

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 11/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/4019000332/13	SAS e-filing		
Veh No: GBC88649	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/02/19 1320	i-Motor Claim Form		
OD TP 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: UNKNOWN	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%; F: 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

NA1901334

Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 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
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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	11/02/2019 12:22
Date Of Accident	05/02/2019 13:20
Exact Location Of Accident	SIN MING AVE TWDS UPP THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8864G
Insured/Policyholder	
Name Of Registered Owner	SPACELOGIC PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67451733

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM11010001801
Cover Note Number	

Driver

Name of Driver	BOO TZE CHONG(WU ZHIZONG)
NRIC No	S8001793F
Date Of Birth	04/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97985064
Fax Number	
Contact Number	
EMail Address	CHONGBOND@HOTMAIL.COM

Address	BLK 220A SUMANG LANE #03-87
Postcode	821220
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?	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)	8
Passenger 1	NAME: : NG TENG KWEE GENDER: : MALE
Passenger 2	NAME: : BOO SIAM HIOK GENDER: : FEMALE
Passenger 3	NAME: : CHLOE NG YUN SHUN GENDER: : FEMALE
Passenger 4	NAME: : CHERYL NG YUN EN GENDER: : FEMALE
Passenger 5	NAME: : KEEFEE NG SWEE KIAT GENDER: : MALE
Passenger 6	NAME: : BOO FONG FONG GENDER: : FEMALE
Passenger 7	NAME: : BOO HOCK HENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO

SKETCH PLAN

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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**.
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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.

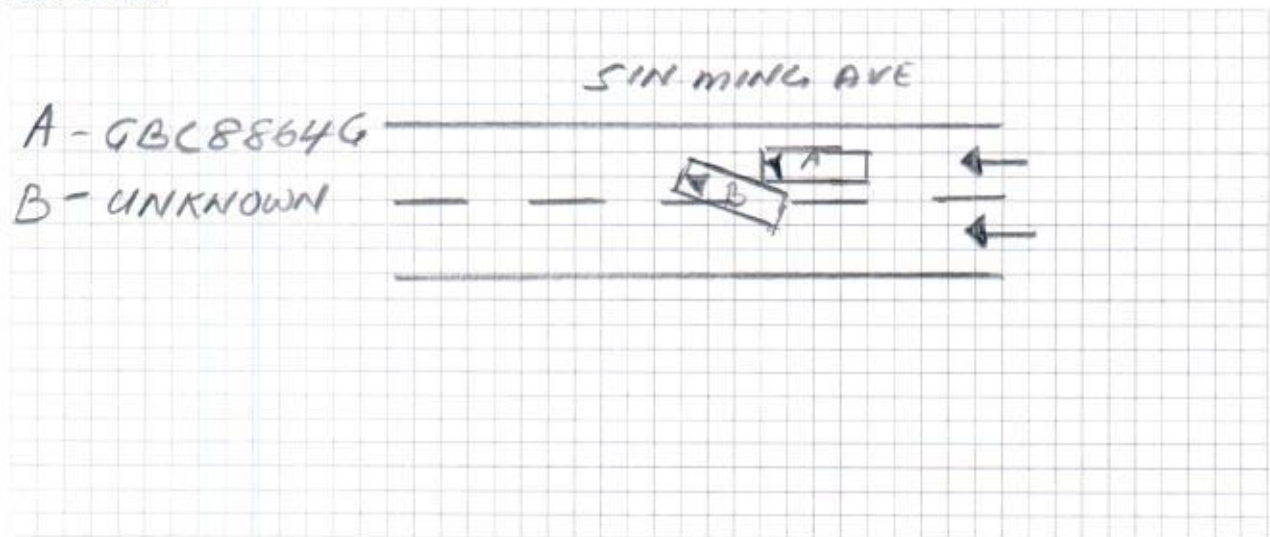


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/2/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190207/2122

DECLARATION

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

*
Policyholder's Signature
Date & Time:

GUARANT SketchPlanForm V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/2/19

