

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MMA 118137624.

Date In: 23/10/18 15:07	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ18019253164.	SAS e-filing		
Veh No: GBA 3558J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/10/18. 10:00.	I-Motor Claim Form		
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: SGX 8848J. 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

NA1806869

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

## Invoice Preparation Checklist

- |   | Am't (\$) | Am't (\$) |
|---|-----------|-----------|
|   | Inc Bill  | Add Bill  |
| 1) AR: Accident Reporting (\$30);               | 30.00     |           |
| 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 / Tpl 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

Invoice dated

Fee Charged

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 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. 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	23/10/2018 15:07
Date Of Accident	19/10/2018 10:00
Exact Location Of Accident	JURONG TOWN HALL RD TWDS AYE CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA3558J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SQS SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90018044

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1226911705
Cover Note Number	-

### Driver

Name of Driver	TAN KIAN HIN
NRIC No	S0069803B
Date Of Birth	14/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1975
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91158862
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 5 HAIG RD #02-465
Postcode	430005
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	SIDE SWIPE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
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	SGX8848J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JIAT MENG TIMOTHY
NRIC/Passport Number	S8728771H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TAN KIAN HIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBA3558J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.



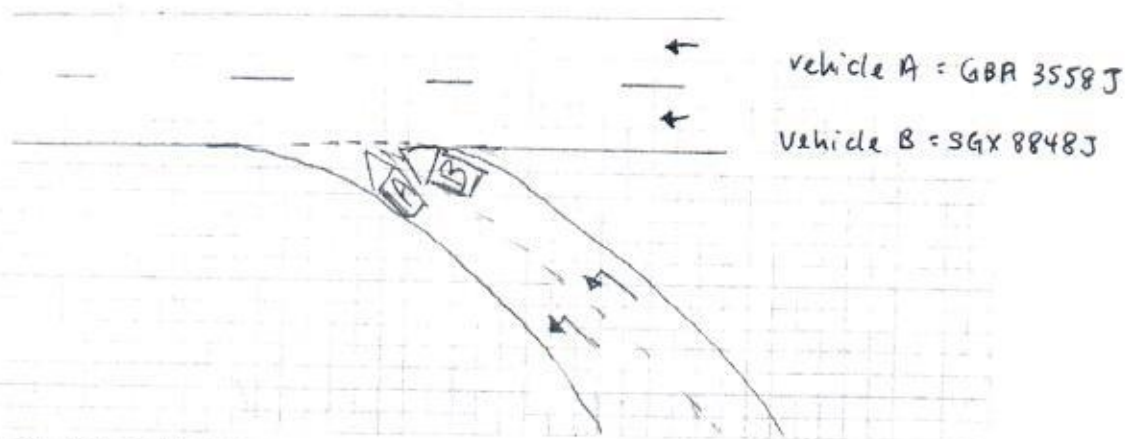
Policyholder's Signature  
Date & Time:

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

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

Jurong Town Hall Road towards AYE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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.:

Date of Accident : 19/10/2018 Accident Time: 1000 (24-HR-Format)  
Accident Place : Jurong Town Hall Road towards AYE  
Vehicle No. (Car Plate No.) : GBA 3558 J Make/Model: Toyota Hiace  
Insurance Company : China Taiping Policy No. DMCVSN1226911705  
Owner or Company Name /IC No. : M/S SQS SERVICES  
Owner or Company Contact No. : 90018044 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Tan Kian Hin 80069803B  
DRIVER'S Date Of Birth : 14/2/1954 DRIVER'S License Pass Date 8/3/1975  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: \_\_\_\_\_  
DRIVER'S Address : Blk 5 Haig Road # 02-465 S(430005)  
DRIVER'S Contact No./ Alt No. : (1) 91158862 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance  
Number of Passengers (Including Driver): 1  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle No: <u>SGX 8848 J</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Tan Jiat Meng, Timothy</u>	Name Driver: _____
IC No. Driver/Contact: <u>S8728771H</u>	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:





**SINGAPORE  
POLICE FORCE**



T/20181019/2174

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3

Report No. T/20181019/2174

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/10/2018 18:46			Vide Report No.:		Station Diary No.: 32
<b>Informant's Particulars</b>					
Name of Informant: TAN KIAN HIN			Address: APT BLK 5 HAIG ROAD #02-465 SINGAPORE 430005		
ID Type / ID No.: NRIC NO / S0069803B			Contact No.: Home/Office: Mobile: 91158862		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 14/02/1954	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/10/2018 10:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD AYER RAJAH EXPRESSWAY Jurong Town Hall Road going towards AYE City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA3558J	Van				Seriously Damaged	0
SGX8848J	Car				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/20181019/2174

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

2 of 3

Report No. T/20181019/2174

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN KIAN HIN	ID No.	S0069803B
Related Vehicle	GBA3558J (Van)	Contact No.	91158862
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/10/2018	Date Discharge	19/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Tan Jiat Meng Timothy	ID No.	S8728771H
Related Vehicle	SGX8848J (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 19/10/2018 at about 10am, I was driving my vehicle bearing registration plate number: GBA3558J along the left lane of Jurong Town Hall going towards AYE city. It was a two lane road merging into one road. The vehicle on the right lane bearing registration plate number: SGX8848J try to merge into the lane together with my vehicle thus resulted into the vehicle hit onto my right side of the vehicle. I tried to move my vehicle however my steering wheel are unable to rotate thus I stopped and called for a tow truck to tow my vehicle away.

As a result, my vehicle suffered a dent on my right side of my vehicle. I then went down and exchange particulars with the driver of the vehicle.

I felt very giddy thus I then called for ambulance and was conveyed to Ng Teng Fong General Hospital and was given 3 days Medical Leave.

The driver particulars:  
Tan Jiat Meng Timothy  
S8728771H, 15/09/1987



**SINGAPORE  
POLICE FORCE**



T/20181019/2174

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

3 of 3

Report No: T/20181019/2174

**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 CHO JIA LI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No: 65476178

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

19/10/2018 18:46

Classification Of Case:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0069803B



Name

TAN KIAN HIN

Race

CHINESE

Date of birth

Sex

14-02-1954 M

Country of birth

SINGAPORE

S0069803B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0069803B

Name:

TAN KIAN HIN



Birth Date: 14 Feb 1954

Issue Date: 31 Mar 2003



000334349H



4373394



NRIC No. S0069803B



Date of Issue

21-03-2009

APT BLK 5 HAIG ROAD #02-465  
SINGAPORE 430005

NRIC No: S0069803B

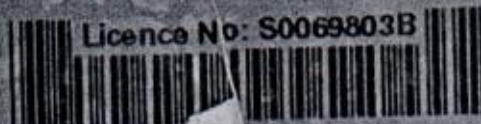
Date: 08/09/2018

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

Motor Cars  
which unladen

PASS DATE

Licence No: S0069803B





## 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 No.	DMCVSN1226911705	Engine No :1KD1646354 Chassis No:JTFHT02PX00004259
1. Index Mark and Registration Number of Vehicle	GBA3558J	
2. Name of Policy Holder	M/S SQS SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14 DECEMBER 2017	EXCESS SECT I .....S\$450.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	13 DECEMBER 2018	
5. Persons or Classes 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.		
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, FACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING. (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.		
HIRE PURCHASE CO. : CREDIT LINK PTE LTD AS HP OWNER * 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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory