

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA18065088

Date In: 18/5/18-19:11	Job description	Date & Time Completed	Done by
Ref No: NA/C718009101/24	SAS e-filing		
Veh No: 9BE87415	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 18/5/18-11:35	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: VP2711M	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

NA1803146	Invoice Preparation Checklist	Am't (\$) 1st 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) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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	18/05/2018 19:11
Date Of Accident	18/05/2018 11:35
Exact Location Of Accident	JALAN RAJA UDANG TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE8741S
Insured/Policyholder	
Name Of Registered Owner	M/S K LITE
Co Reg No	53140031W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62561761
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3023551800
Cover Note Number	
Driver	
Name of Driver	KAN SHEAN HONG
NRIC No	S8855957F
Date Of Birth	22/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84072121
Fax Number	
Contact Number	OFFICE-84072121
EMail Address	NOEMAIL

Address	BLK 701 WEST COAST ROAD #12-331
Postcode	120701
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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
Passenger 1	NAME: : CHUA AI LIAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180518/2065.

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 Witness 1

Name	MR AHMAD
Phone Number	96266660
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP2711M
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

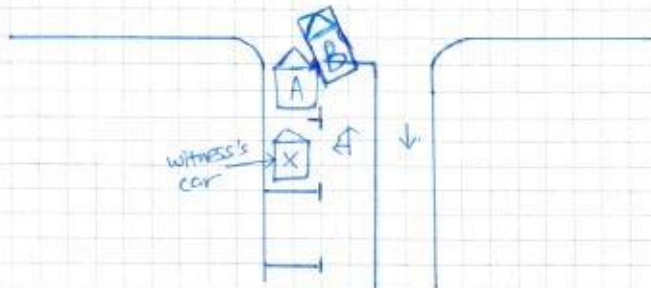


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



(A) GBE 8741S

(B) YP 2711M

Along Jalan Raja Udang
Towards Balestier Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Refer To
Police Report No: T/20180518/2065

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 : GBE 874LS

MAKE & MODEL : Nissan NV350

Date of Accident	18 / 05 / 2018		
Time of Accident	11:35 AM / PM		
Location of Accident	Along Jalan Rapi Cikong Towards Balestier Rd		
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / <u>Commercial</u>		
NAME OF OWNER :	K Lite		
Contact No.	62561761 (Joyce)		
Nric No	5314031W		
Type Of Claim	<u>Third Party</u> / Own Damage / Reporting only		
Insurance Co.	China Taiping		
Type of Coverage	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
Policy No	DMCVSN 3023551800		
NAME OF DRIVER :	As above / If No: <u>Kan Shean Hong</u>		
Nric No	58855957F	Any Passenger: <u>+1</u>	
Date Of Birth	22 / 09 / 1988	Name: <u>Chua Hui Lian</u>	
Occupation	<u>Outdoor</u> / Indoor	<u>Address</u>	
Date Of Driving Pass	23 / 12 / 2014	Hp: <u>97902309</u>	
Gender	<u>Male</u> / Female		
Contact no	84072121	Office :	Home :
Address	<u>592A Balestier Rd 629 Balestier Rd S(321917)</u>		
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	<u>NO</u> / If Yes Who?		
Name			Contact :
Name			Contact :
Police Report	No / If Yes: Where? <u>Moulmein NPP</u>		
Vehicle B No :	<u>YP 2711M</u>		Any Passenger: <u>—</u>
Name Of Driver	<u>/</u>		
Contact No :			
Vehicle C No :			Any Passenger:
Vehicle D No :			Any Passenger:
Vehicle E No :			Any Passenger:
Vehicle F No :			Any Passenger:
Any Witness	<u>Mr. Ahmad</u>		
Witness Contact No	<u>9626 6660</u>		
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?			
			YES / <u>NO</u>
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE		
Address	1 Kaki Bukit Ave 6 #02-34		
	Kaki Bukit @ Auto Bay		
	Singapore 417883		
Email :	<u>joyce 76 chua @ gmail . com</u>		Tel : 6745 7367 Fax : 6841 3390



SINGAPORE POLICE FORCE



T/20180518/2065

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

1 of 3

Report No. T/20180518/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 13:28		Vide Report No.:		Station Diary No.: 17
Informant's Particulars				
Name of Informant: KAN SHEAN HONG		Address: APT BLK 701 WEST COAST ROAD #12-331 SINGAPORE 120701		
ID Type / ID No.: NRIC NO / S8855957F		Contact No.: Home/Office: Mobile: 84072121		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 29	Date of Birth: 22/09/1988	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/05/2018 11:35	Type of Location: Straight Road
Location: Along Road 1 JALAN RAJA UDANG Along Jalan Raja Udang towards Balestier Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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 Passenger
GBE8741S	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Grey	Slightly Damaged	1
YP2711M						0



Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAN SHEAN HONG	ID No.	S8855957F
Related Vehicle	GBE8741S (Van)	Contact No.	84072121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Chua Ai Lian	ID No.	S7630210C
Related Vehicle	GBE8741S (Van)	Contact No.	97902309
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/5/2018 at about 1135hrs, while I was waiting for a parking lot along Jalan Raja Udang towards Balestier Road, my vehicle was in a stationary position along Jalan Raja Udang, at that point of time I was the driver and I had a front passenger, Chua Ai Lian. When our vehicle was in a stationary position we noticed that a lorry trying to cut into our lane from our right, and while he was doing so his lorry was near to our vehicle, as such I pressed on the honk once. However the lorry continued to cut into our lane and unfortunately the rear left side of the lorry collided onto the right front side of my vehicle.

After the collision I honk on the lorry, however the lorry did not stop and it drove off. I would like to state that the accident was witnessed by another vehicle which was behind of us. The witness is Mr Ahmad and his contact number is 96266660, Ahmad also assisted in taking photograph of the fled away lorry, the lorry vehicle number is YP2711M. Due to that my vehicle sustained scratches and dent on the front right side of the vehicle.



**SINGAPORE
POLICE FORCE**



T/20180518/2065

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

3 of 3

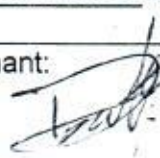

Report No. T/20180518/2065

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 1 JANSON CHEW	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2018 13:28
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476888	Classification Of Case: SN 080
Authentication Stamp NP168	 SIGNATURE


6547 6368

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S8855957F**
 Name: **KAN SHEAN HONG**
 Birth Date: **22 Sep 1988**
 Issue Date: **23 Dec 2014**

002379050D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8855957F**


 Name: **KAN SHEAN HONG**
 Race: **CHINESE**
 Date of birth: **22-09-1988**
 Country/Place of birth: **MALAYSIA**
 Sex: **M**

9330637

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	23 Dec 2014
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	23 Dec 2014

NP 428A

Licence No: S8855957F

9330637

NRIC No. **S8855957F**


 Nationality: **MALAYSIAN**
 Date of issue: **12-05-2014**
 Address: **APT BLK 701 WEST COAST ROAD
#12-331
SINGAPORE 120701**

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)

Engine No : YD23390100A
Chassis No: JN1MC2E2620006083

CERTIFICATE No

1. Index Mark and Registration
Number of Vehicle

DMCVSN3023551800

GBE8741S

2. Name of Policy Holder

M/S K LITE

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

13 APRIL 2018

EX SECT. 1S\$500.00
EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance

12 APRIL 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 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, JUMP-MAKING, RELIABILITY TRIAL OR CIERI TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE (1) ABLE TO MANUALLY PROPELLED VEHICLE.

HIRE PURCHASE VEHICLE WITH CABINETS LTD AT BE LUMPUR

* 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

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