

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAY 19 06 44 66

Date In: 17/05/2009 17:29	Job description	Date & Time Completed	Done by
Ref No: X1001101190088284	SAS e-illing		
Veh No: GBS 4649 Y	E-mail (3 days, AIC 2 hrs)		
D.O.A: 17/05/2009 14:30	1-Motor Claim Form		
OD: TP (Reporting Only)	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No: SMD 85285

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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Comments: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date/Time	Accident

NA1903717

Client's Particulars:	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Ref 1:	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idas Mobile	
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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	17/05/2019 17:29
Date Of Accident	17/05/2019 14:30
Exact Location Of Accident	SLIP RD FROM HOOT KIAM RD TURN LEFT TO GRANGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4649Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CATHAY PROPERTY SERVICES PTE LTD
Co Reg No	A19920041M
Email Address	SHARON_LEE@CATHAY.COM.SG
Mobile Phone No	(LOCAL) +65-84363347
Alternative Phone No	OFFICE-84363347

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110164921800
Cover Note Number	

### Driver

Name of Driver	TAI YIT CHOON
Passport No/FIN	G7193207P
Date Of Birth	17/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84363347
Fax Number	
Contact Number	OTHERS-84363347
Email Address	SHARON_LEE@CATHAY.COM.SG

Address -  
 Postcode -  
 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? 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) 2  
 Passenger 1  
 NAME: COLLEAGUE  
 GENDER: MALE

#### 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

ON 17/05/2019 AT ABOUT 14:30HRS I WAS AT HOOT KIAM ROAD AND WANTED TO TURN LEFT TO GRANGE ROAD, TRAVEL WITH A SLOW SPEED AND WAS LOOKING ON RIGHT, WHEN I TURN MY HEAD INFRONT A CAR SMD8528S WAS STATIONARY AT THE GIVEWAY LINE AND I COULD NOT BRAKE ON TIME AND HIT THE REAR OF THE SAID CAR THATS ALL.

#### 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 SMD8528S  
 Vehicle Make/Model/Colour MITSUBISHI  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver SARAH  
 NRIC/Passport Number G5473309M  
 Contact Number 98192518  
 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)

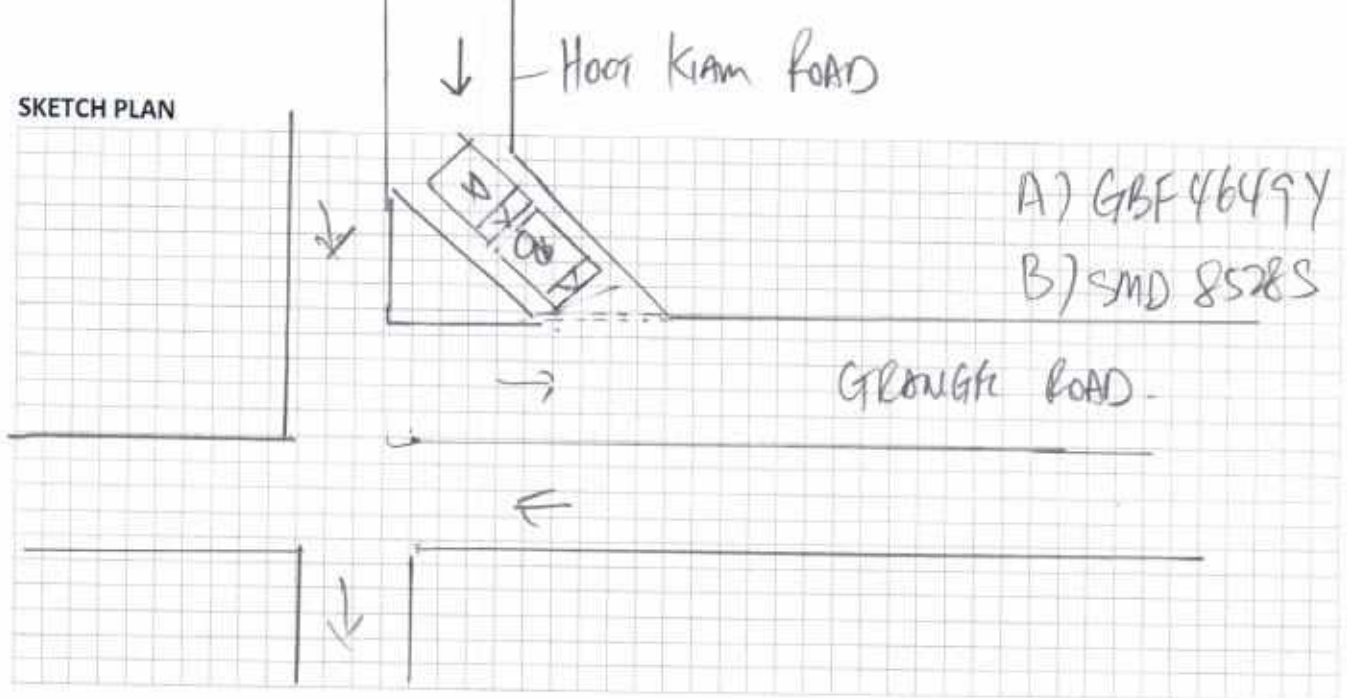
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/05/2019 AT ABOUT 14:30HRS I WAS AT HOOI KIAM RD AND WANTED TO TURN LEFT TO GRONGHE ROAD. I WAS SLOW & WAS LOOKING AT THE RIGHT, WHEN I TURN MY HEAD TO THE FRONT A CAR SMD 8528S WAS STATIONARY AT THE GIVEWAY LINE & I COULD NOT BRAKE OR SWERVE & HIT THE REAR OF THE SAID CAR.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]* 17/5/19.  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 19/05/2019  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*



