NATIONAL Assessment Centre	Services	ver : 1a):001				
Date In 16/01/19	And of Section 1	Date & Time Complete	cd	Done	by	
Res No NA/C7519000979/13	SAS e-filing					
Veh No GBG5/1/14	E-mail (within 8	hrs. AIC 2hrs,				
DOA 12/01/19 0745	i-Motor Clain	n Form	1	1		
	i-Motor W/O	(Within: OD 2hrs.	TP 4hrs)	1		
OD (TF)' Reporting Only	i-Photo Uploa					
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			10236 (2)
Preferred Wksp / INC Assign Wksp / QW: (	<u> </u>		Tel:	Fax:	and the state of	
TP Particulars: Veh No: X	065135	, INC(	)/Non-INC( )			
Owner / Driver: (	- 2000 page 100 and 100		Tel:		)	
Policy No: ( ) Perio	od: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:	237.504.50	)	Carrie and Carrie
Insured/Driver Liability: ( %) [No	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 8	0-100%	]	21 2 2 2 YE
Year of Registration: ( ) Wa	arranty: YES (	)/NO(	)	West of the		
Excess: (\$ ) Loading: \$1,000	) ( ) / \$2,000 (	( )				
General Remarks;-			PS North D	Tar Car		
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300	urtesy Car ( )	)	Date&Time Completon		Done	by
Injury:	00] ( )					
Date/Time Actions	ta allega de Cara de Cara	(1, 1, 1, 2, 2, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	WINESAND CITY OF THE	767 la A		
NA1900498	1 Action 1 to 1	Invoice Prep	paration Checklist		Anit (\$)	Amt (\$) Add Bill
laimant's Particulars :-		1) AR : Accident		7 (690)		
Priver/Owner:		3) TF : Towing F	oc .	\$40/\$45		
		4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30				
ontact No:		For claiming a	gainst INC Only (wef 10 Jan	2000000		
amaged Portion:		6) TR : Re-inspec 7) N1 : Idac DA	SMRT Survey	\$75 \$160		
C Checked by (Engr-In-Charge):		8) NTUC Addition OI)* *N5: Courtesy	nal Services:- Car / Tpt Allowanse	\$5		
		*N6: Repair C		\$10 \$25		
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5				
nt. 1:		TP (N11): TP (N-n INC) against INC				
at. 2 / 3;		Invoice dated Fee Charged				

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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.

oforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/01/2019 14:22
Date Of Accident	12/01/2019 07:45
Exact Location Of Accident	JUNC OF BEDOK RESERVOIR RD & BEDOK NORTH RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG5111U
Insured/Policyholder	
Name Of Registered Owner	M/S JUHO CONSTRUCTION PTE LTD
Co Reg No	198301427E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1756431801
Cover Note Number	
Driver	
Name of Driver	LAU MOOK LIN@NGUNG ENG HUAT
NRIC No	S0931933F
Date Of Birth	21/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	16/11/1981
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82003883
Fax Number	
Contact Number	

NOEMAIL

Address BLK 520 JELAPANG ROAD

#02-287

Postcode 670520

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

T. (1000)

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: :

: KALAIMANI

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190114/2091

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 XD6513S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUTHUVAIRRU AMBALAM RAJA

NRIC/Passport Number F7876330L Contact Number 64418818

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

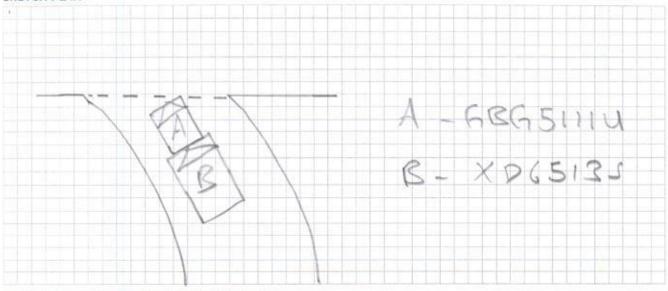
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - 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:
  - 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.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Police Report.	

