

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 19/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/CFI19003088/13	SAS e-filing		
Veh No: GBD829C	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 18/02/19 0900	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: **FBD8295T** 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

NA1901321

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
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac 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: Idac Mobile 30

Invoice dated

Invoice dated

Fee Charged

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	19/02/2019 16:35
Date Of Accident	18/02/2019 09:00
Exact Location Of Accident	23 KIAN TECK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD839C
Insured/Policyholder	
Name Of Registered Owner	M/S HONG AIK PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68980438
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3034171800
Cover Note Number	
Driver	
Name of Driver	WANG HUIHENG
NRIC No	S9174392B
Date Of Birth	10/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88229819
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 319 UBI AVE 1 #03-517
Postcode	400319
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20190218/2075

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	FBD8295T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMED FAZLI BIN MOHAMED SHADAN
NRIC/Passport Number	S8241354E
Contact Number	91596752
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED FAZLI BIN MOHAMED SHADAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD8295T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

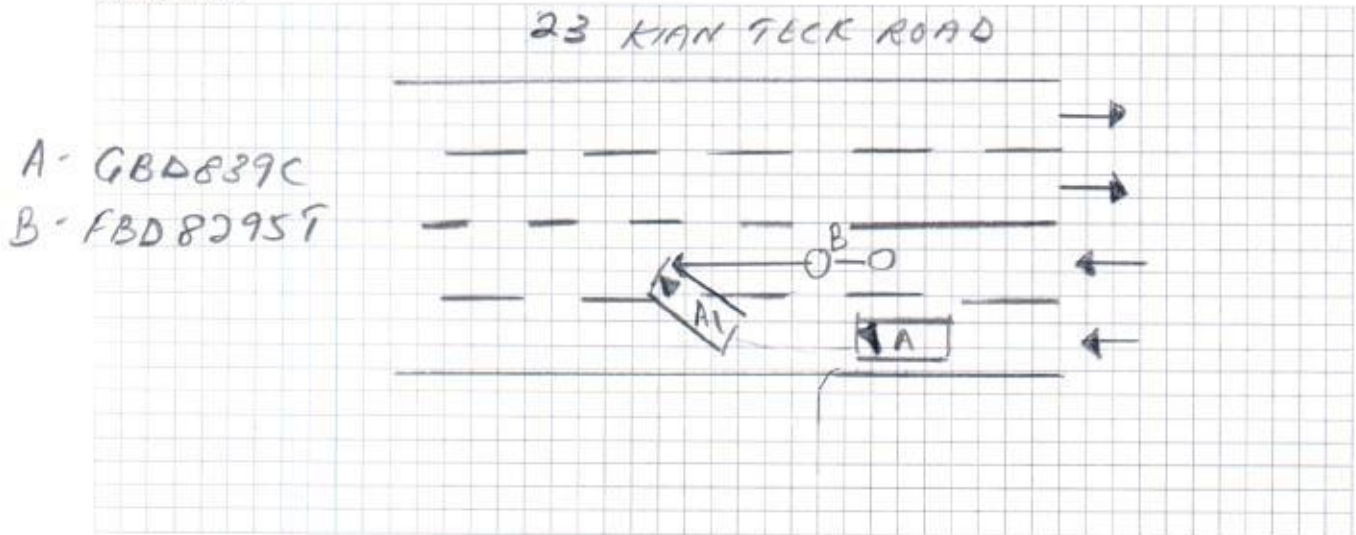


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/02/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 5/20190218/2075

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: *19/02/2019*

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: *19/02/2019*

[Signature] *19/02/19*
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



J/20190218/2075

1 of 2

POLICE REPORT (NP299)

Report No. J/20190218/2075

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Date/Time Report Made 18/02/2019 17:35	Vide Report No. J/20190218/0039	Station Diary No. 153
Name Of Informant WANG HUISENG	Address APT BLK 319 UBI AVENUE 1 #03-517 SINGAPORE 400319	
ID Type / ID No. NRIC NO / S9174392B	Contact No. Home/Office Mobile 88229819	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DORMITORY OPERATION MANAGER	Sex Male	Age 27
Institution/School Name	Date of Birth 10/07/1991	Race Chinese
Date/Time Of Incident 18/02/2019 09:00 - 18/02/2019 09:30	Location Of Incident 23 KIAN TECK ROAD UNNAMED SINGAPORE 628774	

Brief details.

