

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/18038976

Date In: 22/3/18-14:11	Job description	Date & Time Completed	Done by
Ref No: NA/928005368/24	SAS e-filing		
Veh No: 646502P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/3/18-18:30	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: SLF3365P	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

NA1801814	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*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		
At 1:	Invoice dated	Fee Charged	
At 2 / 3:	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	22/03/2018 14:11
Date Of Accident	20/03/2018 18:30
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6502P
Insured/Policyholder	
Name Of Registered Owner	M/S ETF ENGINEERING PTE LTD
Co Reg No	201628284G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69092005

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3092171700
Cover Note Number	

Driver

Name of Driver	TAN WEE LEONG (CHEN WEILIANG)
NRIC No	S8318004H
Date Of Birth	05/06/1983
Occupation	INDOOR
Date Of Driving Pass	22/10/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81374404
Fax Number	
Contact Number	OFFICE-81374404
Email Address	NOEMAIL

Address	BLK 645 JALAN TENAGA #06-99
Postcode	410645
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180321/2130.

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	SLF3365D
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)

1

DETAILS OF INJURED PERSON 1

Name	TAN WEE LEONG (CHEN WEILIANG)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GY6502P
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



(A) GY 6502 P

(B) SLF 3365 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180321/2130.

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:

[Signature]

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

[Signature]

VEHICLE NO: GY 6602P	MAKE & MODEL:	
DATE OF ACCIDENT	20 / 3 / 18	
TIME OF ACCIDENT	18.30 AM / PM	
LOCATION OF ACCIDENT	Euros LINK	
Exact Purpose use during accident		
NAME OF OWNER	M/S ETF ENGINEERING PTE LTD	
TEL NO	6909 2005	
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> /	Reporting Only
PRIVATE HIRE	YES / NO ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> /	<u>Third Party Fire & Theft</u>
POLICY NO.		
NAME OF DRIVER	As above / If No: TAN WEE LEONG	
NRIC	S 8318004H	Any passengers: 0
DATE OF BIRTH	5 / 6 / 1983	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	22 / OCT / 2004	
GENDER	<u>Male</u> / Female	
CONTACT NO.	81374404	Office: Home:
ADDRESS		
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / <u>Raining</u> / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / If yes: Who? TAN WEE LEONG	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
VEHICLE B NO.	SLF 3365D	Any Passenger: 0
ME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / for accident claims assistance?	YES / NO	
VEHICULAR WORKSHOP	Sme Motor Pte Ltd	
TEL NO	1 Kaki bulkit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bulkit	
NO.	Singapore 417883	
	Tel: 67476106 (6 lines)	
	Fax: 67442368	
	JEC AUTO SERVICE	
	02-11	
	Email: jecautoservice@yahoo.com.sg	
	FAX: 65096584	



**SINGAPORE
POLICE FORCE**



T/20180321/2130

1 of 3

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20180321/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 17:37	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars			
Name of Informant: TAN WEE LEONG		Address: APT BLK 645 JALAN TENAGA #06-99 SINGAPORE 410645	
ID Type / ID No.: NRIC NO / S8318004H		Contact No.: Home/Office: Mobile: 81374404	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 05/06/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Project Supervisor		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2018 18:30	Type of Location: T-Junction
Location: Along Road 1 EUNOS LINK BEDOK RESERVOIR ROAD At junction of Eunos Link turning right to Bedok Reservoir Road				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GY6502P	Lorry				Slightly Damaged	0
SLF3365D	Car					0

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



Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20180321/2130

CONTINUATION OF REPORT

Driver			
Name	TAN WEE LEONG	ID No.	S8318004H
Related Vehicle	GY6502P (Lorry)	Contact No.	81374404
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/03/2018	Date Discharge	20/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 20/3/2018 at about 1830hrs, I was driving my silver in color company lorry with bearing plate number GY6502P along Eunos Link. At that point of time, I was travelling on the first lane (outer right lane) of the 6 lanes road (lane 1 and 2 to turn right to Bedok Reservoir road).

At that point of time, I came to a stationary stop at the T-junction (turn right lane) of the said road as the traffic light was red. When the traffic light, right green arrow indicated, I then slowly drove to turn right my vehicle at the junction to head to Bedok Reservoir Road.

While turning right, I heard a loud bang coming from my rear lorry and my lorry immediately inch forward. I knew that the rear vehicle had collided onto my lorry. It was a white in color Mazda with bearing plate number SLF3365D that had collided onto my lorry.

After the accident occurred, both the Mazda's driver and myself then stop our respective vehicles along Bedok Reservoir Road to inspect on our vehicle's damages. My lorry's damages were left rear portion of the lorry dent and scratch, left rear brake light was also damage.

I managed to exchange particulars with the said Mazda's driver. Mazda's driver is one Chng Chwee Peng, S1511257C, residing at 310B Ang Mo Kio Avenue 1 #17-383 Singapore 562310, c/n: 93799748. No one was injured when the accident occurred. Traffic Police and Ambulance was not at scene when the accident occurred.

However, on the same day at about 2000hrs, I reached home and I felt pain on my rear neck and my rear back shoulder hence I quickly headed down to Bok Family Clinic Pte Ltd located at Blk 117 Bedok Reservoir Road to seek for medical assistance. I was then given 3 days of medical leave starting from 21/3/2018 till 23/3/2018.

I have a built-in camera inside my lorry. There is cctv at the said traffic junction.



**SINGAPORE
POLICE FORCE**



T/20180321/2130

3 of 3

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20180321/2130

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:

G /
Staff Sgt GOH QI FAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/03/2018 17:37

Officer In Charge Of Case:

TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8318004H**

Name: **TAN WEE LEONG (CHEN WEILIANG)**

Birth Date: **05 Jun 1983**

Issue Date: **08 May 2015**

002423780J

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8318004H**



Name: **TAN WEE LEONG (CHEN WEILIANG)**

陳 威 良

Race: **CHINESE**

Date of birth: **05-06-1983** Sex: **M**

Country of birth: **SINGAPORE**

S8318004H

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	23 May 2002
Class 2A	Motorcycles between 201 cc and 400 cc	10 May 2005
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	22 Oct 2004

NP 428A

Licence No: **S8318004H**

419383

NRIC No. **S8318004H**

Date of issue: **05-03-2008**

APT BLK 645 JALAN TENAGA #08-99
SINGAPORE 410645

NRIC No: **S8318004H** Date: **15/11/2016**

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.	DMCVSN3092171700	Engine No : 5L5593263 Chassis No: JTFUF34Y303010688
1. Index Mark and Registration Number of Vehicle	GY6502P	
2. Name of Policy Holder	M/S ETF ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11 DECEMBER 2017	
4. Date of Expiry of Insurance	10 DECEMBER 2018	

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. : INDEX CREDIT PTE LTD 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.

Countersigned By:



Authorised Officer



Authorised Signatory