG KOON FENG
NRIC No	S6932872E
Date Of Birth	28/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1988
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81274258
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 136 SIMEI ST 1 #02-78
 Postcode 520136
 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
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? 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
 Passenger 1 NAME: : LAM ZHEMING JONATHAN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name EUNOS NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376
 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 SJC2464Y
 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLF309L

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

ONG KOON FENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBF7193A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LAM ZHEMING JONATHAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBF7193A

Were seat belts worn?

YES

Was this 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:

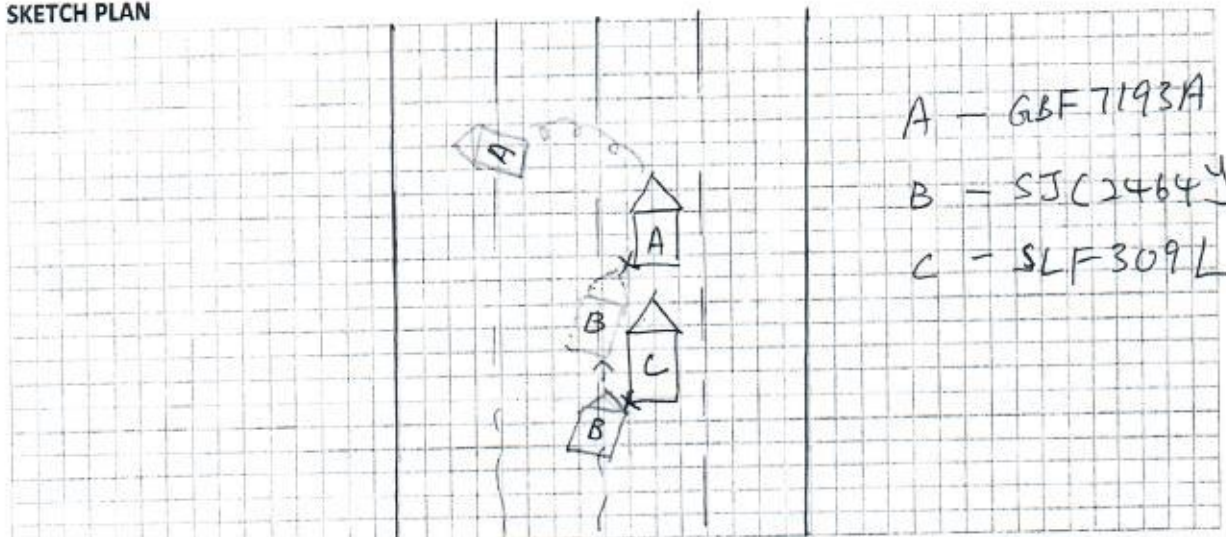
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the 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.:

Date of Accident : 20/3/18 Accident Time: 9am (24-HR-Format)
Accident Place : Along PIE towards Tuas
Vehicle No. (Car Plate No.) : G BF 7193A Make/Model: SUZUKI Every
Insurance Company : China Taiping Policy No: DMCVSN171589801
Owner or Company Name /IC No. : Cess tech (S) Pte Ltd /199905812H
Owner or Company Contact No. : 15 Yishun Ind'l St 1 #02-31 Win5 5768091 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : ONG Koon Feng /56932872E
DRIVER'S Date Of Birth : 28/9/1969 DRIVER'S License Pass Date 13/9/1988
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : BLK136 Simai St 1 #02-78 S520136
DRIVER'S Contact No./ Alt No. : 1) 81274258 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): 2 passenger
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): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>STC 24644 (WTUC)</u>	Vehicle No: <u>SLF309L</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Lam Zhe Ming (M)



