

# NATIONAL Assessment Centre Services [wef 1 Jan 09] MMA 118083678

Date In: 28/6/18 17:42	Job description	Date & Time Completed	Done by
Ref No: MMA/ EBI 180118461/44	SAS e-filing		
Veh No: GBA 9459 Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/6/18 19:00	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: SHC501K, 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

Invoice Preparation Checklist		Am't (\$) Est 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) TF: 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 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpl 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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Pat 1:			
Pat 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	28/06/2018 17:42
Date Of Accident	27/06/2018 19:00
Exact Location Of Accident	T JUNC BETWEEN UPP CHANGI RD & EXPO DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA9459Y
Insured/Policyholder	
Name Of Registered Owner	KEMPRINT
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67428850
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-002044
Cover Note Number	-
Driver	
Name of Driver	CHAN WEI HENG
NRIC No	G2626984P
Date Of Birth	21/07/1993
Occupation	INDOOR
Date Of Driving Pass	23/09/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97558850
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	3014 UBI ROAD 1 #01-278
Postcode	408702
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	3
Passenger 1	NAME: : FOKE YAN JIE GENDER: : MALE
Passenger 2	NAME: : DELI ANAK MEROM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
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	SHC501K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 CHAN WEI HENG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBA9459Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name FOKE YAN JIE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBA9459Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name DELI ANAK MEROM  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBA9459Y  
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.:



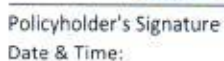
Expo Drive

A = GBA 7459Y  
B = SHC 501K

Upp Changi Rd E

Please Refer to Police Report

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



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

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



# SINGAPORE POLICE FORCE



T/20180628/2141

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 4

Report No. T/20180628/2141

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/06/2018 17:12		Vide Report No.:		Station Diary No.: 72	
<b>Informant's Particulars</b>					
Name of Informant: CHAN WEI HENG			Address: 304 Ubi Avenue 1 #01-127 SINGAPORE 400304		
ID Type / ID No.: FIN NO / G2626984P			Contact No.: Home/Office: Mobile: 97558850		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 24	Date of Birth: 21/07/1993	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PRODUCTION AND GENERAL SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/06/2018 19:00	Type of Location: T-Junction
Location: Along Road 1 UPPER CHANGI ROAD  Upper changi rd between expo drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Light
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
GBA9459Y	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Slightly Damaged	2
SHC501K	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Yellow	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20180628/2141

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Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180628/2141

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBA9459Y	EQ INSURANCE COMPANY LTD.	DMCPHQ18-002044	04/04/2018	06/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Passenger</b>				
Name	FOKE YAN JIE		ID No.	G8529009L
Related Vehicle	GBA9459Y (Lorry)		Contact No.	97558850
Hospital/Clinic	CARITAS CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2018		Date Discharge	28/06/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	CHAN WEI HENG		ID No.	G2626984P
Related Vehicle	GBA9459Y (Lorry)		Contact No.	97558850
Hospital/Clinic	CARITAS CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/06/2018		Date Discharge	28/06/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Passenger</b>				
Name	DELI ANAK MEROM		ID No.	G7127654L
Related Vehicle	GBA9459Y (Lorry)		Contact No.	97558850
Hospital/Clinic	CARITAS CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2018		Date Discharge	28/06/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20180628/2141

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Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180628/2141

**CONTINUATION OF REPORT**

Name	LIM SOON HOCK	ID No.	S1640864F
Related Vehicle	SHC501K (Car)	Contact No.	96283149
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 27/06/2018 at about 7:00pm I was driving my company vehicle a white mitsubitshi lorry bearing license number GBA9459Y along Upper changi rd and I was at the T-junction between Expo drive and upper changi rd. The traffic light was green at the time and as such I proceeded to drive straight when suddenly a yellow Hyundai taxi bearing license number SHC501K which was on the opposite direction, proceeded to make a right turn without checking for on-coming vehicles. As it happened to sudden, I did not have enough time to brake and stop fully, as such it resulted in me colliding into the left side of the taxi. My company vehicle damages are dents and scratches to the bumper, headlights was damaged and the vehicle's windscreen was shattered. We then proceeded to the side of the road and exchanged particulars. After the accident, myself and two other of my passenger felt slight discomfort after the accident as such we proceeded to see the doctor and was awarded a 3 days medical certificate.



**SINGAPORE  
POLICE FORCE**



T/20180628/2141

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

4 of 4

Report No. T/20180628/2141

**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:

G /

Sgt 2 TOO YONG FOOK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/06/2018 17:12

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



SINGAPORE  
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



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

Employer  
**KEMPRINT**

Sector: **MANUFACTURING**

Name  
**CHAN WEI HENG**

Occupation  
**PRODUCTION AND GENERAL SUPERVISOR**

Work Permit No.  
**4 05166127**

Date of Application  
**08-04-2015**

Date of Issue  
**13-04-2017**

Date of Expiry  
**13-10-2018**

 **L7833820**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G2626984P**

Name: **CHAN WEI HENG**

Birth Date: **21 Jul 1993**

Issue Date: **04 Aug 2015**

Valid Till: **03/08/2020**

 **002458612J**

**SG 50**

**VISIT PASS**  
Immigration Regulations

Name  
**CHAN WEI HENG**



Date of Birth: **21-07-1993** Sex: **M** Nationality: **MALAYSIAN**


Pin: **G2626984P** Date of Issue: **17-04-2017** Date of Expiry: **13-10-2018**

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



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

**EFFECTIVE DATE**


Class 3B  
Class 3  


MOTORCYCLES NOT EXCEEDING 200 CC  
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

04 Aug 2015  
23 Sep 2018

S / No. 9000236294

**Licence No: G2626984P**



NP 428A

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3033 | www.eqinsurance.com.sg  
reg no. 1978-00480-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE PRIVATE (SCH I )  
Comprehensive

Certificate No.: DMCPHQ18-002044

Form: LCVP1

Excess:

Section 1

SGD500.00

YE10-AC

Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles  
GBA9459Y

2. Name of Policyholder  
Kemprint

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
04/04/2018

4. Date of Expiry of Insurance  
06/04/2019

5. Person or Classes of Persons entitled to drive\*

Goods carrying - (M2300) Authorised Driver. Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\*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 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 has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's 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 greater number of trailers in all than is permitted by Law. 3) Use for the carriage of passengers for hire or reward. 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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) or and Amendment, Act or Acts passed in substitution thereof.

unwck/HQ/AB00298/Tong Min Insurance A



A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited