

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 118148009.

Date In: 15/11/18 14:10	Job description	Date & Time Completed	Done by
Ref No: NAI CTZ 18020700164	SAS e-filing		
Veh No: GBH 9419B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/11/18 18:10	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SBS 6679.D.	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:	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:	NA 1807490	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
		4) FT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON*		
		*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 (N-on 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	
Ref. 1:				
Ref. 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 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	15/11/2018 14:10
Date Of Accident	14/11/2018 18:10
Exact Location Of Accident	TPE(SLE) TAMPINES AVE 7 SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9419B
Insured/Policyholder	
Name Of Registered Owner	M/S KAISO INTERIOR
Co Reg No	53381079E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81028673

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	-
Cover Note Number	60013814

Driver

Name of Driver	YEO SI YONG
NRIC No	S9123449A
Date Of Birth	20/06/1991
Occupation	INDOOR
Date Of Driving Pass	30/08/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81028673
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 417 PASIR RIS DR 6 #13-317
Postcode	510417
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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)	2
Passenger 1	NAME: : LIM CHING YOU
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6679D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 YEO SI YONG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBH9419B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM CHING YOU
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBH9419B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

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.

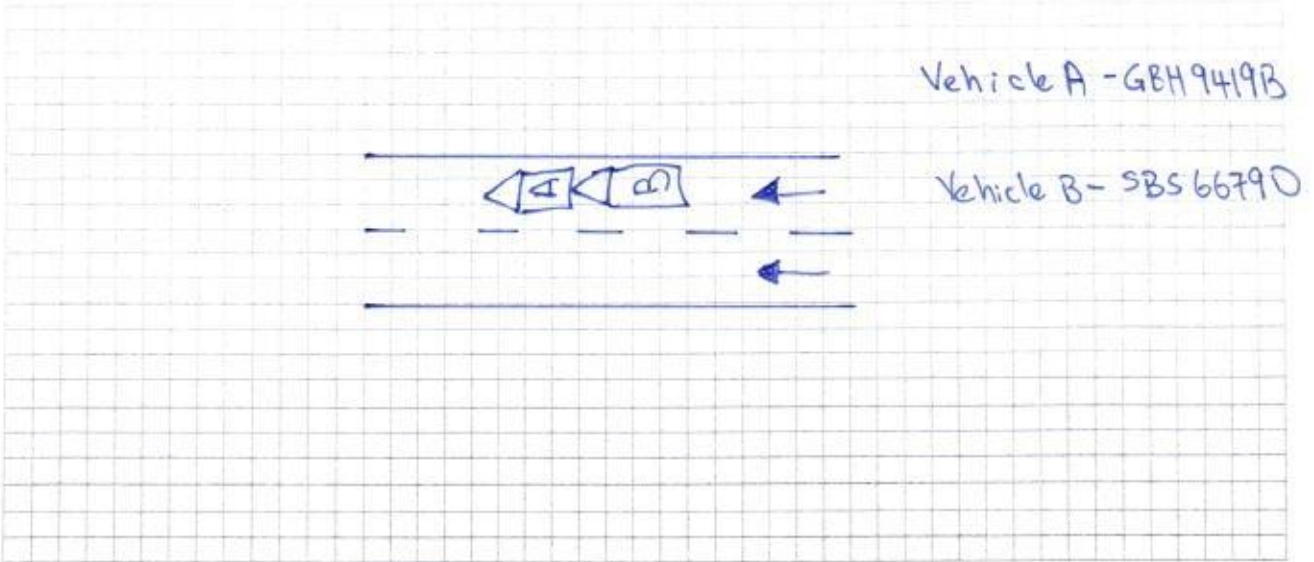


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 11 / 2019 (DD/MM/YYYY), TIME: 18 : 05 (HH:MM)

LOCATION: TPZ (SLE) Tampines Ave 7 'Slip Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH9419B
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: 60013814
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA DYNA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: M/S KAISO INTERIOR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 60553381079E CONTACT: 81028673
c) ADDRESS: 417 Pasir Ris Dr 6 #13-317
S(510417)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YEO SI YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9123449A CONTACT: 81028673
c) ADDRESS: BLK 417 Pasir Ris Dr 6 #13-317
S(510417)

