

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA118 156726

Date In: 4/12/18-12:11	Job description	Date & Time Completed	Done by
Ref No: NA/01218021888/24	SAS e-filing		
Veh No: PCS2414	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 3/12/18-12:55	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: J1515A 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 :-	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Int 1:	For claiming against INC Only (wef 10 Jan 2005)			
Int 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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	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 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	04/12/2018 12:11
Date Of Accident	03/12/2018 17:55
Exact Location Of Accident	TPE (SLE) NEAR L/P: 96
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5241H
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Insured/Policyholder

Name Of Registered Owner	M/S AS LIMOUSINE TRANSPORT SERVICE
Co Reg No	53344274E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90036271
Alternative Phone No	OFFICE-90036271

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
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	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3062601800
Cover Note Number	

Driver

Name of Driver	TAI BOONG PING (ZHENG WENBIN)
NRIC No	S7233935E
Date Of Birth	16/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90036271
Fax Number	
Contact Number	OFFICE-90036271
EMail Address	NOEMAIL

Address	BLK 17 MARSILING LANE #03-241
Postcode	730017
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181203/2163.

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	S1515A
Vehicle Make/Model/Colour	NISSAN QASHAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH POH CHOO
NRIC/Passport Number	S6918786B
Contact Number	82331133
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AHCHAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC5241H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ASIAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC5241H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

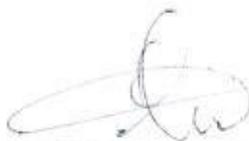
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

ASL
8th 17
#03
B.R.

Signature



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

TAMPINES EXPRESSWAY Camp post 96.

A = PC5241H

B = S1515A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Blk 17 Marsiling Lane
#03-241 Singapore 730017
B.Reg. No.:

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: 3/12/2018 ~~12/55~~ Accident Time: 17:55 (24-HR-Format)

Accident Place: TAMPINES EXPRESSWAY LAMP POST 96

Vehicle No. (Car Plate No.): PC5241 H Make/Model: TOYOTA HIACE

Insurance Company: CHINA TAIPING Policy No: DMB1SN3062601800

Owner or Company Name / IC No.: AS LIMOUSINE TRANSPORT SERVICES

Owner or Company Contact No.: 9003 6271 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No.: TAI BOONG PING

DRIVER'S Date Of Birth: 16/9/1972 DRIVER'S License Pass Date 9/12/1992

Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address: 17 MARSILING LANE #03-241 S(730017)

DRIVER'S Contact No./ Alt No.: 1) 9003 6271 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): ~~7~~ ^{conveyed.} 1) AM CHAI (M) 2) ASIAH (F) 3) PAULINE (F)
4) EDISON (M) 5) KEVIN (M) 6) JENNY (F)

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): Ah Chai, Asiah

Other Party Driver's Particular (if any)

Vehicle No: <u>S1515A</u>	Vehicle No: _____
Vehicle Make/Model: <u>NISSAN QASHQAI</u>	Vehicle Make/Model: _____
Name Driver: <u>KOH POH CHOO</u>	Name Driver: _____
IC No. Driver/Contact: <u>S69187860 / 82331133</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

STYTECHENT @ SINGNET.COM.SG.



Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver			
Name	TAI BOONG PING	ID No.	S7233935E
Related Vehicle	PC5241H (Van)	Contact No.	90036271
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KOH POH CHOO	ID No.	S6918786B
Related Vehicle	S1515A (Car)	Contact No.	82331133
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 03/12/2018 at about 1750hrs, I was driving my company van V1)PC5241H and was heading to send the workers. I was travelling on TPE heading towards SLE. It was a 3-lane road and I was on the middle lane. The traffic was heavily congested, weather was drizzling and the road floor was wet. As the vehicles in front of me slowed down and came to a stop, I stopped behind them. After I stopped my van, a few seconds later, I felt an impact from my rear. I then got down from my van only to discover that a car V2) S1515A had collided onto the rear of V1. Subsequently, one of my passenger called for Traffic Police and Ambulance. V1 sustain major dents on the rear portion of the van while V2 sustain major dents on its front portion. Moments later, one of my passenger informed me that another passenger of mine that sat at the rear of my van got injured due to the impact thus he was conveyed to Sengkang Hospital via Ambulance.

Traffic Police and Ambulance was at scene, and the ambulance conveyed one of my passenger. There is an in-car camera in my van and I handed over the memory card to the attending Traffic Police officer and NP 323 was issued to me. No Government property damaged. No Pedestrian/Cyclist involved.



**SINGAPORE
POLICE FORCE**



T/20181203/2163

3 of 3

Report No. T/20181203/2163

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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:
L /
Sgt 2 MOHAMED FAEZ BIN MOHAMED SAHID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/12/2018 20:28

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7233935E



Name
TAI BOONG PING
(ZHENG WENBIN)

Race
郑文彬

Race
CHINESE

Date of Birth Sex
16-09-1972 M

Country of Birth
SINGAPORE

S7233935E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7233935E

Name
TAI BOONG PING (ZHENG
WENBIN)

Birth Date: 16 Sep 1972

Issue Date: 16 Dec 2002



000007459F



A0217538



NRIC No. S7233935E

Blood Group Date of issue
O+ 11-09-2002

APT BLK 17 MARSILING LANE #03-241
SINGAPORE 730017

S7233935E

04/08/2013

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

Class	Description	PASS DATE
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	09 Dec 1992
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	18 Jul 1995
Class 5	Motor vehicles $>$ 7250 kg not constructed to carry any load	23 Oct 2009

S7233935E

S/No. 9000109745



Licence No. S7233935E

NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No : **S7233935E**

Name : **TAI BOONG PING**

Issue Date : **29/8/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	29/08/2016
04	BUS ATTENDANT	29/08/2016



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. DMB1SN3062601800 Engine No :1KD2611678
Chassis No:KDH2230028108

1. Index Mark and Registration
Number of Vehicle PC5241H

2. Name of Policy Holder M/S AS LIMOUSINE TRANSPORT SERVICE

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment 22 SEPTEMBER 2018 EX SECT. IS\$1,500.00
EX SECT. IIS\$3,000.00
EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance 21 SEPTEMBER 2019

5. Persons or Classes of Persons entitled to drive *

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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

SG MOTOR TRADER PTE LTD

Reg No: 201537467C
172 Sin Ming Drive
Singapore 575720
Tel: 6933 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorized Officer

Authorized Signatory