

Date In: 618118 17:12	Job description	Date & Time Completed	Done by
Ref No: NA1INC18014286164	SAS e-filing		
Veh No: SJP 3796P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 418118 20:30.	i-Motor Claim Form	MT/1006215-001	718118 09:51.
OD: <input checked="" type="checkbox"/> 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: SHA 5170J. 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

NA1804998	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*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	06/08/2018 17:12
Date Of Accident	04/08/2018 20:30
Exact Location Of Accident	UPP CHANGI RD EAST TWDS BEDOK NORTH ST 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3796P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97547573

### Vehicle Particulars

Manufacturer	CHERY
Model	V5
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5083187969-01
Cover Note Number	-

### Driver

Name of Driver	TAN KING HUAH
NRIC No	S2673322G
Date Of Birth	26/02/1966
Occupation	INDOOR
Date Of Driving Pass	04/11/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97547573
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 530 BEDOK NORTH ST 3 #09-654  
 Postcode 460530  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 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  
 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) 4  
 Passenger 1 NAME: : NANG SI NOONG  
 GENDER: : FEMALE  
 Passenger 2 NAME: : TAN TING AN  
 GENDER: : MALE  
 Passenger 3 NAME: : TAN JIA WEN  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name THOMSON NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740  
 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 SHA5170J  
 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 TAN KING HUAH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJP3796P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NANG SI NOONG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJP3796P  
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.



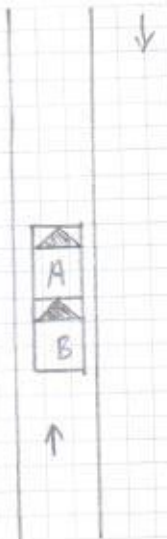
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



A = SJP 3796P

B = SHA 5170J

Opp Changi Rd East towards Bedok North St 3

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

### 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.:



# SINGAPORE POLICE FORCE



T/20180806/2130

1 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20180806/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/08/2018 16:08	Vide Report No.:	Station Diary No.: 50
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**Informant's Particulars**

Name of Informant: TAN KING HUAH			Address: APT BLK 530 BEDOK NORTH STREET 3 #09-654 SINGAPORE 460530		
ID Type / ID No.: NRIC NO / S2673322G			Contact No.: Home/Office:		Mobile: 97547573
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 26/02/1966	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: CAR MECHANIC			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: 04/08/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD EAST				
Upper Changi Road East towards Bedok North Street 3.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5170J	Taxi	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue		0
SJP3796P	Car	CHERY	V5 2.4L AUTO ABS AIRBAG SUNROOF 2WD	Silver		3





**SINGAPORE  
POLICE FORCE**



T/20180806/2130

2 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20180806/2130

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN KING HUAH	ID No.	S2673322G
Related Vehicle	SJP3796P (Car)	Contact No.	97547573
Hospital/Clinic	MOUNT ALVENIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/08/2018	Date Discharge	05/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Passenger</b>			
Name	NANG SI NOONG	ID No.	S8277635D
Related Vehicle	SJP3796P (Car)	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	NIL

**Brief Details.**

On 04th August 2018 at 8.30pm, I was driving my vehicle registration number: SJP3796P along Upper Changi East towards Bedok North Street 3. There are 3 other passengers whom are my wife, my son and my daughter in the vehicle.

I was driving in the single lane. It was a slow moving traffic. I slowed down and stopped. While I was in the stationary position, there was a strong impact from my rear vehicle. I alighted from my vehicle and discovered that there was another vehicle registration number: SHA5170J (V2) had collided to my vehicle.

The driver (V2) apologised of his mistake and I told him that I will make insurance claimed. Due to the impact, my wife and I went to seek medical attention and was given MC. I am lodging this report for insurance claimed.





**SINGAPORE  
POLICE FORCE**



T/20180806/2130

3 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20180806/2130

**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 /  
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/08/2018 16:08

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476367

Classification Of Case:

SN 070

Authentication Stamp  
NP168

SIGNATURE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2673322G



Name

TAN KING HUAH

Race

CHINESE

Date of birth

26-02-1966

Country/Place of birth

MALAYSIA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2673322G

Name

TAN KING HUAH

Birth Date 26 Feb 1966

Issue Date 24 Apr 2004



5552993



NRIC No. S2673322G



Date of issue

21-01-2016

Address

APT BLK 530 BEDOK NORTH STREET 3  
#09-654  
SINGAPORE 460530

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

Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

04 Nov 1991  
04 Nov 1991



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)

**Certificate Number:** 5083187969-01

**Cover :** Third Party

- |   |                      |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJP3796P           |
| Chassis Number  | : LVVDB24867D249950  |
| 2. Name of Policyholder   | : KENT AUTO SERVICES |
| 3. Effective Date of Insurance  | : 17 Aug 2017        |
| 4. Expiry Date of Insurance   | : 16 Aug 2018        |
| 5. Persons or Classes of Persons entitled to drive#   |                      |
| (a) The Policyholder.   |                      |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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#   |                      |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                      |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : LOMEN INSURANCE AGENCY (00000591412)  
Date of issue : 07 Aug 2017 16:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1006215

Policy No.	5083187969-01	Vehicle No.	SJP3796P	GST Registration No.	
Certificate No.				Policyholder NRIC	52974
Policyholder Name	KENT AUTO SERVICES	Cover Type	Third Party	Loading	0
Product Code	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97547573	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	No				
▼ Accident Details					
Report Date	07/08/2018 09:35	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	04/08/2018	Time of Accident hh:mm	20:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP CHANGI RD EAST TWDS BEDOK NORTH ST 3				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date		Yes	
GST Registration No.		GST Status Verified			
Modification History					
▼ Policyholder Mailing Address					
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41792
Unit No.		Related Policy Number	5090798963-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/02/
Unnamed driver Name	TAN KING HUAH	Driver NRIC	S2673322G	Driving Experience	26
Register Date of Driver License	04/11/1991	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	97547573	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 530 #09-654	Address 2	BEDOK NORTH STREET 3	Post Code	460531
Address 4		Address Type	Singapore address		
Unit No.	09-654				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	KENT AUTO SERVICES
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJP3796P
Claim Description	SJP3796P / SHA51701 ON 4 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	07/08/2018 09:44
			LIU SHAN HUI
Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1006215	Claim No.	001
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▼ Attachment List

Video List

Scan and uploading