

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA118 104917

Date In: 14/8/18 - 14:37	Job description	Date & Time Completed	Done by
Ref No: NA/C2218014791/24	SAS e-filing		
Veh No: JK A61763	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 12/8/18 - 00:05	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: JP 22794

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

NA 805055	Invoice Preparation Checklist	Ant (\$) for Bill	Ant (\$) 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
at 1:			
at 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	14/08/2018 14:37
Date Of Accident	12/08/2018 00:05
Exact Location Of Accident	ALONG TAMAN SERENE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6176B
Insured/Policyholder	
Name Of Registered Owner	GAN CHEONG KEONG
NRIC No	S1790906A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96822381
Alternative Phone No	OFFICE-96822381

Vehicle Particulars

Manufacturer	FORD
Model	FOCTA4
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1505211803
Cover Note Number	

Driver

Name of Driver	GAN CHEONG KEONG
NRIC No	S1790906A
Date Of Birth	18/02/1967
Occupation	INDOOR
Date Of Driving Pass	12/07/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96822381
Fax Number	
Contact Number	OFFICE-96822381
Email Address	NOEMAIL

Address	BLK 475A UPPER SERANGOON CRESCENT #02-509
Postcode	531475
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180813/7021.

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	SJP2279Y
Vehicle Make/Model/Colour	HYUNDAI AVANTE
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN4376Y
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)


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:

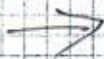

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A = SKA 6176B

Veh B = SJP 2279Y

Veh C : SJN : 4376Y



→ Road Leading to Malaysia custom
→ towards Singapore.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refu to Police report.

T/20/80813/7021

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.:

Send/Fax to: gia.reporting@gmail.com

81399703

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION

Date of Accident:	12/8/2018	Time of Accident:	00:05
Exact Location:	Taman Serene Johor Bahru Malaysia		

DETAILS OF OWN VEHICLE

Vehicle Registration No.	SKA 6176B		
Name of Registered Owner:	Gan Cheong Keong		
NRIC / FIN / Passport no:	S1790906A		
Vehicle Make:	Ford	Vehicle Model:	Fiesta 4
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	Ching Taiping		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	Dm PCSN 1505211803		

DRIVER

Name of Driver:	<input checked="" type="checkbox"/> same as owner		
NRIC / FIN / Passport no:		Date of Birth:	18/02/1967
Occupation:	Indoor / Outdoor	Driving Pass Date:	12/07/1989
Contact Number:	96822381	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address:	B1K 475A Upper Serangoon Crescent #02-509 S(531475)		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	<input checked="" type="checkbox"/> Yes / No
No. of passenger onboard (including driver):	03	10 Ubi Ave 3 S (408865) 2nd IF.	

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJP 2279Y		
Vehicle Make / Model:	Hyundai Avante		
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS

Name:		Contact Info:	
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DETAILS OF INJURED PERSON

	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

14
15/8/18 17:09



SINGAPORE POLICE FORCE



T/20180813/7021

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

1 of 4

Report No. T/20180813/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 16:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GAN CHEONG KEONG			Address: APT BLK 475A UPPER SERANGOON CRESCENT #02-509 SINGAPORE 531475		
ID Type / ID No.: NRIC NO / S1790906A			Contact No.: Home/Office: Mobile: 96822381		
Nationality: SINGAPORE CITIZEN			Email: uloveraymond@gmail.com		
Sex: Male	Age: 51	Date of Birth: 16/02/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and related associate professional nec			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/08/2018 00:05	Type of Location: Straight Road
Location: Taman Serene Johor bahru Malaysia				
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
SJP2279Y	Car	HYUNDAI	Avante	Maroon		0
SKA6176B	Car	FORD	FOCTA4	Silver		3

Details of Vehicle Insurance

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



T/20180813/7021

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

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Report No. T/20180813/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA6176B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN15052118 03	21/03/2018	20/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	Ryan Gan		ID No.	NIL
Related Vehicle	SKA6176B (Car)		Contact No.	84845422
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
Driver				
Name	GAN CHEONG KEONG		ID No.	S1790906A
Related Vehicle	SKA6176B (Car)		Contact No.	96822381
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
Passenger				
Name	Chan Pui Yuen		ID No.	NIL
Related Vehicle	SKA6176B (Car)		Contact No.	91062471
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



**SINGAPORE
POLICE FORCE**



T/20180813/7021

3 of 4

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

Report No. T/20180813/7021

CONTINUATION OF REPORT

Brief Details.

On the stated date & time, I vehicle A stopped as the vehicle in front of me stopped.

Suddenly vehicle B hit onto my vehicle rear portion. I alighted the vehicle to take photo of Vehicle B (SJP 2279 Y). I had eye-contact with him and signal him to alight but he refused to alight his vehicle. He waved me off instead.

After finish taking photos of his vehicle, i moved forward and alighted my vehicle again to approach Vehicle B. He ignore me and drove off when there is a chance.



**SINGAPORE
POLICE FORCE**



T/20180813/7021

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

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Report No. T/20180813/7021

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 /
ESTHER CHONG
Contact No.: 65476368

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:
13/08/2018 16:58

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1790906A**
 Name
GAN CHEONG KEONG

Birth Date: **18 Feb 1967**
 Issue Date: **17 Jul 2003**

000661720J

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1790906A**



Name
GAN CHEONG KEONG

顏章強
 Race
CHINESE

Date of Birth: **18-02-1967** Sex: **M**
 Country of Birth
SINGAPORE

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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE
12 Jul 1989

Licence No: **S1790906A**

NP 428A

1753314

NRIC No: **S1790906A**



Blood Group: **O+** Date of issue: **03-03-1994**

APT BLK 475A UPPER SERANGOON CRESCENT #02-509
SINGAPORE 531475
 NRIC No: **S1790906A** Date: **29/07/2015**



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1E
R SN
AN0576A
Cov.Type: C

MOTOR PRIVATE CAR

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)

ORIGINAL

CERTIFICATE No.	DMPCSN1505211803	Engine No : 5P68469 Chano: WF04XXWPD45P68469
1. Index Mark and Registration Number of Vehicle	SKA6176B	AUTOSAFE =====
2. Name of Policy Holder	GAN CHEONG KEONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 March 2018	Named Drivers Ex Sect. I S\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	20 March 2019	
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 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:

Use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.
One time waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

** 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.

Issued By: I. MARKETING AGENCY
Authorised Officer

.....
Authorised Signatory