

# NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 21/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/CII19005137/13	SAS e-filing		
Veh No: GBD6635J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/03/19 1435	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: ( 4fix auto )	Tel:	Fax:
TP Particulars:	Veh No: 504154K	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: 30-100%]		
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

NA1902107	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR : Re-inspection \$75		
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat 2 / 3:	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	21/03/2019 13:59
Date Of Accident	20/03/2019 14:35
Exact Location Of Accident	PIE->CHANGI CLOSE TO PAYA LEBAR EXIT L/P NO 562F
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6635J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FSL RENOVATION CONTRACTOR
Co Reg No	52983801W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### 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	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	DMCVSN3018111903
Cover Note Number	

### Driver

Name of Driver	LIM POH CHOY(LIN BAOCAI)
NRIC No	S7504907B
Date Of Birth	18/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97636829
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 714 PASIR RIS ST 72 #14-25
Postcode	510714
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190320/2203

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY154K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD5283Y  
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)

#### DETAILS OF INJURED PERSON 1

Name LIM POH CHOY(LIN BAOCAL)  
Approximate Age  
Injuries Sustain MUSCLE STRAINS & SCRATCHES ON THE CHEST  
Injured person in which vehicle? GBD6635J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
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:

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

# SKETCH PLAN

PIE → CHANGI CLOSE TO PAYA LEBAR EXIT 4P 562F

A) GBD 6635 J

B) SDY 154 K

C) GBD 5283 Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T20190320/2203

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*Li*

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

*Shun 21/03/19*

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





# SINGAPORE POLICE FORCE



T/20190320/2203

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

1 of 3

Report No. T/20190320/2203

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/03/2019 22:31		Vide Report No.:		Station Diary No.: 105	
<b>Informant's Particulars</b>					
Name of Informant: LIM POH CHOY			Address: APT BLK 714 PASIR RIS STREET 72 #14-25 SINGAPORE 510714		
ID Type / ID No.: NRIC NO / S7504907B			Contact No.: Home/Office: Mobile: 97636829		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 18/02/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2019 14:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE TOWARDS CHANGI CLOSE TO PAYA LEBAR EXIT, LAMPOST NO. 562F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5283Y	Lorry					0
GBD6635J	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Brown	Slightly Damaged	0
SDY154K	Car					0



**SINGAPORE  
POLICE FORCE**



T/20190320/2203

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20190320/2203

**CONTINUATION OF REPORT**

**Brief Details.**

On 20/3/2019 at about 2.35pm, I was driving along PIE towards Changi close to Paya Lebar exit. My vehicle number is GBD6635J. Suddenly, I heard two loud sounds of collisions between vehicles and I felt an impact onto my vehicle as well. I immediately went down to make a check and saw that the bottom right of my vehicle rear is dented. I exchange particulars with the other two vehicle drivers involved in the accident. The other two vehicles are SDY154K and GBD5283Y. The vehicle SDY154K was the vehicle that collided into my rear and the driver of this vehicle claimed that the vehicle behind his was the one that collided into him first which resulted in the chain of collision.

In car vehicle camera of the rear is downloaded and secured. I suffered muscles strains and scratches on my chest area and I am issued a three days Medical Certificate after visiting Well Medical Clinic and Surgery Pte Ltd.





**SINGAPORE  
POLICE FORCE**



T/20190320/2203

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20190320/2203

**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 /

Sgt 2 OH JIA KAI JACKIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/03/2019 22:31

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE

PLEASE COMPLETE FORM IN **FULL**.

Date of Accident : 20-03-19  
 Accident Time : 4:25 HRS.  
 Accident Place : PIE → CHANGI CLOSE TO PAYA LEBAR EXIT L/P NO 562F  
 Vehicle Reg. No. : GBD 6635 J No. of Passengers (Including Driver): 1  
 Vehicle Make/Model : NISSAN NV 350  
 Insurance Company : CHINA TAIPIING INS (S'PORE) P.L.  
 Policy Number : DMCYSN 3018111903  
 Name of Owner : FSL RENOVATION CONTRACTOR <sup>ROC</sup> IC No.: 529838014  
 Contact No. of Owner: 9763 (HP) - (ALT No.) → MANDATORY  
 Name of Driver : LIM POH CHOY (LIN BAO CAI) IC No.: 87504907B  
 Contact No. of Driver : 97636829 (HP) - (ALT No.) → MANDATORY  
 Driver's Date of Birth : 18-02-1975 Driver's License Pass Date: 23-01-1998  
 Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daughter or Others: EMPLOYEE  
 Driver's Address : B. 114 PASIR RIS ST 72 #14-25 (S) 510714  
 Occupation : Indoor \ Outdoor (e.g. Indoor: work in a building)  
 Fax No. \ Email Add : venelsk@vfixauto.com.sg  
 Weather & Road Surface : Clear \ Raining \ Wet \ ~~Dry~~  
 Reporting Type : Reporting Only \ Claiming Other Party \ Claim Own Ins.  
 Was there any video captured by car camera : Yes \ No  
 Exact purpose for which vehicle was being used at the time of accident: Private \ Official

**Other Party Driver's Particulars (If any)**

Vehicle Reg. No. : <u>SDY 154 K</u>	Vehicle Reg. No. : <u>GBD 5283Y</u>
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : _____	Name DRIVER : _____
IC no. DRIVER : _____	IC no. DRIVER : _____
DRIVER'S contact & add : _____	DRIVER'S contact & add : _____



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S7504907B**

Name: **LIM POH CHOY (LIN BAOCAL)**

Birth Date: **18 Feb 1975**

Issue Date: **10 Sep 2003**

000819257H

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7504907B**



Name: **LIM POH CHOY (LIN BAOCAL)**  
**林宝才**  
 Race: **CHINESE**  
 Date of birth: **18-02-1975** Sex: **M**  
 Country of birth: **SINGAPORE**

**S7504907B**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	08 Sep 1992
Class 2A	Motorcycles between 201 cc and 400 cc	28 Apr 1994
Class 2	Motorcycles exceeding 400 cc	30 May 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Oct 1996
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Jan 1993



NP 428A

3697955



NRIC No: **S7504907B**

Date of issue: **06-04-2005**

**APT BLK 714 PASIR RIS STREET 72 #14-25**  
**SINGAPORE 510714**

NRIC No: **S7504907B** Date: **10/09/2012** No: **7183216**

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.	DMCVSN3018111903	Engine No : YD25355006A Chano: JN1MC2E26Z0002980
1. Index Mark and Registration Number of Vehicle	GBD6635J	AUTOSAFE =====
2. Name of Policy Holder	FSL RENOVATION CONTRACTOR	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03 March 2019	Excess Sect I ..... S\$500.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	02 March 2020	
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. : MALAYAN BANKING BERHAD 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.

Issued By: ..... VITESSE SOLUTIONS .....  
Authorised Officer

  
.....  
Authorised Signatory