

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18053488

Date In: 25/1/18-16:25	Job description	Date & Time Completed	Done by
Ref No: NA/C718007472/24	SAS e-filing		
Veh No: G219515	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/1/18-09:50	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: 4885938C	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

NA18053488	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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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		
	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	23/04/2018 16:25
Date Of Accident	18/04/2018 09:50
Exact Location Of Accident	JLN BOON LAY BEFORE JUNC INTERNATIONAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1981S
Insured/Policyholder	
Name Of Registered Owner	M/S CASSEROLE CATERING SERVICES PTE LTD
Co Reg No	201530426E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63236445

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3000861800
Cover Note Number	

Driver

Name of Driver	NEO HOCK SIN
Passport No/FIN	G7753575L
Date Of Birth	27/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98399976
Fax Number	
Contact Number	OFFICE-98399976
Email Address	NOEMAIL

Address 17 CHIN BEE CRESCENT
Postcode 619898

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 - 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 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) 2
Passenger 1 NAME: : CHONG WEI CHENG, JACKY
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180418/2134.

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 GBB5938C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 NEO HOCK SIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GZ1981S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHONG WEI CHENG, JACKY

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GZ1981S

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.

Casserole Catering Service Pte. Ltd.

17 Chin Bee Crescent

Singapore 619898

Tel: (65) 6223 6422 Fax: (65) 6223 5246

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) G2 1981-S

(B) GBB 5938C

Along Jalan Borneo Lay
(before International Road)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement please refer to Police Report
No: T/2018-0418/2134

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Casserole Catering Services Pte. Ltd.

17 Chin Bee Crescent
Singapore 619898

Tel: (65) 6323 6445 Fax: (65) 6223 5246

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

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

VEHICLE NO : G2 1981S

MAKE & MODEL : Tyt. Dyna

Date of Accident	18 / 04 / 18
Time of Accident	0950 AM / PM
Location of Accident	Along John Bow Lay (before International Road)
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / <u>Commercial</u>
NAME OF OWNER :	Casseroke Catering Services Pte Ltd
Contact No.	63236445 (Edwin) - 9177 8521
Nric No	201530426E
Type Of Claim	<u>Third Party</u> / Own Damage / Reporting only
Insurance Co.	China Taiping
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Policy No	DM CVS N 3 W 0861800
NAME OF DRIVER :	As above / If No : Neo Hock Sin
Nric No	67753575L Any Passenger: +1
Date Of Birth	27 / 07 / 1986
Occupation	<u>Outdoor</u> / Indoor
Date Of Driving Pass	27 / 10 / 17
Gender	<u>Male</u> / Female
Contact no	9839 9976 Office : Home : —
Address	17 Chin Bee Crescent S (619898)
Driver Have Any Own Vehicle	<u>NO</u> / If Yes (Reg no) :
Relationship	<u>Employee</u> / If No :
Weather Condition	<u>Clear</u> / Raining / Other :
Road Surface	<u>Dry</u> / Wet / Other :
Any Injuries	NO / If Yes Who?
Name	Contact :
Name	Contact :
Police Report	No / If Yes : Where?

Vehicle B No :	GBB 5938C	Any Passenger: —
Name Of Driver		
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		

Have you been approach by unknow person soliciting (s) / offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP	PRECISE AUTO SERVICE
Address	1 Kaki Bukit Ave 6 #02-34
	Kaki Bukit @ Auto Bay
	Singapore 417883

Email :

Tel : 6745 7367

Fax : 6841 3390



**SINGAPORE
POLICE FORCE**



T/20180418/2134

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20180418/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2018 20:36	Vide Report No.:	Station Diary No.: 185
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Informant's Particulars

Name of Informant: NEO HOCK SIN		Address:	
ID Type / ID No.: FIN NO / G7753575L		Contact No.: Home/Office: Mobile: 98399976	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 31	Date of Birth: 27/07/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/04/2018 09:50	Type of Location Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BOON LAY INTERNATIONAL ROAD on the merging lane along Jalan Boon Lay before International Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBB5938C	Lorry					0
GZ1981S	Lorry				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180418/2134

2 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180418/2134

CONTINUATION OF REPORT

Driver			
Name	NEO HOCK SIN		ID No. G7753575L
Related Vehicle	GZ1981S (Lorry)		Contact No. 98399976
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight

Brief Details.

On 18/02/2018, at around 0950hrs, I was exiting my company at 17 Chin Bee Crescent on the company lorry GZ1981S with a passenger namely Chong Wei Cheng, Jacky (S9246265Z). We were driving on Jalan Boon Lay towards the direction of International Road. I was travelling on the 2nd lane of the 3 lane road of Jalan Boon Lay before the traffic light. After the traffic light before International Road, the 2nd and 3rd lane merges into a 2 lane road. After I successfully merged, I look at my side mirror and noticed a orange lorry (GBB5938C) driving at very high speeds with the driver appearing to be on the phone. The side of the said orange lorry then collided into the passenger side of my lorry. I immediately horned at the driver of the said orange lorry however he did not stop at all and drove on. I told my passenger to quickly snap a photo of the lorry and its driver. Both myself and my passenger went to see the doctors at Northeast (Bukit Batok) Medical Group and both of us received a 3 day MC for injuries due to myself hitting my head on the windscreen and my passenger suffering a sprain on his torso and left hand area.

I wish to add that my lorry has its passenger's door dented, left side mirror twisted and the left slide door having some scratches. There is no in-vehicle camera in my lorry.



**SINGAPORE
POLICE FORCE**



T/20180418/2134

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20180418/2134

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:

J /

SAM WEE LEONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No: 65476902

Authentication Stamp

P168

Signature Of Informant:

Date/Time:

18/04/2018 20:36

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G7753575L**

Name:

NEO HOCK SIN

Birth Date: **27 Jul 1986**

Issue Date: **14 Feb 2017**

Valid Till **13/02/2022**



002656923F



WORK PERMIT Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer

CASSEROLE CATERING SERVICES PTE. LTD.

98399976

Sector: **SERVICE**

Name:

NEO HOCK SIN

Occupation

DRIVER



Work Permit No.
4 01989358

Date of Application

15-04-2017

Date of Issue

19-04-2017

Date of Expiry

18-04-2019



L7845283

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

EFFECTIVE DATE

C

Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

27 Oct 2017

Class 4 Heavy motor cars and motor tractors > 2500 kg

27 Oct 2017

S / No. 9000274966

G7753575L

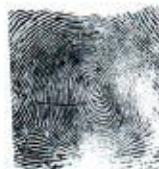


Licence No: G7753575L

NP 428A

VISIT PASS Immigration Regulations

Name: **NEO HOCK SIN**



Date of Birth

27-07-1986

Sex

M

Nationality

MALAYSIAN

FIN

G7753575L

Date of Issue

19-04-2017

Date of Expiry

18-04-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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.

DMCVSN3000861800

Engine No :5L5633928

Chassis No:JTFUF34Y303011517

1. Index Mark and Registration
Number of Vehicle

GZ1981S

2. Name of Policy Holder

M/S CASSEROLE CATERING SERVICES PTE. LTD.

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

18 JANUARY 2018

4. Date of Expiry of Insurance

17 JANUARY 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.

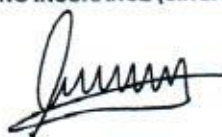
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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:

Vitesse Solutions

Authorised Officer



Authorised Signatory