

# NATIONAL Assessment Centre Services

[Ref: 123456]

MA116080285

Date In: 21/06/2018 18:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/171801/1314/1	E-mail (within 8hrs, AIC 2hrs):		
Veh No: GBE 674E	i-Motor Claim Form:		
D.O.A: 20/06/2018 22:30	i-Motor W/O (Within: QD 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: SBS 5089N	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

MA1160803933	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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-on 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	21/06/2018 18:27
Date Of Accident	20/06/2018 22:30
Exact Location Of Accident	ANG MO KIO AVE 3 TOWARDS ANG MO KIO CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE674E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EITA SERVICES PTE LTD
Co Reg No	199100274H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84487892
Alternative Phone No	OFFICE-84487892

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MH000971-R01
Cover Note Number	

### Driver

Name of Driver	CHNG CHYE HIONG
NRIC No	S9025888E
Date Of Birth	26/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84487892
Fax Number	
Contact Number	OTHERS-84487892
EMail Address	NOEMAIL

Address	BLK 59 LORONG 5 TOA PAYOH #01-246
Postcode	310059
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 - 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?	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: : YAZRINAH BINTE JALANI 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	SBS5089M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	NG SHIOW LAI
NRIC/Passport Number	F1083102N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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.:

**EITA SERVICES PTE LTD**  
53 UBI AVENUE 1, #03-22  
PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408034 Fax: 65-6844 3482  
TEL: 65-6844 3482 (3 LINES)  
E-mail: [enquiry@eita.com.sg](mailto:enquiry@eita.com.sg)

**SKETCH PLAN**

*Refer to attached.*

**EITA SERVICES PTE LTD**  
 53 UBI AVENUE 1, #03-22  
 PAYA UBI INDUSTRIAL PARK  
 SINGAPORE 408934 Fax: 65-6844 3481  
 TEL: 65-6844 3482 (3 LINES)  
 E-mail: sales@eita.com.sg

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

*Refer to attached.*

**EITA SERVICES PTE LTD**  
 53 UBI AVENUE 1, #03-22  
 PAYA UBI INDUSTRIAL PARK  
 SINGAPORE 408934 Fax: 65-6844 3481  
 TEL: 65-6844 3482 (3 LINES)  
 E-mail: sales@eita.com.sg

**DECLARATION**

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

**EITA SERVICES PTE LTD**  
 53 UBI AVENUE 1, #03-22  
 PAYA UBI INDUSTRIAL PARK  
 SINGAPORE 408934 Fax: 65-6844 3481  
 TEL: 65-6844 3482 (3 LINES)  
 E-mail: sales@eita.com.sg

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

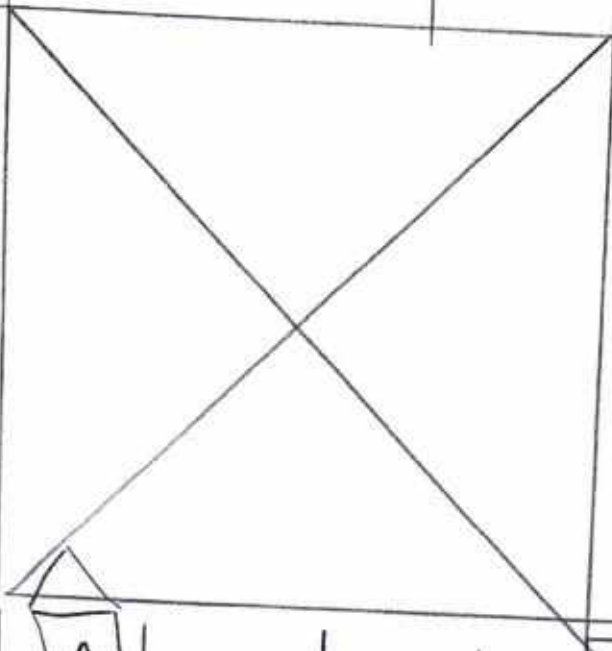
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

*21/06/2018*  
*[Signature]*

<Ang Mo Kio Ave 3>



<Ang Mo Kio Ave 10>



Veh. A: GBE 674E

Veh. B: SBS 5089M



on 21/06/2018  
Res/1 11/10/2018

On the above said time, date & location,

I was travelling on the left most lane.

It was a red light so I stopped.

Suddenly I ~~tra~~ felt a huge impact from behind.

When I aight to make a check, it was vehicle 'B'.

that collided into my rear portion, causing damages to my vehicle.

I have I park at the point at time.

I wish to state that the red light was on for quite a while.

21/06/2018  
Rishi Wadhwa

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/06/2018 (dd/mm/yy) Time of Accident: 22:30 (24-HR-FORMAT)

Vehicle No.: GBE 674E Vehicle Make & Model: NISSAN CABSTAR

Exact location of Accident: Ang Mo Kio Ave 3 towards Ang Mo Kio Central

Policyholder's Name / IC No.: Eifa Services pte. Ltd. / 199100274H

Driver's Name / IC No.: CHNG CHYE HIONG / 5902588E (As Above) ☐

Driver's Contact No.: 8448 7892 Company Contact No.: -

Driver's Address: 591 Lalong 5 Toa Payoh #01-246 S(310059)

Insurance Company: Tokio Marine Email address (if any): -

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / **Employee** / Hirer or Others specify: -

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 02

**Passenger Name:** Yazrinah Binte Jalani

**Passenger Name:** -

**Gender:** Male / **Female**

**Gender:** Male / Female

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: -

Injuries Sustain: - Injured Person in Which Vehicle: -

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: -

### The Other Party(s) Details:

1. Driver's Name / IC No.: Ng Shion Lai / F1083102/N Vehicle No.: SBS 5089M

Driver's Contact No.: - Insurance Company (If any): -

2. Driver's Name / IC No.: - Vehicle No.: -

Driver's Contact No.: - Insurance Company (If any): -

\*Independent Witness (If Any): - Contact No.: -

Preferred Workshop Name: - Contact No.: -

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9025888E



Name  
CHNG CHYE HIONG 84487892  
GBE 674 E

莊才雄

Race  
CHINESE

Date of birth  
25-07-1990

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9025888E

Portrait

CHNG CHYE HIONG 84487892  
GBE 674 E

Birth Date 25 Jul 1990

Issue Date 15 Dec 2006



001687701D

2745194



WMC No. S9025888E



Date of Issue  
22-07-2005

Address  
APT BLK 59 LORONG 5 TOA PAYOH  
#01-248  
SINGAPORE 310059


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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 3500kg 15 Dec 2008

NP 428A

License No: S9025888E





**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)**

Policy No.: 17-MH000971-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle GBE674E Chassis No.: JN1SC2F24Z0857309
2. Name of Policyholder EITA SERVICES PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 25/08/2017
4. Date of Expiry of Insurance 24/08/2018
5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**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 Policyholders' business.  
3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or 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.

\* 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 provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Insurance Plan: Comprehensive Approved Workshop Plan  
Limit for total loss or theft: Prevailing Market Value  
Policy Excess: Own Damage Claims SGD 500  
Windscreen Excess SGD 100  
Financial Interest: TAN CHONG CREDIT PTE LTD

Account: 0456DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : 17MA118080285 Vehicle Registration No: GBE 674E  
Name (as shown in NRIC) : CHNG CHYE HONG NRIC/FIN/Passport No : S9025288 E  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 84487892  
Email Address : \_\_\_\_\_  
Date of Accident : 20/06/2018 Time of Accident : 22:30  
Place of Accident : AYH MO KIO AVK 3 TOWARDS AYH MO KIO CRL  
Insurance Company : TOKIO MARINE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To insert Policy number 17-MH000971-R01

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Poh Li Ann  
NRIC/FIN No: \_\_\_\_\_  
Date: 22/06/2018