

NATIONAL Assessment Centre Services. Print Jan 05 MNA 119013749

Date In: 29/11/19 13:53	Job description	Date & Time Completed	Done by
Ref No: NAI C7I 19001872/4.	SAS e-filing		
Veh No: GY 984 X	E-mail (within 3hrs, AIC 2hrs)		
D O A: 27/11/19 12:25.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: YN 7386 X	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

NAI 1900803	Invoice / Re-Insurance Charge	Am (\$)	Re-Ins (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wof 10 Jan 2005)		
Est. E:	6) TR: Re-inspection \$75		
2/3	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: Idao 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	29/01/2019 13:53
Date Of Accident	27/01/2019 12:25
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY984X
Insured/Policyholder	
Name Of Registered Owner	M/S ECO-SUSTAIN TECHNOLOGY PTE LTD
Co Reg No	200803689D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85694770
Alternative Phone No	OFFICE-85694770

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3031251804
Cover Note Number	-

Driver

Name of Driver	THEOH YEOW THIAM @THEOH AH CHYE @TAN CHOON CHAI
NRIC No	S2011697H
Date Of Birth	28/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1971
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85694770
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 678C JURONG WEST ST 64 #04-327
 Postcode 643678
 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 - CHANGE/CROSS LANE
 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 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) 3
 Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 2 NAME: : UNKNOWN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - 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 YN7386X
 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.
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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.

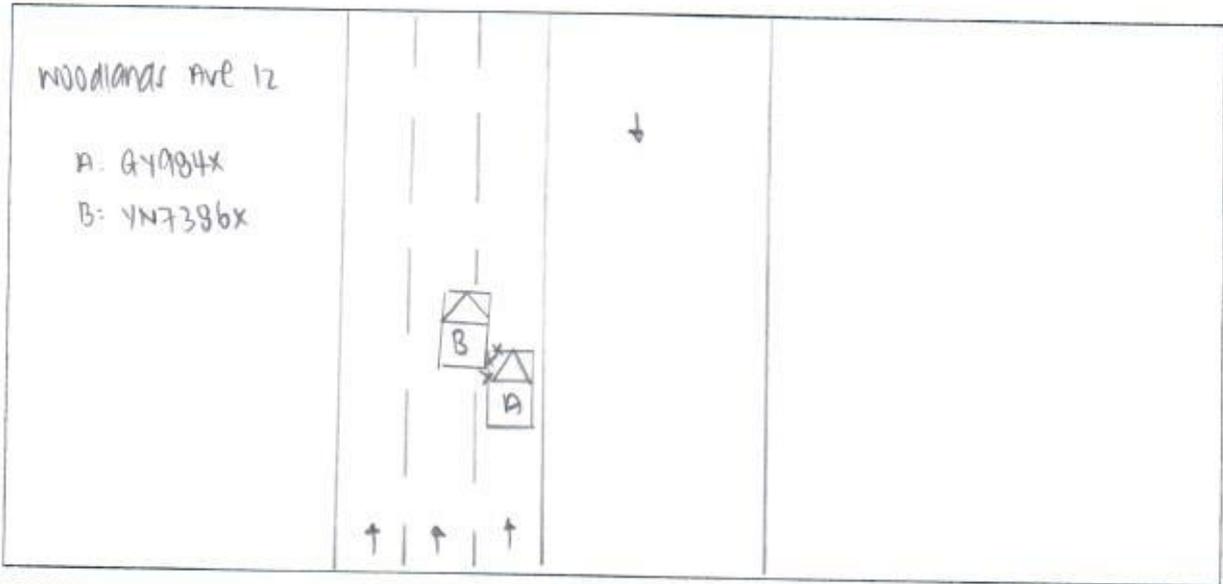


Policyholder's Signature
Date & Time:

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

please refer to police report no. T/20190128/701

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.:

VEHICLE NO:	8Y984X	MAKE & MODEL:	TOYOTA AYUNO
DATE OF ACCIDENT	27 / 01 / 2019		
TIME OF ACCIDENT	12:25 AM/PM		
LOCATION OF ACCIDENT	WOODLANDS AVE 12		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	Eco-Sustain Technology Pte Ltd		
TEL NO	85694770		
NRIC	200803689D		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
INSURANCE CO	Aning Taiping		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCVSN3031251804		
NAME OF DRIVER	As Above / If No: Theon Yeow Inam		
NRIC	Any Passengers: 02		
DATE OF BIRTH	28 / 05 / 1949 2 x (F)		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	26 / 04 / 1971		
GENDER	Male / Female		
CONTACT NO.	85694770 Office: Home:		
ADDRESS	Blk 678C JONG NEST ST 64 # 04-327 CS 643670		
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIEES	No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	No / If yes: Where? TP		
VEHICLE B NO.	YN7386X Any Passenger: Not sure.		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
IN-CAR CAMERA	<input checked="" type="radio"/> YES / NO		
PARTICULAR WORKSHOP	SM AUTOMOTIVE		
	1 Kaki Bukit Ave 6, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyi		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		



**SINGAPORE
POLICE FORCE**



T/20190128/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190128/7001

CONTINUATION OF REPORT

Passenger			
Name	NG LEE ENG	ID No.	S1278309D
Related Vehicle	GY984X (Lorry)	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
Driver			
Name	THEOH YEOW THIAM	ID No.	S2011697H
Related Vehicle	GY984X (Lorry)	Contact No.	85694770
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.

To Officer in charge,

I am Joseph, typing this on behalf of my father who was involved in a hit and run accident along WOODLANDS AVENUE 12. In his lorry (GY984X) was him and 2 other passengers in which none of them were harm thankfully. As you can see from 10:18:43am (however the real time was 12:25pm in the afternoon) the white truck (YN7386X) came into frame. This is where the point of contact from the left as indicated by the lorry crossing from 2nd lane to 1st lane dangerously causing the collusion (see screenshots). My dad has photos of the driver and picture of the truck with the number plate as attached + the damaged done to my dad's lorry too. For more information please do not hesitate to contact him at MR THEOH YEOW THIAM @ 85694770. My dad tried to chase but he increased speed and left quickly. (WILL ATTACH THE WORD DOCUMENT WITH THE SCREENSHOTS)



**SINGAPORE
POLICE FORCE**



T/20190128/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190128/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/01/2019 00:35

Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2011697H



Name

THEOH YEOW THIAM @THEOH
AH CHYE @ TAN CHOON CHAI



赵友添

Race

CHINESE

Date of Birth

Sex

28-05-1949

M

Country of Birth

SINGAPORE



NRIC No. S2011697H



Blood Group

Date of issue

AB+

24-04-1994

APT BLK 678C JURONG WEST STREET 64 #04-327
SINGAPORE 643678

NRIC No:

S2011697H

Date:

08/07/2008 (R)

Handwritten text in the bottom right corner: '750088', 'K. POPULAR', and '04/17/07-20'.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2011697H**

Name:

THEOH YEOW THIAM

Birth Date: **28 May 1949**

Issue Date: **07 Apr 2003**



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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Apr 1971

NP 428A



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.	DMCVSN3031251804	Engine No :5L5553105 Chassis No:JTFUF34Y603010037
1. Index Mark and Registration Number of Vehicle	GY984X	
2. Name of Policy Holder	M/S ECO-SUSTAIN TECHNOLOGY PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28 JUNE 2018	
4. Date of Expiry of Insurance	27 JUNE 2019	
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: *

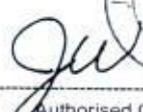
- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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.

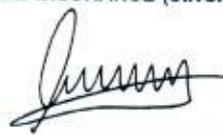
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**

Countersigned By:



Authorised Officer


Authorised Signatory