On 18/02/2019 at about 0900hrs, I was travelling in my silver Toyota Dyna (GBD 839C) along Kian Teck road towards First Lok Yang Road. I was on the left lane intending to make a U-turn to the opposite side of the road. I slowed down my vehicle and signaled right. I checked my vehicle blind spots and check incoming traffic before proceeding. As I was making a turn, a motorcycle (FBD8295T) suddenly came from my right towards my vehicle. The rider pressed the horn and I immediately applied my vehicle brakes. The motorcycle could not stop in time and subsequently hit the front right side of my vehicle. The rider then fall towards the ground. I then stopped my vehicle at the road side to avoid obstruction of traffic

Signature Of Officer Recording The Report:

J / Sgt 2 LIM MING YAN

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
J / Bukit Panjang N.P.C /
Sgt 2 CHIN WEI JIE
Contact No.: 67910000

Signature Of Informant:

Date/Time:
18/02/2019 17:35

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



J/20190218/2075

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190218/2075

and proceeded out of the vehicle to check on the damage. My vehicle front right light and front right cover was damaged. The motorcycle right side mirror and rear storage box was damaged. The rider right arm and left leg was injured. The rider was subsequently conveyed to the hospital through an ambulance. This is the first time such incident had happened. I am lodging this report for insurance purpose. I was informed by the traffic police to come to the police station to lodge a traffic accident report, vide: J/20190218/0039 under IO Farhan, Hp:65976224

Signature Of Officer Recording The Report:

J / Sgt 2 LIM MING YAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Bukit Panjang N.P.C /
Sgt 2 CHIN WEI JIE
Contact No.: 67910000

Signature Of Informant:

Date/Time:
18/02/2019 17:35

Classification Of Case:

Authentication Stamp



SN 127

Signature :

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 02 / 2019) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: 23 KIAN TECK Road Singapore 628774

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 839C
b) INSURANCE COMPANY: CHINA TAIPEI INSURANCE (SINGAPORE) PTE LTD.
c) POLICY NUMBER: BMCUSN 3034171800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: HONG ATEK PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 68980438
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Hui Cheng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9174392B CONTACT: 88229819
c) ADDRESS: BIK 319 UBI AVENUE 1 #03-517 Singapore: 400319

*d) DATE OF BIRTH: (10 / 07 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02 Jul 2015

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) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - motorcyclist

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

IF YES, PLEASE STATE WHICH POLICE STATION: Nanyang N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBD 8295T MODEL:
b) DRIVER'S NAME: MOHAMED FAZLI BIN MOHAMED SHADAN
c) NRIC/FIN/PASSPORT: S8241354E CONTACT: 91596752

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

19/02/19
waiting for
company stamp
by mail.

Email =
fax =
video =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9174392B**

Name: **WANG HUI SHENG**

Birth Date: **10 Jul 1991**
Issue Date: **26 Feb 2016**

002541460E




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9174392B**

Name: **WANG HUI SHENG**

王 惠 生

Race: **CHINESE**

Date of birth: **10-07-1991**

Country/Place of birth: **CHINA**

Sex: **M**



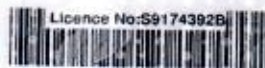



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE: **02 Jul 2015**

Licence No: **S9174392B**



NP 428A

5556461



NRIC No: **S9174392B**



Date of issue: **13-01-2016**

APT BLK 319 UBI AVENUE 1 #03-517
SINGAPORE 400319

NRIC No: **S9174392B** Date: **09/04/2017**

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.

DMCVSN3034171800

Engine No : 1KD2396796

Chassis No: JTFAT35Y30K203004

1. Index Mark and Registration
Number of Vehicle

GBD839C

2. Name of Policy Holder

M/S HONG AIK PTE LTD

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment

02 JUNE 2018

EX SECT. I

EX ON WINDSCREEN

SS\$350.00

SS\$100.00

4. Date of Expiry of Insurance

01 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.

HIRE PURCHASE CO. : INDEX CREDIT PTE 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
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory