

NATIONAL Assessment Centre Services

Date In: 23/07/2018 14:37	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18013323/K4	SAS e-filing		
Veh No: GBB 6734S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/07/2018 15:20	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/Wksip		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: PEDESTRIAN	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

NA1804650	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*N3: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
QC Checked by (Engr-In-Charge):	TE (N11): TP (N'n INC) against INC \$20		
Auditors' Comments:	9) N12: Idac Mobile 30		
Cal 1:	Invoice dated	Fee Charged	
Cal 2 / 3:	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	23/07/2018 14:37
Date Of Accident	21/07/2018 15:20
Exact Location Of Accident	SEMPAWANG ROAD NEAR TO SUN PLAZA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB6734S
Insured/Policyholder	
Name Of Registered Owner	M/S SAN LIAN DENG TEMPLE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97322326
Alternative Phone No	OFFICE-97322326
Vehicle Particulars	
Manufacturer	RENAULT
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMCVSN3074481700
Cover Note Number	
Driver	
Name of Driver	ALISON NG YA QIN
NRIC No	S1761135F
Date Of Birth	17/02/1966
Occupation	INDOOR
Date Of Driving Pass	28/11/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97322326
Fax Number	
Contact Number	OTHERS-97322326
Email Address	NOEMAIL

Address	27 ROSEWOOD DRIVE #09-20
Postcode	737920
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRUSTEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180723/2081

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.

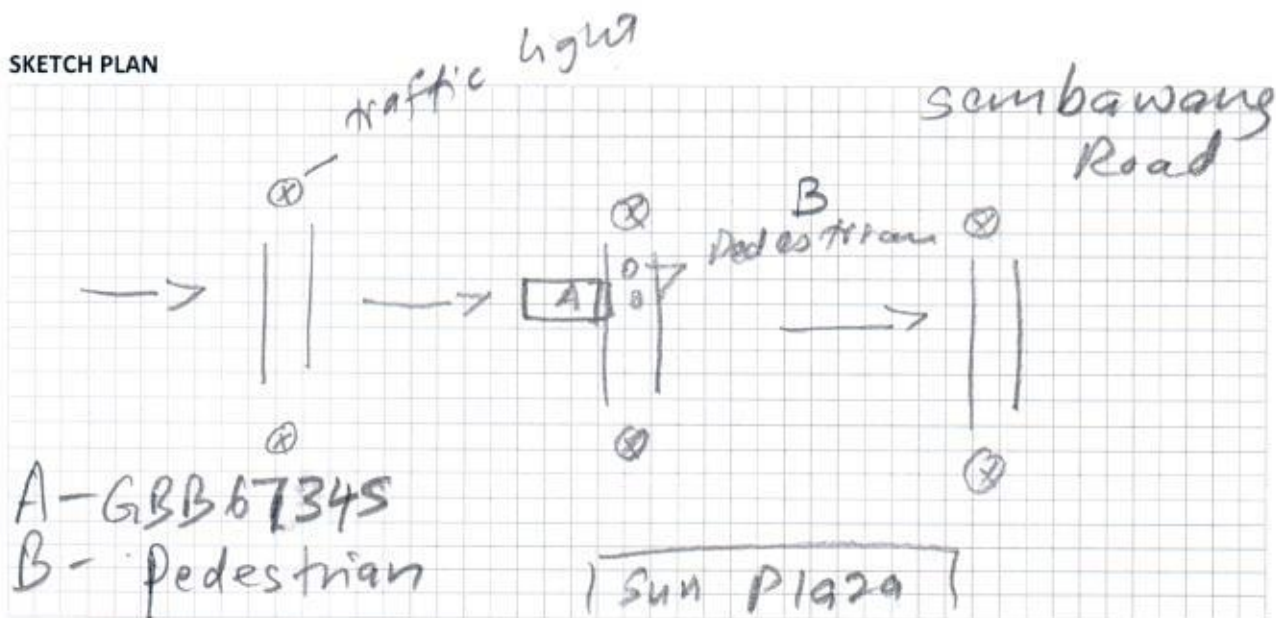
SAN LIAN DENG TEMPLE
SAN LIAN DENG TEMPLE

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

Pls Refer to the Police Report
T/20180723/2081

DECLARATION

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

SAN LIAN DENG TEMPLE

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.:



SINGAPORE POLICE FORCE



T/20180723/2081

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180723/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 14:08	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: ALISON NG YA QIN			Address: 27 ROSEWOOD DRIVE #09-20 SINGAPORE 737920		
ID Type / ID No.: NRIC NO / S1761135F			Contact No.: Home/Office: Mobile: 97322326		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 17/02/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 21/07/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG ROAD				
Near to Sun Plaza				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6734S	Van	RENAULT	KANGOO EXPRESS II 1.6L AT ABS AB 2WD 6DR	Yellow	No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	Use of Pedestrian Crossing: Not Available
No. of Pedestrians Injured: 2	



**SINGAPORE
POLICE FORCE**



T/20180723/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20180723/2081

CONTINUATION OF REPORT

Driver			
Name	ALISON NG YA QIN		ID No. S1761135F
Related Vehicle	GBB6734S (Van)		Contact No. 97322326
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
Pedestrian			
Name	Ilham Zikri Bin Faizal		ID No. T0536393J
Related Vehicle	NIL		Contact No. NIL
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	Slight
Pedestrian			
Name	Faizal Bin Farouk		ID No. S7428593G
Related Vehicle	NIL		Contact No. 91279755
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	Slight

Brief Details.

On the 21/7/2018 at about 1520hrs, I was driving along Sembawang Road near to Sun Plaza I would like to inform that there are about 3 traffic junctions along the road after I passed the first traffic junction as the traffic light was in my favor while passing on the second traffic junction I misjudged the second traffic junction for the third one as the distance was very close as it was very sunny as well I attempted to adjust sun visor, while attempting I saw two pedestrians who began crossing road as such I jammed the brakes to avoid hitting them.

My vehicle then slightly hit onto them as there was no sufficient distance between me and the two pedestrians. Shortly after, I immediately went out of my vehicle and made a check on them. Based on what I could see, the adult who is the father of the younger pedestrian have a swelling on his right forearm and the son had several scratches on his right palm. The father then informed that they will go to



**SINGAPORE
POLICE FORCE**



T/20180723/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
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Report No. T/20180723/2081

CONTINUATION OF REPORT

the hospital to seek medical attention.

We then exchanged contacts and particulars and went on our ways, the father also informed that he will be doing an insurance report and we both agreed on a private settlement in the first place after which later on the 23/7/2018 both of us agreed to make a traffic police report instead.



**SINGAPORE
POLICE FORCE**



T/20180723/2081

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Report No. T/20180723/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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 ANG YI FENG, ELSON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Signature Of Informant:

Date/Time:
23/07/2018 14:08

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE
SIGNATURE

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Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.:	GBB6734S		
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Scheme:	Normal
Vehicle Make:	RENAULT	Vehicle Model:	KANGOO EXPRESS II 1.6L AT ABS AB 2WD 6DR
Chassis No.:	VF1FW0DBA41861544	Engine No.:	K4MH831D000862
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	1598 cc	Power Rating:	-
Unladen Weight:	1340 kg	Maximum Laden Weight:	1949 kg
Primary Colour:	Yellow	Secondary Colour:	-
IU Label No.:	1042368290	Maximum Power Output:	-
First Registration Date:	15 Oct 2009	Original Registration Date:	15 Oct 2009
Manufacturing Year:	2009	Open Market Value:	\$18,434.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfer:	1	Actual ARF Paid:	\$922.00

Owner Particulars

Owner Name: SAN LIAN DENG TEMPLE

Owner ID Type: Club/Association/Organisation

Owner ID: S93SS0156E

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 18

Registered Street Name: ADMIRALTY STREET

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 757439

COE No./Expiry Date: 2009090105000430Z / 14 Oct 2019

COE Bid Category: C - Goods Vehicle & Bus

QP Paid: \$17,501.00

Transaction Details

Business Transaction Ref. No.: 20161102143022127544

Business Transaction Date: 02 Nov 2016

Business Transaction Time: 14:30:22

Message

Vehicle has been successfully transferred to SAN LIAN DENG TEMPLE (S93SS0156E).

Please note that \$11.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1761135F



Name

ALISON NG YA QIN

黄雅勤

Race

CHINESE

Date of birth

17-02-1966

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

S1761135F



ALISON NG YA QIN

Birth Date: 17 Feb 1966

Issue Date: 26 Sep 2016



002613098F

5619711



NRIC No: S1761135F



Date of issue

08-07-2016

Address

27 ROSEWOOD DRIVE
#09-20
SINGAPORE 737920

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 28 Nov 1995

NP 428A



Licence No: S1761135F

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)

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CERTIFICATE No. DMCVSN3074481700 Engine No : K4MH831D000862
Chassis No: VF1FW0DBA41861544

1. Index Mark and Registration Number of Vehicle GBB67345

2. Name of Policy Holder M/S SAN LIAN DENG TEMPLE

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01 NOVEMBER 2017 EX SECT. I S\$450.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 31 OCTOBER 2018

5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PERMITTED 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 FOR 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, 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.

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.

KCB AGENCY

Co. Reg. No. 53118552G

200 Jalan Sultan

#02-368 Textile Centre

Singapore 199018

Tel: 6397 3813 Fax: 6397 3814

Authorised Officer

Countersigned By:

Authorised Signatory