* d) DATE OF BIRTH: 20 / 06 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Director

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBS 6679D MODEL: BUS
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(02)

Lim Ching You
Female

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = ric060autoservices@gmail.com

fax = 6286 7060



SINGAPORE POLICE FORCE



T/20181115/2046

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 4

Report No. T/20181115/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2018 12:29		Vide Report No.: G/20181114/0127		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: YEO SI YONG			Address: APT BLK 417 PASIR RIS DRIVE 6 #13-317 SINGAPORE 510417		
ID Type / ID No.: NRIC NO / S9123449A			Contact No.: Home/Office: Mobile: 81028673		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 20/06/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RENOVATION			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2018 18:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY Exit Tampines Ave 7/ Pasir Ris				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9419B	Lorry				Slightly Damaged	1
SBS6679D	Bus/Coach/Mi nibus				Slightly Damaged	15

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181115/2046

2 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181115/2046

CONTINUATION OF REPORT

Passenger			
Name	Lim Ching You	ID No.	S9423722Z
Related Vehicle	GBH9419B (Lorry)	Contact No.	91001357
Hospital/Clinic	TAN LEE CLINIC & SURGERY	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
Driver			
Name	YEO SI YONG	ID No.	S9123449A
Related Vehicle	GBH9419B (Lorry)	Contact No.	81028673
Hospital/Clinic	TAN LEE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	Mohd Salleh Bin Selamat	ID No.	G2211828K
Related Vehicle	SBS6679D (Bus/Coach/Minibus)	Contact No.	0
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 14/11/2018 @ 1810hrs, as I was travelling in my Company's Lorry GBH9419B along TPE exit to Tampines Ave 7 / Pasir Ris, a vehicle in front of me jam braked and I brake to avoid collision. Suddenly, and SBS Bus plate no. SBS6679D hit me from the rear. Two elderly female passengers from the bus was conveyed to Changi General Hospital as they had sustained injuries due to the accident vide G/20181114/0127.

My passenger and myself sustained injuries to our neck and back and my passenger, Lim Ching You S9423722Z were given two days MC.

I have a dash cam camera and will forward the footage to the Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20181115/2046

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20181115/2046

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181115/2046

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20181115/2046

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 /

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN
MOHD ADNAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

15/11/2018 12:29

Classification Of Case:



SINGAPORE
POLICE FORCE

[Handwritten signature]

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9123449A



Name

YEO SI YONG

楊斯詠

Race

CHINESE

Date of birth

20-06-1991

Sex

M

Country of birth

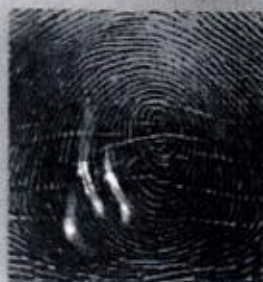
SINGAPORE



3901579



NRIC No. S9123449A



Date of issue

04-07-2006

Address

APT BLK 417 PASIR RIS DRIVE 6
#13-317
SINGAPORE 510417

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 $\leq 2500\text{kg}$ 30 Aug 2010

81028673

Licence No: S9123449A

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9123449A

YEQ SI YONG

Birth Date: 20 Jun 1991

Valid Date: 03 May 2016



002798966G

MOTOR COVER NOTECover Note No : **60013814**Agent Code : **AN0659A**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	M/S KAISO INTERIOR
MAKE/MODEL OF VEHICLE	TOYOTA DYNA150 WITH HOOD
*YEAR OF MANUFACTURE	2018
YEAR OF REGISTRATION	2018
ENGINE NO.	1KD2831020
CHASSIS NO.	JTFAT35Y30K211815
ENGINE CAPACITY/TONNAGE	1.75
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM: 29 OCTOBER 2018 (11:36 HOURS) <i>luby</i> TO: 28 OCTOBER 2019
EXCESS	S\$ 350.00
AUTOSAFE	YES
HIRE PURCHASE CO.	UNITED OVERSEAS BANK LIMITED

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).

Not valid unless counter signed by Authorised Agent

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

luby

Agent Name & Date

[Signature]

Authorised Signatory

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customer

Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

***IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30DAYS FROM 29-10-2018.**