

# NATIONAL Assessment Centre Services

MA 118055301

Date In: 27/14/18 12:02	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTZ18007949/14	E-mail (within 3hrs, AIC 2hrs)		
Veh No: 5Y 1958 R	i-Motor Claim Form		
D.O.A: 13/11/17 19:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) Reporting Only	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: 3JU 4795J	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

Claimant's Particulars:-	MA 1802766	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100);		
Damaged Portion:		3) TF: Towing Fee	\$40/\$45	
		4) FT: Follow-Through Survey	\$120	
		5) FT: Follow-Through Survey (Resurvey)	\$30	
		6) TR: Re-inspection	\$75	
		7) N1: Idac DA + SMRT Survey	\$160	
		8) NTUC Additional Services:-		
		Q1:	\$5	
		*N5: Courtesy Car / Tpt Allowance	\$10	
		*N6: Repair Co-ordination	\$25	
		*N7: Post Repair Inspection	\$5	
		*N8: DV / Collect Excess Coordination	\$20	
		TP (N11): TP (Non INC) against INC	30	
		9) N12: Idac Mobile		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	

Auditors' Comments:-

2at. 1:

2at. 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	27/04/2018 12:02
Date Of Accident	13/11/2017 19:50
Exact Location Of Accident	LOYANG AVE AFTER EXIT TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1958R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S ANN TRANSPORT
Co Reg No	53058962A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92951530

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	GOING TO 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1605241701
Cover Note Number	-

### Driver

Name of Driver	CHEW PENG BAK
NRIC No	S1542547D
Date Of Birth	11/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1984
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84073416
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 131 RIVERVALE ST #13-874  
 Postcode 540131  
 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 HEAVY RAIN  
 Road Surface WET

#### 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2549999 - FAX NO: 63554310  
 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 SJU4795J  
 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	CHEW PENG BAK
Approximate Age	
Injuries Sustain	RIGHT SHOULDER
Injured person in which vehicle?	GY1958R
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:

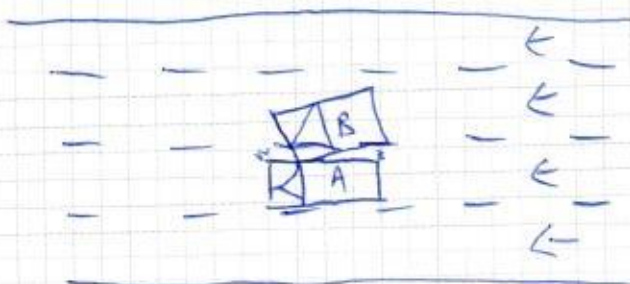
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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





# SKETCH PLAN



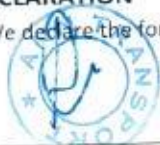
veh A : 6Y 1958 R  
veh B : SJU 4795 J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20171114/2118.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*Dr*

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

*[Signature]*

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

Date of Accident : 13 Nov 2017 Accident Time: 1950 (24-HR-Format)  
 Accident Place : Layang Ave (Chang Village) after TPE exit.  
 Vehicle No. (Car Plate No.) : G4 1958R Make/Model: Toyota Liteace 5Dr.  
 Insurance Company : 1 Policy No: \_\_\_\_\_  
 Owner or Company Name / IC No. : Ann Transport. ROC: 53058962A.  
 Owner or Company Contact No. : 92951530. Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Chew Peng Bak.  
 DRIVER'S Date Of Birth : 11 Nov 1962 DRIVER'S License Pass Date 13 Nov 1984.  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 131 Riverdale St. #13-874 S(540131).  
 DRIVER'S Contact No./ Alt No. : 1) 84073416. 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): 01 - Driver.  
 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): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: SJU 4795J.  
 Vehicle Make/Model: Subaru Exiga.  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_  
 - no passengers.

Vehicle No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

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





**SINGAPORE  
POLICE FORCE**



T/20171114/2118

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20171114/2118

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/11/2017 15:31	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: CHEW PENG BAK		Address: APT BLK 131 RIVERVALE STREET #13-874 SINGAPORE 540131	
ID Type / ID No.: NRIC NO / S1542547D		Contact No.: Home/Office:	Mobile: 84073416
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 11/11/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CARGO DISPATCH		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/11/2017 19:50	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE				
Along Loyang Avenue after exit TPE				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GY1958R	Van				Slightly Damaged	0
SJU4795J	Car				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20171114/2118

2 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20171114/2118

**CONTINUATION OF REPORT**

Driver			
Name	CHEW PENG BAK	ID No.	S1542547D
Related Vehicle	GY1958R (Van)	Contact No.	84073416
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	14/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 13/11/2017 at about 1950hrs, I was driving my vehicle (GY1958R) along Loyang Ave after making an exit from TPE to get to Changi village. I was traveling on the 2nd lane from the left, the 3rd and 4th lane of Loyang Ave was jammed with vehicles. While going straight I suddenly felt an impact from the right side of my vehicle. I stopped and immediately went down to make a check. I realized a vehicle (SJU4795J) had come out from the 3rd lane of the left and collided to the side of my vehicle. I believe the other vehicle was trying to change lane as there was a jam in his lane. The driver of SJU4795J had suggested to park our vehicle at the road side instead to prevent another jam and I agreed. Both me and the other driver had stopped by the roadside but there was no conclusion on whose fault was it so both proceeded to do our own insurance claim. There was a dent on the right side driver door of my vehicle and there was scratches and dent on the front bumper of the other vehicle. There was no one injured at the point of time and no police was attending to this incident. There was no ambulance at scene as well. On the next day 14/11/2017 I woke up and realized my right shoulder aching and in pain therefore I went to seek treatment from Horizon Medical and was certified with 4 days medical certificate.



**SINGAPORE  
POLICE FORCE**



T/20171114/2118

3 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20171114/2118

**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:  
E /  
Sgt 2 NICHOLAS LEE NAM AIK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
14/11/2017 15:31

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1542547D**

Name: **CHEW PENG BAK**

Birth Date: **11 Nov 1962**

Issue Date: **13 May 2003**

000480804A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1542547D**

Name: **CHEW PENG BAK**

Race: **CHINESE**

Date of birth: **11-11-1962**

Country/Place of birth: **SINGAPORE**

Sex: **M**



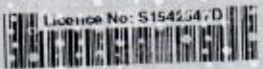


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Jul 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 500 kilograms	13 Nov 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 Jun 1986

NP 428A

Licence No: S1542547D



5833473

NRIC No: **S1542547D**

Date of issue: **28-11-2017**

Address: **APT BLK 131 RIVERVALE STREET  
#13-874  
SINGAPORE 540131**






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

MZ301/C  
R SN  
AN0435A  
Cov.Type: F

MOTOR COMMERCIAL VEHICLE

**R. 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.

DMEVSN1605241701

Engine No : 3C4006904

ChaNo: CR425011051

1. Index Mark and Registration  
Number of Vehicle

GY1958R

2. Name of Policy Holder

M/S ANN TRANSPORT

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

25 January 2017 Excess Sect. II ..... S\$3,000.00

4. Date of Expiry of Insurance

24 January 2018

5. Persons or Classes of Persons entitled to drive:

- (1) whilst the vehicle is being used in connection with the Policyholder's business  
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
- (2) whilst the vehicle is being used for social, domestic or pleasure purposes  
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 racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : INDEX CREDIT PTE LTD AS HP OWNER

Limitations rendered inoperative by Section 9 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:

CSL SN  
Authorised Officer

Authorised Signatory