

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MIA119037488

Date In: 21/3/19 - 15:43	Job description	Date & Time Completed	Done by
Ref No: NA/C7219205148/24	SAS e-filing		
Veh No: PC7619P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 21/3/19 - 08:10	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: SKA8261R	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:- (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

NA1902100	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars :-	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		
	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:-		
	ON*		
	*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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Lat 1:	Invoice dated	Fee Charged	
Lat 2 / 3:	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 15:43
Date Of Accident	21/03/2019 08:10
Exact Location Of Accident	SLIP RD AMK AVE 5 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7619P
Insured/Policyholder	
Name Of Registered Owner	M/S L.K. ANG CONSTRUCTION PTE LTD
Co Reg No	198600969E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96933880
Alternative Phone No	OFFICE-96933880

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 2.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMB1SN3067081800
Cover Note Number	

Driver

Name of Driver	HAMZAH BIN MOHAMED SAID
NRIC No	S1240550B
Date Of Birth	26/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96331921
Fax Number	
Contact Number	OFFICE-96331921
Email Address	NOEMAIL

Address	BLK 101 BUKIT BATOK WEST AVENUE 6 #01-42
Postcode	650101
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 - HEAD TO REAR
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)	10
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : FEMALE
Passenger 6	NAME: : - GENDER: : FEMALE
Passenger 7	NAME: : - GENDER: : FEMALE
Passenger 8	NAME: : - GENDER: : FEMALE
Passenger 9	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
--	-----

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 51 ANG MO KIO AVE 9 , **POSTCODE:** 569784 , **COUNTRY:** SINGAPORE

Police Station Contact

TEL NO: 1800-4849999 - **FAX NO:** 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - F/20190321/2032.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKQ8261R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEOW WEN HAN

NRIC/Passport Number

Contact Number

93390525

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.
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.

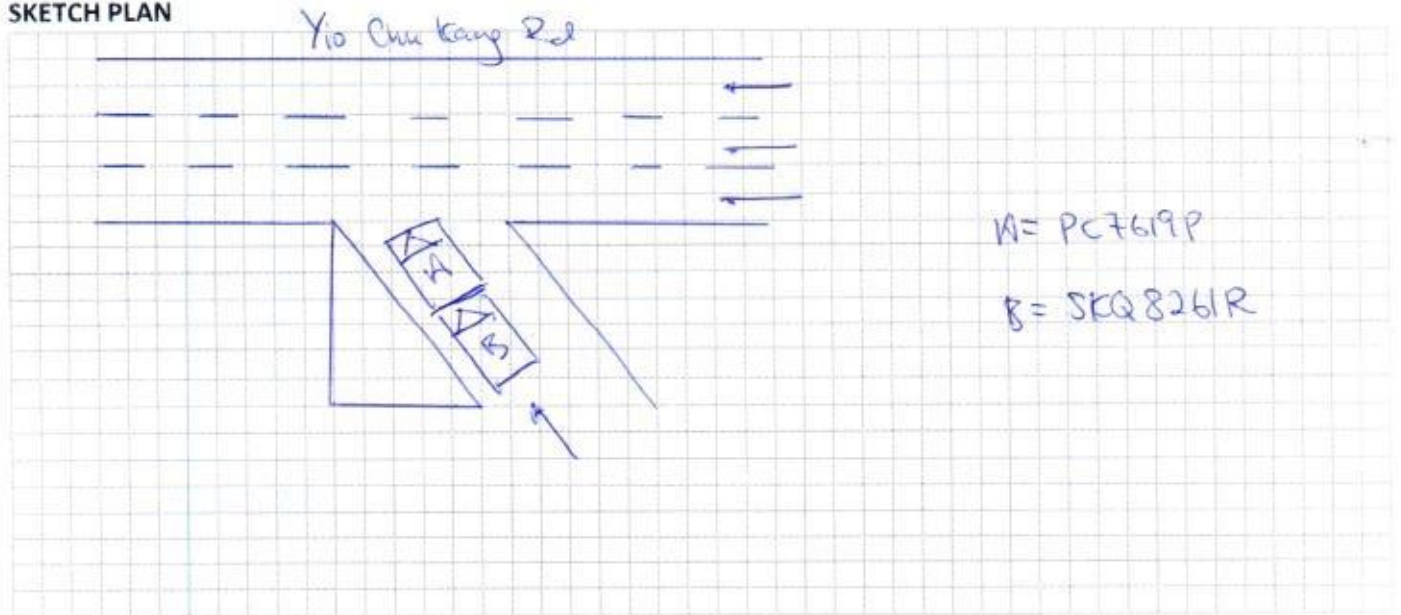


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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



[Signature]

[Signature]

[Signature]

Date of Accident : 21.03.2019 Accident Time: 0810 (24-HR-Format)
Accident Place : Ang Mo Kio Ave 5, slip road to Yio Chu Kang Rd
Vehicle No. (Car Plate No.) : PC7619P Make/Model: Toyota Hiace
Insurance Company : China Taiply Policy No: DWB13N3067081800
Owner or Company Name /IC No. : L.K. Ang Construction Pte Ltd
Owner or Company Contact No. : 96933880 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Hamzah Bin Mohamed Said
DRIVER'S Date Of Birth : 26/09/1957 DRIVER'S License Pass Date 26/03/1981
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : B/101, Bukit Barok West Ave 6 #01-42 S650101
DRIVER'S Contact No./ Alt No. : 1) 96331921 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 10 4 male, 5 female.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No.

