

# NATIONAL Assessment Centre Services

Date In: 23/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/5M/18013301/13	SAS e-filing		
Veh No: GBB5251A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/07/18 0000	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: SLJ88626	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

NA1804617	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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) RT: 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:-		
	OP*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	23/07/2018 09:52
Date Of Accident	20/07/2018 02:20
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5251A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIT ENGINEERING PTE LTD
Co Reg No	199001213N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	18-MV004902-R02
Cover Note Number	

### Driver

Name of Driver	JASON THIA ZHANG MING
NRIC No	S9990293J
Date Of Birth	03/08/1999
Occupation	INDOOR
Date Of Driving Pass	09/07/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87509516
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 42 BEO CRESCENT  
#02-101  
Postcode 160042  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
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) 7

Passenger 1 NAME: : VALERIE QUEK  
GENDER: : FEMALE  
Passenger 2 NAME: : NUR VALERIE KHANG CHU XUAN  
GENDER: : FEMALE  
Passenger 3 NAME: : DANIEL LIM CHIN TECK  
GENDER: : MALE  
Passenger 4 NAME: : TAN WAI XIONG LAWRENCE  
GENDER: : MALE  
Passenger 5 NAME: : ZEON ONG WEE  
GENDER: : MALE  
Passenger 6 NAME: : LIM MING HENG  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180721/7007

**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	SLJ8862G
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	JASON THIA ZHANG MING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB5251A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	ZEON ONG WEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB5251A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	TAN WAI XIONG LAWRENCE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB5251A
Were seat belts worn?	
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)

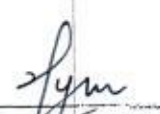
I understand, acknowledge, agree and consent that:

- (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:

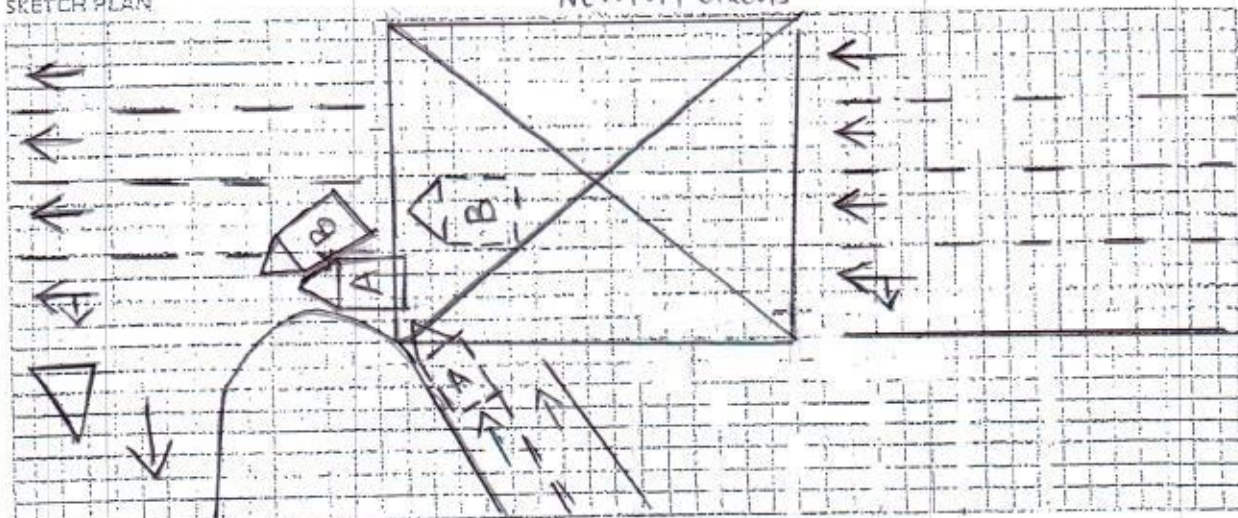
x   
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 23/07/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

NEWTON CIRCUS



A: GBB5251A

B: SLJ8862G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

I would like to declare there are 6 passengers with me.

- ① Valerie Quek (F) T0113681F
- ② Nur Valerie Khang Chu Xuan T0105783E (F)
- ③ Daniel Lim Chin Teck S9872325J (M)
- ④ Tan Wai Xiong Lawrence T0318075H (M)
- ⑤ Zee Onn Wee T0318733G (M)
- ⑥ Lim Ming Heng T0223847G (M)

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.:



23/07/18





# SINGAPORE POLICE FORCE



T/20180721/7007

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180721/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2018 15:37		Vide Report No.: T/20180721/7005		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JASON THIA ZHANG MING			Address: APT BLK 42 BEO CRESCENT #02-101 SINGAPORE 160042		
ID Type / ID No.: NRIC NO / S9990293J			Contact No.: Home/Office: Mobile: 87509516		
Nationality: SINGAPORE CITIZEN			Email: jasonthia1999@hotmail.com		
Sex: Male	Age: 18	Date of Birth: 03/08/1999	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Student		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: 20/07/2018 02:20	Type of Location: Roundabout
Location:  NEWTON CIRCUS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBB5251A	Lorry					0
SLJ8862G	Car	HONDA	STREAM	White	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180721/7007

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180721/7007

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	ZEON ONG WEE	ID No.	T0318733G
Related Vehicle	GBB5251A (Lorry)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	JASON THIA ZHANG MING	ID No.	S9990293J
Related Vehicle	GBB5251A (Lorry)	Contact No.	87509516
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Passenger</b>			
Name	TAN WAI XIONG LAWRENCE	ID No.	T0318075H
Related Vehicle	GBB5251A (Lorry)	Contact No.	92409244
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 20 July 2018 at 02:20am, I (GBB5251A), was driving along the left side of my lane along Newton Circus roundabout when Veh B(SLJ8862G), made a sudden turn into my lane and collided onto my front right side. I would like to declare there are 6 passengers with me. 1)Valerie Quek/T0113681F, 2) Nur Valerie Khang Chu Xuan/T0105783E, 3)Daniel Lim Chin Teck/ S9872325J, 4)Tan Wai Xiong Lawrence/T0318075H, 5) Zeon Ong Wee/ T0318733G, 6)Lim Meng Heng/T0223847G.





**SINGAPORE  
POLICE FORCE**



T/20180721/7007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180721/7007

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/07/2018 15:37

Classification Of Case:

LKK PATA URI

MAKE &amp; MODEL : Nissan Lorry / Pick up

FILE NO: GBB5251A

DATE OF ACCIDENT

20 / 07 / 2018

TIME OF ACCIDENT

02:21 AM/PM

LOCATION OF ACCIDENT

Newton Circus

Main Purpose use during accident

NAME OF OWNER

Kit Engineering Pte Ltd

P NO

199001213N

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

DATE HIRE

YES / NO?

INSURANCE CO.

Tokio Marine

SCOPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire &amp; Theft

POLICY NO.

18-MV004902-R02

NAME OF DRIVER

As above / If No: Jason Thia Zhang Ming

DATE OF BIRTH

S9990293J

Any passengers: 06

LOCATION

03 / 08 / 1999

DATE OF DRIVING PASS

Outdoor / Indoor

GENDER

09 / 07 / 2018

CONTACT NO.

Male / Female

ADDRESS

87509516 Office: Home:

DO YOU HAVE ANY OWN Vehicle?

Blk 42 BEO Crescent #02-101 S(160042)

RELATIONSHIP

NO / If yes: Reg No:

OTHER CONDITION

Employee / If No:

ROAD SURFACE

Clear / Raining / Other:

INJURIES

Dry / Wet / Other:

CONTACT NO.

No / If yes: Who?

DATE REPORT

No / If yes: Where?

POLICE B NO.

SLJ8862G

Any Passenger:

E

CONTACT NO.

POLICE C NO.

Any Passenger:

POLICE D NO.

Any Passenger:

POLICE E NO.

Any Passenger:

POLICE F NO.

Any Passenger:

WITNESS

TELEPHONE CONTACT NO.

Have you been approach by unknown person soliciting (s) /

requesting accident claims assistance?

YES / NO

VEHICULAR WORKSHOP

P NO

Autowerke Automotive P/L

CONTACT PERSON

8 RARI BUKIT AVE 4 #05-01/02 PREMIER BUILDING

P NO

Annabelle Lim 8112 6485

SINGAPORE 4.

EMAIL:

6282 4392

Reporting @ autowerke.com.sg



REPUBLIC OF SINGAPORE DRIVING LICENCE

59990293J

Licence  
Name

JASON THIA ZHANG MING



Birth Date: 03 Aug 1999

Issue Date: 09 Jul 2018

002821748E



Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SP/SCDF station if found.

Date of Birth  
03/08/1999

Race  
CHINESE

Date of Enlistment  
09/01/2018

Address  
Blk 42 BEO CRESCENT  
#02-101 SINGAPORE 160042







HOME TEAM  
NATIONAL SERVICE IDENTITY CARD

JASON THIA ZHANG MIING

S9990293J

SINGAPORE CIVIL DEFENCE FORCE

THIS IS NOT A WARRANT CARD



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 09 Jul 2018

Licence No: S9990293J



NP 428A





**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.: 18-MV004902-R02 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBB5251A **Chassis No.:** JN1SC2F24Z0800944
2. **Name of Policyholder** KIT ENGINEERING PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 10/06/2018
4. **Date of Expiry of Insurance** 09/06/2019

**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**

Account: 2128DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 500
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	MAYBANK

Tokio Marine Insurance Singapore Ltd.

Authorised Signature