DECLARATION

I/We declare the foregoing particulars are true in every res

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.:

16/01/19

# Fax: 67455018

## **CHIN MENG MOTORS**

TEL: 6747-4810

email cmm@cmm.sg

FAX: 6745-5018



mervin@cmm.sg

### ACCIDENT REPORTING STATEMENT

DATE OF ACCIDENT:	12/1/19	TIME OF ACCIDENT:	745
LOCATION OF ACCIDENT:	Junction of Bo	udot Reservoir Rol	Back North Ro.
VEHICLE NO:	68651114	No. of PAX (Incl Driver)	02
-	11414	M) F Name 1:	KALAIMANI
		M / F Name 2:	
		PTE LTD M/F Name 3:	
NAME OF REGISTERED OW	VNER: JUHO CONST	CACIBN Owner's Email:	
IC No / FIN / PASSPORT No:	1983014	€27 € Owner's Tel:	
VEHICLE MADE & MODEL :	KIA KS	5000	
		ROIAL / BUS / TAXI / Pte Hire	
CLAIM UNDER OWN INSUR		V. DEDODENIA OM V	
		Y/REPORTING ONLY	
INSURANCE COMPANY : _	ching tring		
POLICY NO:		Comprehensive	e / 3rd Party /& Fire&Thef
IS DRIVER THE OWNER:	YES / NO		
NAME OF DRIVER:	Lan Moste Lin	Email Address:	
IC / FIN / PASSPORT No:	SEPILBOS	7	
DATE OF BIRTH:	21/10/52	•	
OCCUPATION: INDOOR /	OUTDOOR		
DRIVING PASS DATE:			
GENDER: MALE / FEMAL	E 0		
CONTACT NO:	82007183	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2 267
ADDRESS:		APANI RUAD # 0	02-28+
_	0520 762		
IS DRIVER EMPLOYEE OF OUR IF NO, RELATIONSHIP TO C		PARENTS /SPOUSE /CHILDR	EN/ SIBLING/ OWNER
TYPE OF COLLISION: HEAD	TO REAR ) /CHAIN COLLIS	ION/ HIT & RUN /SIDE SWIPE	
WEATHER CONDITION: CL	EAR / RAINING / OTHERS (D		
ROAD SURFACE: DR	Y) WET		
ANYBODY INJURIES SUSTA			
ANY OTHER VEHICLE/PRO	PERTIES DAMAGED: YES / N	10	
IF YES, DETAILS OF OTHER			
VEHICLE NO: B)_	XD65135	C)	
VEHICLE MADE & MODEL :	8	_	
NAME OF DRIVER:			
IC No / FIN / PASSPORT No		0) 50 50 50 50 50 50 50 50 50 50 50 50 50	
CONTACT NO:	64418818	_	
No. of PAX (Incl Driver)			
	D TO THE POLICE: YÊŞ / N IS YES, WHICH POLICE STA		asi NAC
WAS INTENDED OF PROSE	ECUTION GIVEN (BY TP) : YE		
		N 9/15:	





1 of 3

Report No. T/20190114/2091

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

REPORT OF	A	TRAFFIC ACCIDENT
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Date/Fime Report Made: 14/01/2019 15:16		lade:	Vide Report No.:	Station Diary No.: 28	
Informa	nt's Particu	ulars			
Name of LAU MO	Informant: OK LIN		Address: APT BLK 520 JELAPANG RG 670520	OAD #02-287 SINGAPORE	
ID Type / ID No.: NRIC NO / S0931933F			Contact No.: Home/Office: Mobile: 82003883		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 21/10/1952	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

Seneral Inform	mation of the Accident		Name of the last o		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2019 07:45	Type of Location X-Junction	
BEDOK RESI BEDOK NOR LEFT FILTER	oad 1 and Road 2 ERVOIR ROAD TH ROAD R LANE TOWARDS BEDO AMPINES AVE 1	OK NORTH ROAD  Road Surface:  Dry		RVOIR ROAD Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5111U	Lorry				Slightly Damaged	1
XD6513S	Lorry				Slightly Damaged	0

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



Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

2 of 3

Report No. T/20190114/2091

#### CONTINUATION OF REPORT

Driver					44 765	
Name	LAU MOOK LIN			ID No.		S0931933F
Related Vehicle	GBG5111U (Lorry)			Contact No.		82003883
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	12/01/2019 Da		Date Disch	harge 12/01		/2019
No. of Days gran	ted Medical Leave 06		Degree of I	njury	Slight	
Name	MUTHUVAIRRU AMBALAM RAJA		4	ID No		F7876330L
Related Vehicle	XD6513S (Lorry)			Contact No.		64418818
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			arge	NIL	
No. of Days gran	ted Medical Leave NIL		Degree of I	njury	NIL	