Other Party Driver's Particular (if any)

Vehicle No: SKQ8261R
Vehicle Make/Model: _____
Name Driver: Yeow Wen Han
IC No. Driver/Contact: 93390525

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



SINGAPORE POLICE FORCE



F/20190321/2032

1 of 2

POLICE REPORT (NP299)

Report No. F/20190321/2032

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 21/03/2019 11:49	Vide Report No.	Station Diary No. 44
Name Of Informant HAMZAH BIN MOHAMED SAID	Address APT BLK 101 BUKIT BATOK WEST AVENUE 6 #01-42 SINGAPORE 650101	
ID Type / ID No. NRIC NO / S1240550B	Contact No. Home/Office Mobile 96331921	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation COMPANY DRIVER	Sex Male	Age 61
Institution/School Name	Date of Birth 26/09/1957	Race Boyanese
Date/Time Of Incident 21/03/2019 08:05 - 21/03/2019 08:10	Location Of Incident ANG MO KIO AVENUE 5 SINGAPORE SLIP ROAD FROM AMK AVE 5 TO YCK RD	

Brief details.

On 21/03/2019 at around 0807hrs, I was driving (PC7619P) along Ang Mo Kio Avenue 5, about to make a left turn to Yio Chu Kang Road. My Van was stationary at the Slip Road from Ang Mo Kio Avenue 5 to Yio Chu Kang Road, while waiting for the traffic to clear, a car (SKO8261Z) suddenly came from behind and collided into my van causing damages to my van's rear door and body (unable to open rear door). I then traded particulars with the other driver (YEOW WEN HAN, HP: 93390525). No one was hurt during the accident. I then informed my company (LK ANG CONTRUCTION PTE LTD, Contact: 6453 0718,

Signature Of Officer Recording The Report:

F / Sgt 2 CHUA ZHENG XING, JOHNNY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt MOHAMMED SYAZWAN BIN ABDULLAH
Contact No.: 64849999

Signature Of Informant:

Date/Time:
21/03/2019 11:49

Classification Of Case:

Authentication Stamp

SN 005

Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



F/20190321/2032

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190321/2032

6453 8288) about the accident and was told to lodge a police report for insurance claim.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 CHUA ZHENG XING, JOHNNY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt MOHAMMED SYAZWAN BIN ABDULLAH
Contact No.: 64849999

Signature Of Informant:

Date/Time:
21/03/2019 11:49

Classification Of Case:

Authentication Stamp

SN 003

Signature: _____

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification No. **S1240550B**

Name **HAMZAH BIN MOHAMED SAID**

Birth Date **26 Sep 1957**

Expiry Date **15 Sep 2003**

000804570D



REPUBLIC OF SINGAPORE

IDENTITY CARD No. S1240550B

Name **HAMZAH BIN MOHAMED SAID**

Place **BOYANESHT**

Date of birth **26-09-1957**

Sex **M**

Country of Birth **SINGAPORE**



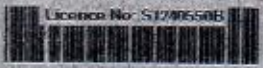


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Expiry Date
Class 2B	Motorcycles not exceeding 200 cc.	18 Oct 1976
Class 2A	Motorcycles between 201 cc. and 400 cc.	18 Oct 1976
Class 2	Motorcycles exceeding 400 cc.	18 Oct 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms.	01 Feb 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms.	26 Mar 1981

NT 426A

Licence No. **S1240550B**



1872418

S1240550B

NR No. **S1240550B**

APR BLK 161 BUKIT BATOK WEST AVENUE 6 401-42

SINGAPORE 651161

Date: **30-05-2002**

No: **4810861**






中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ601
N SN
AN0663A
COMPREHENSIVE

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.	DMB1SN3067081800	Engine No : 1GD8299248	Chassis No: GDH2011009131
1. Index Mark and Registration Number of Vehicle	PC7619P		
2. Name of Policy Holder	M/S L.K. ANG CONSTRUCTION PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 OCTOBER 2018	EX SECT. I	S\$1,500.00
		EX SECT. II	S\$3,000.00
4. Date of Expiry of Insurance	14 OCTOBER 2019	EX ON WINDSCREEN	S\$100.00
5. Persons or Classes of Persons entitled to drive *			

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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