

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 11811330

Date In: 27/01/05 16:35	Job description	Date & Time Completed	Done by
Ref No: NA/202180/569/24	SAS e-filing		
Veh No: ABC66V1X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/01/05 - 17:30	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: YP8036 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% P: 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

## Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

QD\*

\*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

Invoice dated Fee Charged

Invoice dated Fee Charged

Amt (\$)

In Bill

Amt (\$)

Add Bill



## 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	28/08/2018 16:35
Date Of Accident	27/08/2018 17:30
Exact Location Of Accident	CHANGI COAST RD TWDS NICOLL DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6641X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGAPORE ISLAND CRUISE & FERRY SERVICES PTE LTD
Co Reg No	200704766M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65349339

### Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO 1.6 MT ABS AIRBAG 2WD 6DR
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	DMCHHQ18-000001
Cover Note Number	

### Driver

Name of Driver	NG YONG MING, GABRIEL
NRIC No	S9319671F
Date Of Birth	04/06/1993
Occupation	INDOOR
Date Of Driving Pass	21/09/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97942624
Fax Number	
Contact Number	OFFICE-97942624
EMail Address	NOEMAIL

Address	BLK 321B ANCHORVALE DRIVE #04-192
Postcode	542321
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	YP2803G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

VEHICLE A - GBC 6641X

VEHICLE B - YP 2803G

CHANGI  
FERRY  
RD

ALPS AVE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AND PARK AT THE SIDE OF THE ROAD OF CHANGI COAST RD TOWARDS NICOLL DR.

WHILE AT THE SIDE OF THE ROAD, STATIONARY STOPPED WITH ME IN THE VEHICLE, SUDDENLY I HEARD A LOUD CRASHING SOUND, FOLLOWED WITH A GREAT IMPACT.

THE DRIVER OF VEHICLE (YP 2803 G) PROCEED TO STOP HIS VEHICLE AT THE SIDE AND PROCEED TO WRITE ME A LETTER TO ADMIT HIS FAULT OF COLLIDING INTO MY VEHICLE. WHILE I WAS STATIONARY STOPPED AT THE SIDE OF THE ROAD

VEHICLE A - GBC 6641X

VEHICLE B - YP 2803 G

## DECLARATION

I/We declare the foregoing particulars to be 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.:

17:30 hrs

27/08/2018


I, Toh Thiam Guan, S 0173096 G  
vehicle driver of YP 2803 G

declared that I had a collision  
with vehicle GBL 6641 X

near Changi Ferry Road Junction.

I admit the cause of accident  
was due to lethargic.

Driver address: Blk 169 Bukit Batok  
West Avenue 9 #09-379  
Singapore 650169.

Signature:   
Hp: 9385 3050



<b>Vehicle No.</b>	CBC6641X	Model / Make	CITROEN BERLINGO
Date of Accident	27/8/2018		
Time of Accident	1730	HRS	
Location of Accident	CHAM COAST RD TOWARDS NICOLL DR		
Exact purpose use during accident	STATIONARY PARK / STOPPED		
<b>Name of Owner</b>	SINGAPORE ISLAND CRUISE & FERRY SERVICES PTE LTD		
Telephone No.	H/P:	Home:	Office: 6534 9339
NRIC	200704766M		
Address	31 MARINA COASTAL DR #01-04 MARINA SOUTH PIER S(018988)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	EQ INSURANCE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	PMCHH 218-000001		
<b>Name of Driver</b>	As Above If No, NG HONH MINH, GABRIEL		
NRIC	S 9314671P	Any Passengers:	NIL
Date of birth	04/06/1993		
Occupation	Outdoor / Indoor		
Driving License Pass Date	21 SEP 2012		
Gender	Male / Female		
Contact No.	H/P: 4794 2624	Home:	Office:
Address	BLK 321B ANCHORAGE DR #04-192 S(542321)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	Sp 28036	Any Passengers:	
Name of Driver		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	RA SIDE OF VEHICLE		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTIZ LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9319671F



Name

NG YONG MING, GABRIEL

黄泳铭

Race

CHINESE

Date of birth

04-06-1993

Country/Place of birth

SINGAPORE

Sex

M

S9319671F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9319671F

NG YONG MING, GABRIEL

Birth Date 04 Jun 1993

Issue Date 21 Sep 2012



NRIC No S9319671F



Date of issue

24-11-2018

Address

APT BLK 321B ANCHORVALE DRIVE  
#04-192  
SINGAPORE 542321

5674234

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 21 Sep 2012



Licence No: S9319671F

NP 428A



**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 HIRE (SCH II)**  
**Comprehensive**

**Certificate No. : DMCHHQ18-000001**

**1. Index Mark and Registration Number of Vehicles**

GBC6641X

Form: LCVT1

Excess:

All Claims:

YEID-AC Additional:

S\$500.00

S\$3,000.00

**2. Name of Policyholder**

SINGAPORE ISLAND CRUISE & FERRY SERVICES PTE LTD

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

23/01/2018

**4. Date of Expiry of Insurance**

22/01/2019

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

Goods Carrying - Hire Type (MZ301).

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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation 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 racing, pace-making, reliability trial or speed-testing
- (2) Use whilst drawing a greater number of trailers in all that 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.

Hire Purchase :

A000342/Abwin Pte Ltd  
Date of Issue : 06/12/2017 17:27



Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCHHQ17-000011