

# NATIONAL Assessment Centre Services

Date: 14/05/2018 14:57  
 Ref No: NHA/CT/180089144  
 Veli No: PA 58591  
 P.O.N: 16/05/2018 13:30  
 OD: (TP) Reporting Only

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mail (Vehicle Data, Accidents)		
E-Motor Claim Form		
E-Motor V/O (Vehicle Data, V/O Claim)		
E-Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Fax/Hand to Owner/VWAP		

Preferred Wksp / INQ Assign Wksp / OW: Tel:   Fax:  

TP Particulars: Yeli No: **SLF3592P** INC ( ) / Non-INC ( )

Owner/Driver: Tel:  

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date:   Time:  

Insured/Driver Liability: ( ) % (Note: BSL Stand (WO): N1 0.20%, P1 21.79%, P1 30.100%)

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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) / Invoiced YES ( ) / NO ( ) / Towing Co: ( )

Remarks	DATE/TIME COMPLETED	DONE BY
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check/Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Infury	Action

Human Particulars	Invoice/Preparation Charge	Used Bill
Owner/Driver	1) ARI Accident Reporting (\$20)	
Policy No	2) DA Damage Assessment (\$100) INC (\$20)	
Assigned Portion	3) TFI Towing Fee	
	4) PT Follow-Through Survey	
	5) PT Follow-Through Survey (Recovery)	
	6) TR Repair Fee	
	7) NTUC Additional Fee (\$20)	
	8) NTUC Additional Fee (\$20)	
	9) NTUC Additional Fee (\$20)	
	10) NTUC Additional Fee (\$20)	
	11) NTUC Additional Fee (\$20)	
	12) NTUC Additional Fee (\$20)	
	13) NTUC Additional Fee (\$20)	
	14) NTUC Additional Fee (\$20)	
	15) NTUC Additional Fee (\$20)	
	16) NTUC Additional Fee (\$20)	
	17) NTUC Additional Fee (\$20)	
	18) NTUC Additional Fee (\$20)	
	19) NTUC Additional Fee (\$20)	
	20) NTUC Additional Fee (\$20)	

## 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	17/05/2018 14:57
Date Of Accident	16/05/2018 13:30
Exact Location Of Accident	ALONG BUKIT BATOK WEST AVENUE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5859L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SAY CHOO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96139838
Alternative Phone No	OFFICE-96139838

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMB1SN1802111800
Cover Note Number	

### Driver

Name of Driver	DAVID SIM HAI CHEOK
NRIC No	S1421298A
Date Of Birth	19/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96139838
Fax Number	
Contact Number	OTHERS-96139838
EMail Address	NOEMAIL



Address	BLK 208 BOON LAY PLACE #09-169
Postcode	640208
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 - MAJOR/MINOR RD
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?	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: : BUS ATTENDANT GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SLF3592P
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR.WONG
NRIC/Passport Number	
Contact Number	98427683
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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)

