

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 19/03/19	Job description	Date & Time Completed	Done by
Ref No NA/CTI/19004978/13	SAS e-filing		
Veh No: GBE3721H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 19/03/19 0920	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: ( M GARAGE )		Tel:	Fax:
TP Particulars:	Veh No: LINKADON	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

NA1902085	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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 (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : 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	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	19/03/2019 15:56
Date Of Accident	19/03/2019 09:20
Exact Location Of Accident	OPEN CARPARK AT BLK 804 YISHUN RING RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE3721H
Insured/Policyholder	
Name Of Registered Owner	KT BUSINESS(R)PTE LTD
Co Reg No	201221117G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO 114
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	DMCVSN3093571802
Cover Note Number	
Driver	
Name of Driver	LOW CHIAN HOCK
NRIC No	S1601584I
Date Of Birth	18/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92296414
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 357 YISHUN RING ROAD #04-1848
Postcode	760357
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	COLLIDED INTO PARKED VEHICLE
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190319/2038

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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.

**KT**  
KT Business (R) Pte Ltd

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

(A) GBE 3721H  
(B) Unknown

Refer to Police Report

Report No:

T/20190319/2038

*[Handwritten signature]*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

**KT**  
KT Business (R) Pte Ltd

Policyholder's Signature  
Date & Time:

*[Handwritten signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Handwritten signature]* 19/03/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190319/2038

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20190319/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2019 12:24		Vide Report No.:		Station Diary No.: 66	
<b>Informant's Particulars</b>					
Name of Informant: LOW CHIAN HOCK			Address: APT BLK 357 YISHUN RING ROAD #04-1848 SINGAPORE 760357		
ID Type / ID No.: NRIC NO / S1601584I			Contact No.: Home/Office: Mobile: 92296414		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 18/02/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Supervisor			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/03/2019 09:20	Type of Location: Car Park
Location: Along Road 1 YISHUN AVENUE 2				
In the compound of Carpark INY 25 , carpark lot no 28				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3721H	Car	MERCEDES BENZ		Grey	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/20190319/2038

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190319/2038

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LOW CHIAN HOCK	ID No.	S1601584I
Related Vehicle	GBE3721H (Car)	Contact No.	92296414
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 the 19/03/2019 at around 0645hrs, I parked my company vehicle, Model : Mercedes veh no : GBE 3721 H, at the carpark lot no 28 in the compound of Carpark INY 25 located behind Khatib MRT Station. I then proceeded to Khatib MRT station to conduct a station survey related to my work. My company car was normal and intact when I left however at around 0920hrs, I returned to my company car and discovered that the front Vehicle number plate was missing but was nowhere to be found. There was also some grease stain on the front bumper of my company car. I believed that my company car was hit by another vehicle and I made a check but there was no particulars left behind at my car. I have already kept my company informed of the hit and run accident. There is Dashcam installed in my company car but I am not sure if it is in recording mode when I off the car ignition.





**SINGAPORE  
POLICE FORCE**



T/20190319/2038

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190319/2038

**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 /

Staff Sgt ZENG ZHIMIN, KEVIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Signature Of Informant:

Date/Time:

19/03/2019 12:24

Classification Of Case:

Slv 588

Authentication Stamp  
NP168



Signature:

Singapore Police Force

## SINGAPORE ACCIDENT STATEMENT

0900

Accident Date:	19/03/2019	Time:	0700 hrs	(hh:mm) 24 hr format
Location	Open Car Park at Blk 804 Yishun Ring Road			
Vehicle Number	GRE 3721 H			
Insured Name	KT Business (R) Pte Ltd			
NRIC / FIN	2012211176	Contact Number		
Make	MERCEDES	Model	BENZ VITO 114 CDI PANEL VAN (with AT ABS)	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	China Taiping Insurance (S) Pte Ltd			
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number	DMCVSN 3093571802			
Name of Driver	LOW CHIAN HOCK	( ) Same as Insured		
NRIC / FIN	S16015841	Contact Number	9229 6414	
Date of Birth	18/02/1963			
Driving Pass Date	1985			
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor				
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female				
Email Address	-	( - ) NO EMAIL		
Address of Driver	BLK 357 YISHUN RING ROAD			
	# 04-1848 S (760357)			
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
If No, Relationship of the Driver with the Insured	Employee			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
Was the Accident reported to the Police? ( <input checked="" type="checkbox"/> ) Yes ( ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact		
Veh B	Unknown			
Veh C				
Veh D				
Veh E				
Veh F				

O include driver.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1601584I



Name

LOW CHIAN HOCK

刘昌福

Race

CHINESE

Date of birth

18-02-1963

Sex

M

S1601584I

Country/Place of birth

SINGAPORE

Driver GSE 3721H

592355



NRIC No. S1601584I



Date of issue

26-04-2018

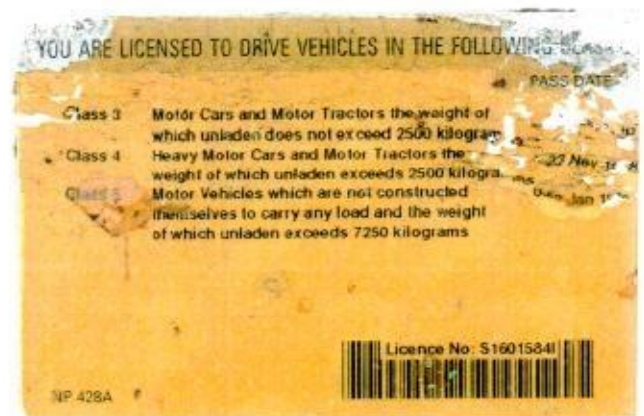
Address

APT BLK 357 YISHUN RING ROAD  
#04-1848  
SINGAPORE 760357



Dr. V.H

93E 37214



06/08/2003





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

KZ300/C  
R 5N  
AN0584A  
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

**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. DMCVSN3093571802 Engine No : 65195033013020  
ChaNo: WDF44760323083885

1. Index Mark and Registration Number of Vehicle GBE3721H AUTOSAFE

2. Name of Policy Holder KT BUSINESS (R) PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 20 November 2018 Excess Sect I ..... S\$500.00  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance 19 November 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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

\* 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).

Terry's Office  
38 Parbury Avenue #04-02 S467034  
Tel/WatApp : 9127 8514

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HUANG GUOQING, TERRY  
Authorised Officer

Authorised Signatory