SINGAPORE POLICE FORCE



T/20180320/2079

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180320/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2018 13:39		Vide Report No.: J/20180320/0069		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: ONG KOON FENG			Address: APT BLK 136 SIMEI STREET 1 #02-78 SINGAPORE 520136		
ID Type / ID No.: NRIC NO / S6932872E			Contact No.: Home/Office:		Mobile: 81274258
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 28/09/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/03/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Tuas after Upper Jurong Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7193A	Van	SUZUKI	Every	Silver	Seriously Damaged	1
SJC2464Y	Car	HONDA	Civic	Black		0
SLF309L	Car	VOLKSWAGO N		Silver	Slightly Damaged	0

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



SINGAPORE POLICE FORCE



T/20180320/2079

2 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180320/2079

CONTINUATION OF REPORT

Driver				
Name	ONG KOON FENG	Name	ID No.	S6932872E
Related Vehicle	GBF7193A (Van)	Related Vehicle	Contact No.	81274258
Hospital/Clinic	NIL	Hospital/Clinic	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger				
Name	LAM ZHEMING, JONATHAN	Name	ID No.	S8931446A
Related Vehicle	GBF7193A (Van)	Related Vehicle	Contact No.	91547122
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Hospital/Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/03/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	

Brief Details.

Brief Details.

On 20/03/2018 @ 9am, I was driving my company van, Reg No: GBF7193A along PIE towards Jurong. My colleague, Lam Zheming, Jonathan was sitting at the front passenger seat and we are on our way to our office. At that time, the traffic was heavy and slow moving and I was travelling on the 2nd lane of the 4 lane road. After I had passed Upper Jurong exit, I felt a strong impact on the rear left of my van. The next, I felt a impact was hard which caused me unable to control my van and caused my van to overturned to the left side.

Some drivers assisted us and I believed they called for ambulance and traffic police as we are trapped inside the van. We then managed to get out from the van. I was not injured but some pain on my body but my colleague's left hand was bleeding as the van had overturned to his side (left side). Traffic police and ambulance later came and my colleague was conveyed to Ng Teng Fong Hospital. Traffic police had interviewed me and the other drivers as there are two other cars involved. I did not managed to get their particulars or contacts but I did managed to take photos and videos after the accident. My company van was heavily damaged and need to be towed away. I wish to state that my company van is not fitted with any in camera units. The traffic police officer then gave me a note with the incident number and advised me to lodge a traffic police report.

I am lodging this traffic police report for insurance claims for both me and my colleagues and to facilitate traffic police in their investigations.



**SINGAPORE
POLICE FORCE**



T/20180320/2079

3 of 4

Police Station Of Origin:
Eunos NPP

629 Bedok Reservoir Road #01-1620

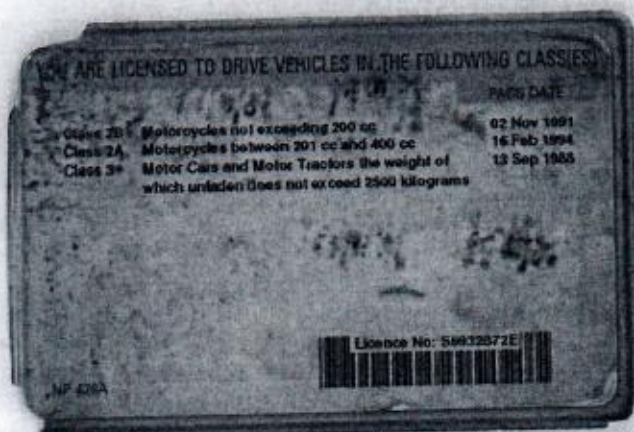
SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180320/2079

CONTINUATION OF REPORT

NIC





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208394E

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.

DMCVSN1715801801

Engine No :R06A1919295
ChaNo:DA17V187026

1. Index Mark and Registration
Number of Vehicle

GBF7193A

AUTOSAFE
=====

2. Name of Policy Holder

M/S CESSTECH (S) PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

24 February 2018

Excess Sect I S\$450.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

23 February 2019

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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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: VITESSE SOLUTIONS
Authorised Officer

Authorised Signatory