Reporting Centre Personnel's Signature
Name: shyn 11/02/19
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190207/2122

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190207/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 19:28	Vide Report No.:	Station Diary No.: 168
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Informant's Particulars

Name of Informant: BOO TZE CHONG			Address: APT BLK 220A SUMANG LANE #03-87 SINGAPORE 821220		
ID Type / ID No.: NRIC NO / S8001793F			Contact No.: Home/Office: Mobile: 97985064		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 04/02/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2019 13:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SIN MING AVENUE UPPER THOMSON ROAD Along Sin Ming Avenue towards Upper Thomson Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8864G	Van				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/20190207/2122

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190207/2122

CONTINUATION OF REPORT

Driver			
Name	BOO TZE CHONG	ID No.	S8001793F
Related Vehicle	GBC8864G (Van)	Contact No.	97985064
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS INVOLVED IN AN ACCIDENT.

I WAS TRAVELLING ON LANE 1/2 ON SIN MING AVE TOWARDS UPPER THOMSON ROAD AFTER SIN MING DRIVE. SUDDENLY AN UNKNOWN LORRY, GREY IN COLOUR, ON 2/2 LANES SLOWED DOWN AND WENT INTO MY LANE WITHOUT SIGNALLING AND THE RIGHT FRONT OF THE UNKNOWN LORRY HIT ONTO MY LEFT FRONT OF MY VEHICLE. WE BOTH STOPPED, BUT THE DRIVER OF THE LORRY SCOLDED ME SAYING "YOU CANNOT SEE I COMING UH."

I WENT TO CHECK MY VEHICLE AND SUDDENLY THE WIFE OF THE LORRY DRIVER SAID "THERE IS NOTHING TO TALK, WE NEVER COMPLAIN ABOUT YOU." AND THEN LEFT THE SCENE. I WAS NOT ABLE TO TAKE THEIR PARTICULARS AS THEY LEFT IN A RUSH. I HAVE A N IN CAR CAMERA AND I HAVE THE FOOTAGE IN MY PHONE AND A COPY OF IT IN MY THUMBDRIVE.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20190207/2122

3 of 3

Report No. T/20190207/2122

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:

F /

Sgt 3 TAY JIAN LONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Signature Of Informant:

Date/Time:

07/02/2019 19:28

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (05/02/2019) (DD/MM/YYYY), TIME: (13:20) (HH:MM)

LOCATION: Sim Ming Ave towards Upper Thomson Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 8864G
b) INSURANCE COMPANY: VOI
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NV 350
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL USE
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: SPACELOGIC PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67451733
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Boo Tze Chong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58001793F CONTACT: _____
c) ADDRESS: Blk 220A Sumang Lane #03-87, SINGAPORE 821220

*d) DATE OF BIRTH: (04/02/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16 years

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

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: Unknown MODEL: _____
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 passengers
(including driver)
(8)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

08/02/19
waiting for CI
& company stamp
passenger name

Email =
fax =
video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8001793F



Name
BOO TZE CHONG
(WU ZHIZONG)
巫治宗

Race
CHINESE

Date of birth
04-02-1980

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8001793F

Name
BOO TZE CHONG
(WU ZHIZONG)

Birth Date: 04 Feb 1980

Issue Date: 03 Jun 2003

000539345F



4529351



NRIC No. S8001793F



Date of issue
19-02-2010

A SUMANG LANE #03-87
621220
S8001793F

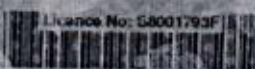
Date: 14/06/2018

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

Class 3 Motor Cars and Motor Tractors (the weight of which unladen does not exceed 2500 kilograms)

PASS DATE
10 Jul 2000

Licence No: S8001793F



NP 426A

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)

ORIGINAL

CERTIFICATE NO.	DHOM110160001801	Excess:	\$500/-SECTION 1
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBC8864G		
Name of Insured	SPACELOGIC PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 4 February 2019 to 3 February 2020

Engine# YD25340048A
Chassis# JN1MC2E26Z0001504

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

FCTTS Date : 10/01/2019


For the Company