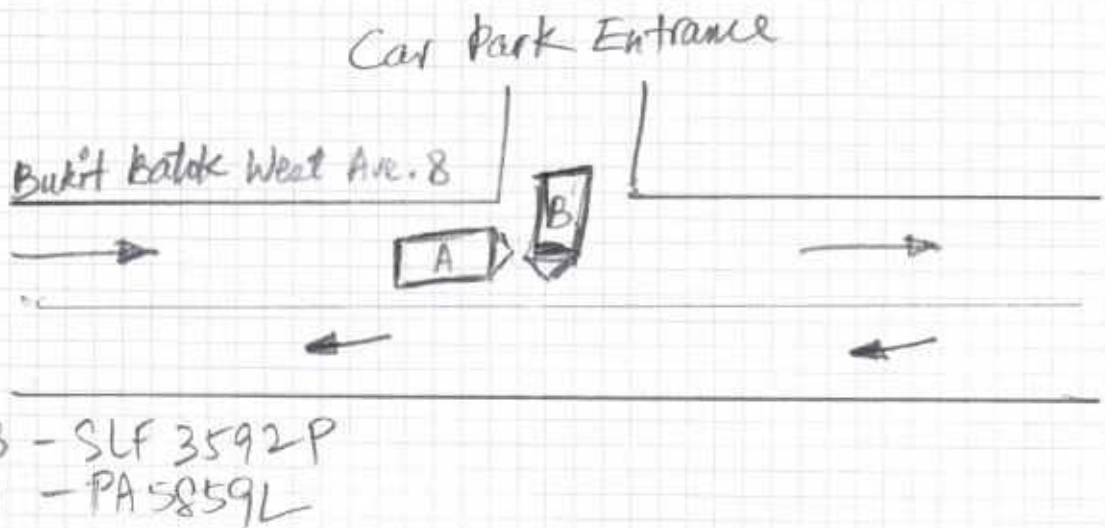
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Wed. 16 May 2018, I was driving Voc. Van PA 5859 L along Bt. Batok West Ave. 8 main road. Suddenly a dark grey Mercedes car driven by unknown Male Chinese man driving his mercedes car without stopping to give way to main road vehicles. I did horn the driver but it was too near to avoid a collision, even though I has applied the Emergency Brake. I has a female auntie passenger inside my Vocational Van which is also the Bus Attendant. Due to the accident, the Voc. Van front left side, headlight, bumper, etc was damaged. That's all.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 16/5/2018 (DD/MM/YYYY), TIME: 1.30pm (HH:MM)  
 LOCATION: Bukit Batok West Ave. 8.

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: PA5859L  
 b) INSURANCE COMPANY: CHINA TAIPIING  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA HILUX  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

a) NAME: Mr. David Sim Hai Cheok (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1421298A CONTACT: 96139838  
 c) ADDRESS: Buk 208 #09-169  
Boon Lay Place S'pore 640208  
 \*d) DATE OF BIRTH: 19/09/1960 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 02 Nov 1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS \_\_\_\_\_  
 b) ROAD SURFACE: (DRY) / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLF 3592P MODEL: Mercedes  
 b) DRIVER'S NAME: Mr. Wong  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98427683

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

BW 07102017

(2)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(1)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL :

2) VIDEO :

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1421298A



Name

DAVID SIM HAI CHEOK

沈 大 偉

Race

CHINESE

Date of birth

19-09-1960

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1421298A

Name

DAVID SIM HAI CHEOK

Birth Date 19 Sep 1960

Issue Date 09 Mar 2010



Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1421298A

Name SIM HAI CHEOK DAVID

Issue Date 12/6/2012

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



4161430



NRIC No. S1421298A



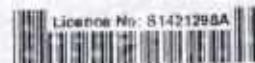
Date of issue  
17-01-2008

Address

APT BLK 208 BOON LAY PLACE  
#09-169  
SINGAPORE 640208

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

	PASS DATE
Class 2B Motorcycles < 200 cc	06 Jun 1983
Class 2A Motorcycles between 201 cc and 400 cc	06 Jun 1983
Class 3 Motor Cars < 2000kg with <=7 passengers, exclusive of the driver; and other motor vehicles < 2500kg	02 Nov 1982
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	03 Jan 1984
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	



428A

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	12/06/2012
04	BUS ATTENDANT	12/06/2012





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ601/PN EN  
AN0626A  
Cov.Type: F

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950.  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMB1SN1802111800	Engine No : JKD1360381 Chassis No: RDH2220011174
1. Index Mark and Registration Number of Vehicle	PA5859L	
2. Name of Policy Holder	NG SAY CHOO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13 JANUARY 2018	EXCESS SECT. II ..... S\$1,500.00
4. Date of Expiry of Insurance	13 JANUARY 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER.</p> <p>(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.</p> <p>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.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	

HIRE PURCHASE CO. : CREDIT LINK 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

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com