

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MDA1190VS86**

Date In: 5/4/19-16:44	Job description	Date & Time Completed	Done by
Ref No: NA/0721900615274	SAS e-filing		
Veh No: SLR32831	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/4/19-17:00	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: SLR32831	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

NA 1902530	Invoice Preparation Checklist		Ant (\$) 1st 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			
	TF (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments :-

at 1:

at 2 / 3:

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	08/04/2019 16:44
Date Of Accident	05/04/2019 17:00
Exact Location Of Accident	SLIP RD COMMONWEALTH AVE TWDS ALEXANDRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3283T
Insured/Policyholder	
Name Of Registered Owner	M/S MILLAS
Co Reg No	53340388W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93637394
Alternative Phone No	OFFICE-93637394

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5X AUTO
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN3049361800
Cover Note Number	

Driver

Name of Driver	TOH TIAM SIR
NRIC No	S1638970F
Date Of Birth	07/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88113383
Fax Number	
Contact Number	OFFICE-88113383
Email Address	NOEMAIL

Address	BLK 287 TAMPINES STREET 22 #03-362
Postcode	520287
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SLQ2619X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE THIAM OI
NRIC/Passport Number	S2666459D
Contact Number	98210530
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

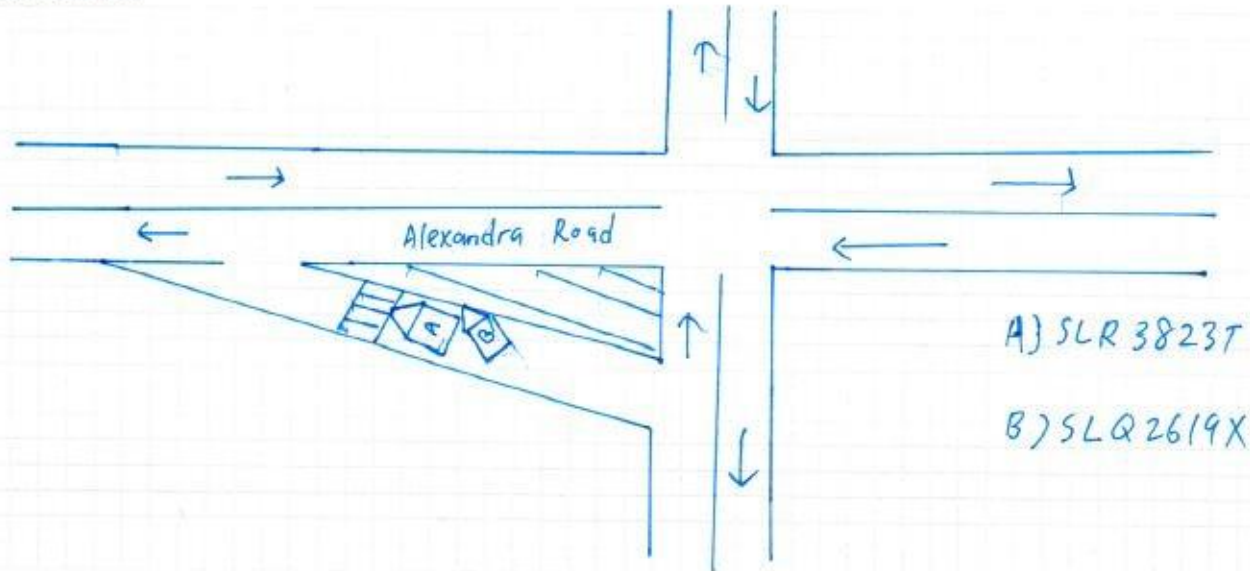


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the slip road into Alexandra Road. I then stopped my car to allow pedestrians to cross. Next second, I felt an impact on the rear of my car. I alighted and realized that vehicle B (SLQ 2619X) had collided into my car. We exchanged particulars and left the scene. No one is injured.

DECLARATION

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



Policyholder's Signature
Date:

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

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



VEHICLE NO : SLR3283T		MAKE/MODEL : Honda Shuttle	
Date of Accident	05/04/2019	Time: 17:00	Foreign Veh Involved YES (NO)
Location of Accident	SLIP ROAD FROM COMMONWEALTH TOWNS ALEXANDRA ROAD SINGAPORE		Foreign Veh No
Country of Loss	SINGAPORE		Driver only
Vehicle Damaged			No. of Veh Involved : 2
Claim Type	OD / (TP) / REPORTING		Was There Any Witness YES (NO)
INSURANCE CO	CHINA TAIPING INSURANCE		Name of Witness :
Coverage	(Comprehensive) TPFT/Third Party Only		Contact No :
Policy No	DMHCSN 3049 361800		
Fleet Policy	YES (NO)		
OTHER VEHICLES			
OWNER / CO. NAME	M/S MELLAS		VEHICLE B : SLQ2619X
NRIC / Co's Reg No.			Category :
Address	BLK 287 TAMPINES STREET 22 #03-362 SINGAPORE 520287		Driver's Name : LEE THIAM #OI
Contact / Mobile No	93637394		NRIC No : 5266459D
Email Address			Contact No : 98210530
Date of Birth			No. of Passenger : -
Gender	M / F		VEHICLE C :
DRIVER'S NAME	TOH TIAM SIE		Category :
NRIC No	51638970F		Driver's Name :
Address	BLK 287 TAMPINES STREET 22 #03-362 SINGAPORE 520287		NRIC No :
Contact / Mobile No	88113383		Contact No :
Email Address	francistohts88@gmail.com		No. of Passenger :
Date of Birth	07/04/1964		VEHICLE D
Gender	(M) / F		Category :
LICENSE PASSED DATE	30/08/1983		Driver's Name :
Occupation	Indoor / (Outdoor)		NRIC No :
Relation with Owner	HIRER		Contact No :
			No. of Passenger :
Does Driver Own Any Other Veh ? YES (NO)			
Vehicle Reg No			
Insurance Co			
Weather Condition	(Clear) Raining / Others		Video Captured : Yes / (No)
Road Surface	(Dry) / Wet / Others		
INJURED : YES (NO)			
Name of Injured			Police Report : YES (NO)
Convey To Hospital by Ambulance	YES / NO		If YES, Where :
NO. OF PASSENGERS : -			
Name of Passenger	M / F	INJURED?	YES/NO
Name of Passenger	M / F	INJURED?	YES/NO
Name of Passenger	M / F	INJURED?	YES/NO
Name of Passenger	M / F	INJURED?	YES/NO
REMARKS :			
Name of Workshop	SUCCESS UNITED PTE LTD		
Address	2 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921		
	Tel: 6746 1515 Fax: 6748 5015		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1638970F**
 Name: **TOH TIAM SIR**

Birth Date: **07 Apr 1964**
 Issue Date: **18 Jul 2003**

000666596J

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1638970F**

Name: **TOH TIAM SIR**
 Race: **涂添賜**
CHINESE
 Date of Birth: **07-04-1964** Sex: **M**
 Country of Birth: **SINGAPORE**




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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Aug 1983

NP 428A

Licence No: S1638970F



1557



NRIC No: **S1638970F**



Blood Group: **O+** Date of issue: **02-01-1994**

Address: **APT BLK 287 TAMPINES STREET 22 #03-362 SINGAPORE 520287**

NRIC No: **S1638970F** Date: **20-10-2004** No: **5055097**

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.	DMHCSN3049361800	Engine No :LEB6314533 Chassis No:GP71111840
1. Index Mark and Registration Number of Vehicle	SLR3283T	
2. Name of Policy Holder	M/S MILLAS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 AUGUST 2018	EX SECT. IS\$1,250.00 EX SECT. I (Outside Singapore)S\$2,500.00 EX SECT. IIS\$1,250.00 EX SECT. II (Outside Singapore)S\$2,500.00
4. Date of Expiry of Insurance	09 AUGUST 2019	EX ON WINDSCREENS\$100.00
5. Persons or Classes of Persons entitled to drive *		

ANY EMPLOYEE OR ANY PERSON WHO IS DRIVING WITH 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 FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
(2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES.
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. : GENIE FINANCIAL SERVICES 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