# ACCIDENT STATEMENT

ACCIDENT DATE: (17/05/19) (DD/MM/YYYY), TIME: (14:30) (HH:MM)

LOCATION: Slip Road from Hong Kiam Tuen Road to  
Greenhill Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 4649Y  
b) INSURANCE COMPANY: UOL  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: DHOM 110164921800  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
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: CATHAY 219920041M (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: TAI YN CHHOON CONTACT: 84363342  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: TAI YN CHHOON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 27193207P CONTACT: 84363342  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (17/03/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25-05-2016

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMD 8528S MODEL: MITSUBISHI  
b) DRIVER'S NAME: SARAH  
c) NRIC/FIN/PASSPORT: 95473309M CONTACT: 98192518

## 9. THIRD PARTY VEHICLE

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

email = sharon\_lee@carhay.com.sg  
VIDEO

**WORK PERMIT**Employment of Foreign Manpower Act (Chapter 91A)  
Republic of SingaporeEmployed at:  
CATHAY PROPERTY SERVICES PTE. LTD.Name  
TAI YIT CHOONWork Permit No.  
5 1B420364Sector:  
SERVICE

K0922606

**REPUBLIC OF SINGAPORE DRIVING LICENCE**Licence Number  
G7193207PName:  
TAI YIT CHOON

Birth Date: 17 Mar 1971

Issue Date: 25 May 2016

Valid Till 24/05/2021



002570931E

**VISIT PASS**

Immigration Regulations

02-11-2016

Name  
TAI YIT CHOONFIN  
G7193207PDate of Birth  
17-03-1971Sex  
MNationality  
MALAYSIANDownload SGWorkPass  
App to check statusYOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

EFFECTIVE DATE

Class 2B  
Class 3CMotorcycles <= 200 cc  
Motor cars with unladen weight <= 3000kg with <= 7  
passengers, exclusive of driver

25 May 2016

25 May 2016



Licence No: G7193207P

NP 428A





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
3 Anson Road  
#26-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7755  
Fax (65) 6327 3869 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 19700152R

### 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**

<b>CERTIFICATE NO.</b>	DHOM110164921800	<b>Excess:</b>	\$0/- NOT APPLICABLE
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	GBF4649Y		
<b>Name of Insured</b>	CATHAY PROPERTY SERVICES PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 30 October 2018 to 15 November 2019

**Engine#** K9KC400D055896  
**Chassis#** VSKYBAM20Z0129639

Goods carrying - Private Type [M2 300]

#### AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

#### LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

#### THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

\*Limitation 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).

**UNITED OVERSEAS INSURANCE LTD**

FCZAH Date : 30/10/2018

  
For the Company