#### Brief Details.

On the above 12/01/2019 at about 0745hrs, I was driving along Bedok Reservoir towards Tampines Ave 1. I entered the left filter lane towards Bedok North Road and I stopped at the dotted line to check for oncoming traffic. I then heard a loud bang from behind and a jerk forward. I alighted and saw that a lorry bearing license plate number XD6513S with the company name "Shin Khai Construct" printed at the side had hit me from the rear. Traffic police attended to the incident and took my particulars before instructing me to seek medical attention at a hospital. I sustained some slight injuries on both my calves and neck. I have been given a total of 6 days MC.





3 of 3

Report No. T/20190114/2091

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

### CONTINUATION OF REPORT

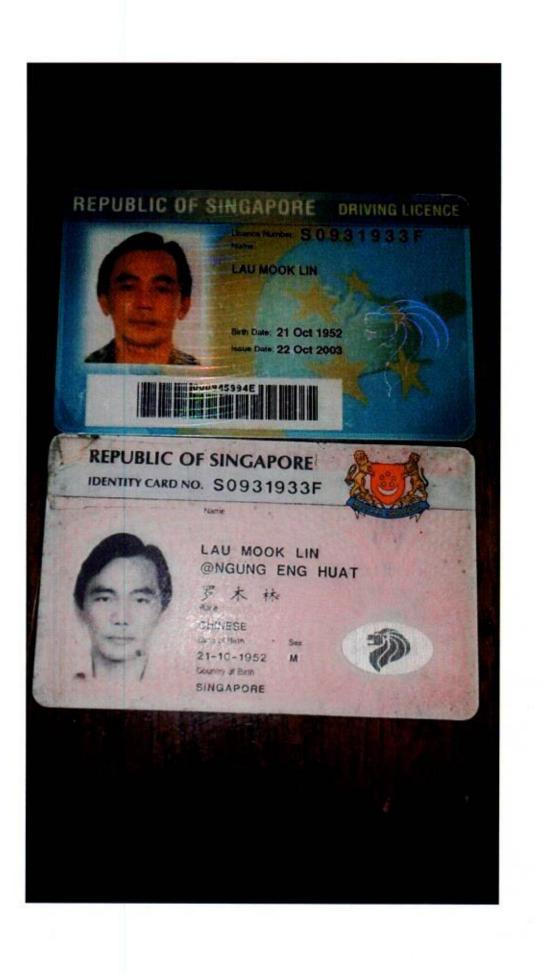
#### Sketch Plan

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 / Insp LIM JIAN YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2019 15:16
Officer In Charge Of Case: TP / GIT / Staff Sgt SHAIFUL NEEZAM BIN ABDUL SAMAD Contact No.: 65476180	Classification Of Case:
Authentication Stamp NP168	







中国太平保险(新加坡)有限公司 CHAN THANKS INSURANCE (SINGAPORE) PTE. LTD. Ge Reg. No. 70000E3645

MZ300/C

M SN ANDGOZA COV.TYPR: C

DMCVSN1756431801

GBG51114

28/08/18

27/08/19

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

ORIGINAL

CERTIFICATE No. DMCVSN1756431801

1. Index Mark and Registration Number of Vehicle

GBG51110

Engine No 104CBHZ36133 Chano:KNCS3X76LH7165902

M/S JUHO CONSTRUCTION PTE LTD

27 August 2019

5. Persons or Courses of Persons entitled to di

My 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, pace-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. 1 IN. BANK AS HP CAMER

"Limitations rendered incoerative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180) and Section 93 of the Road Transport Act 1987 (Molleyan), 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, 1967 (Malaysia).

Please see reverse

Issued By: ..... IRADLINK AGENCIES FIE LTD ....

Authorised Signatory

2

3 Anson Road #16-00 Springleaf Tower Singapore 079000 Tel: 6380 6111 Fex: 6225 3582 Websits: www.ng.crisiping.co