

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118044535

Date In: 3/4/18-16:41	Job description	Date & Time Completed	Done by
Ref No: NA/1721800618/24	SAS e-filing		
Veh No: CB4111R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 28/3/18-16:00	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: PC54204	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

NA1802053	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Lat. 1:	6) TR: Re-inspection \$75		
Lat. 2 / 3:	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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	03/04/2018 16:41
Date Of Accident	28/03/2018 16:00
Exact Location Of Accident	JUNC WOODLEIGH CLOSE & UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB4111R
Insured/Policyholder	
Name Of Registered Owner	TONG CHENG HAN
NRIC No	S1819982C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93512272
Alternative Phone No	OFFICE-93512272

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE (M)
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	REPORTING ONLY
Vehicle Category	BUS

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	DMB1SN1749251700
Cover Note Number	

Driver

Name of Driver	YEO PENG HUI
NRIC No	S2014373H
Date Of Birth	02/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1987
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81398831
Fax Number	
Contact Number	OFFICE-81398831
Email Address	NOEMAIL

Address	BLK 490A TAMPINES STREET 45 #11-203
Postcode	520490
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	PC5420H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

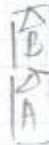
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Upp Serangoon

B - PC 5A204
A - CB4111R



Woodleigh close

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodleigh close behind Veh B.

When approaching junction, Veh B stopped, I could not stop in time and hit onto Veh B.

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.:

VEHICLE NO: CB4111R

MAKE & MODEL: Toyota Hiace

DATE OF ACCIDENT	28 / 3 / 2018	
TIME OF ACCIDENT	4.	AM / <u>PM</u>
LOCATION OF ACCIDENT	Woodleigh close	
Exact Purpose use during accident	Com. Use	
NAME OF OWNER	Tong Cheng Han 93512272	
TELP NO.		
NRIC	S 1819982C	
CLAIM TYPE	OD / Third Party / <u>Reporting Only</u>	
INSURANCE CO.	Chong	
TYPE OF COVERAGE	Comprehensive / Third Party / <u>Third Party Fire & Theft</u>	
POLICY NO.	DMB1 EN 17492 51700	
NAME OF DRIVER	As above / If No: Yeo Peng Hui	
NRIC	S 2014373H Any Passenger; 1 male kid	
DATE OF BIRTH	2 / 10 / 1949 - name - unknown	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	5 / 9 / 1987	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Office: Home: 8139 8831	
ADDRESS	Blk 490A Tampines ST 45 #11-203 S' 520490	
DRIVER OWN ANY VEHICLE	<u>No</u> / Yes (Reg No):	
RELATIONSHIP	Employee / If No: <u>friends</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Others,	
ROAD SURFACE	<u>Dry</u> / Wet / Others,	
ANY INJURIES	<u>No</u> / Yes (Who?):	
CONTACT NO.		
POLICE REPORT	<u>No</u> / Yes (Where?):	
VEHICLE (B) NO.	PC 5420 H Any Passenger Unknown	
NAME		
CONTACT NO.		
VEHICLE (C) NO.	Any Passenger	
VEHICLE (D) NO.	Any Passenger	
VEHICLE (E) NO.	Any Passenger	
VEHICLE (F) NO.	Any Passenger	
ANY WITNESS		
WITNESS CONTACT NO.	51 Ubi Ave 1 #01-25 S' 408933	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd	
ADDRESS	1 Kakit Bukit Ave 6 #02-47	
	Autobay@Kaki Bukit Singapore 417883	
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523	
EMAIL	sales@leebrothers.com.sg	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2014373H

Name:

YEO PENG HUI

Birth Date: 02 Oct 1949

Issue Date: 22 Sep 2012



002106917D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2014373H



Name

YEO PENG HUI

Race

CHINESE

Date of birth

02-10-1949

Country of birth

CHINA

Sex

M

S2014373H

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S2014373H

Name: YEO PENG HUI

Issue Date: 22/9/2012

Please visit www.lta.gov.sg to check the status of this vocational licence

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 06 Feb 2006



Licence No: S2014373H

NP 428A



4881674

HRIC No. S2014373H



Date of issue

08-09-2012

Address

APT BLK 490A TAMPINES STREET 45
#11-203
SINGAPORE 520490

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	05/09/1987
04	BUS ATTENDANT	29/03/2007



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.	EMB1SN1749251700	Engine No : 5L5176393
		Chassis No: JT721LHW701021960
1. Index Mark and Registration Number of Vehicle	CB41118	
2. Name of Policy Holder	TONG CHENG HAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23 JULY 2017	EXCESS SECT. II\$51,500.00
4. Date of Expiry of Insurance	22 JULY 2018	
5. Persons or Classes of Persons entitled to drive *		

(A) THE POLICYHOLDER,
(B) ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.
THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

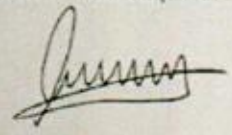
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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