

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **May 19 2009**

Date In: <b>28/05/2009 12:36</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NRA/CST/9009356/V</b>	SAS e-filing		
Veh No: <b>G26707K</b>	E-mail (Vehicle Size, AIC 2hrs)		
U.O.A: <b>26/05/2009 17:30</b>	I-Motor Claim Form		
OD: <b>TP</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tels: ( ) Fax: ( )

TP Particulars: Vch No: **SLG 98159** 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: ( )

**Additional Services:**

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date of Inj: \_\_\_\_\_

<b>NRA1903966</b>		
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$73	
	7) NI: Idco DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	9) NI: Idco Mobile \$30	
	10) NI: Idco Mobile \$30	
	11) NI: Idco Mobile \$30	
	12) NI: Idco Mobile \$30	
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### 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 willful 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	28/05/2019 12:36
Date Of Accident	26/05/2019 17:30
Exact Location Of Accident	CTE TOWARDS CITY BEFORE PIE CHANGI EXIT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6707K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S ASSOCIATED BUSINESS SERVICES
Co Reg No	53153374C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94503586
Alternative Phone No	OFFICE-94503586

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	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	DMCVSN1820381800
Cover Note Number	

#### Driver

Name of Driver	KOH MING YIP
NRIC No	S7014456E
Date Of Birth	30/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94503586
Fax Number	
Contact Number	OTHERS-94503586
EEmail Address	NOEMAIL

Address	BLK 414A FERNVALE LINK #03-28
Postcode	791414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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: : LENA LEAW GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SLG9815C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO TZU HAN, KELBY
NRIC/Passport Number	S7805221Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLL9516P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHIN YONG, EDWIN
NRIC/Passport Number	S8230312Z
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.
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.

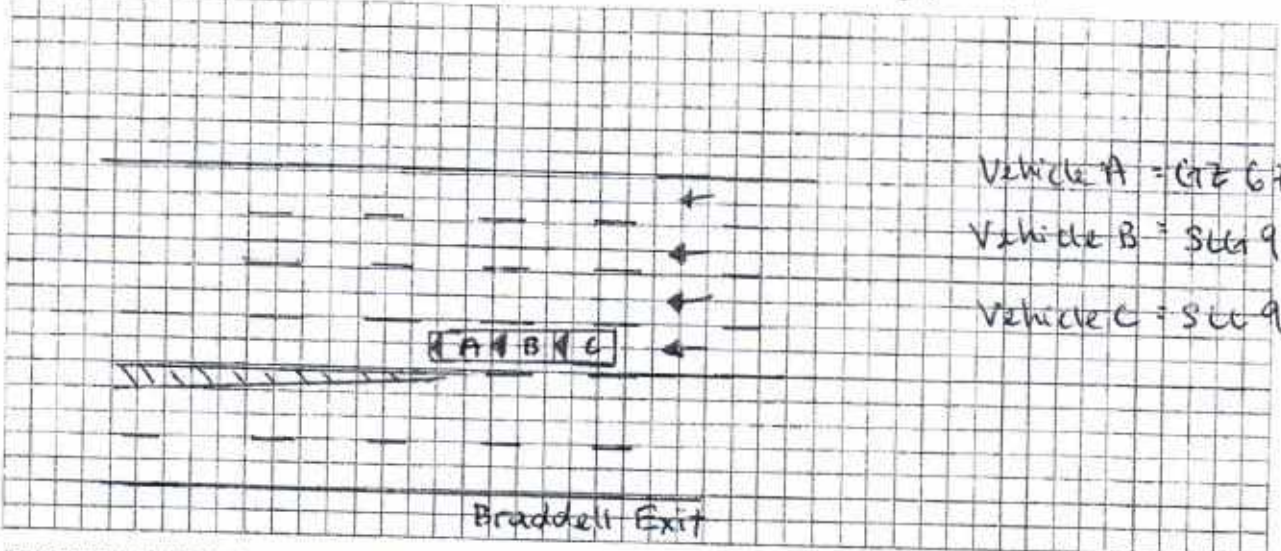


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN CTE towards City Before PIE (Changi) Exit



Vehicle A = GZ 6707K  
 Vehicle B = SGG 9815C  
 Vehicle C = SGG 9516P

Braddell Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A (GZ 6707K) was travelling straight at the stated venue. As the front vehicle stopped, I stopped as well. Suddenly I felt 2 impact from my rear, then I realised I was involved in a 3 cars collision.

DECLARATION

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



Policyholder's Signature  
 Date & Time:

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

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

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26 / 05 / 2019 (dd/mm/yy) Time of Accident: 17 : 30 (24-HR-FORMAT)

Vehicle No.: GZ 6707K Vehicle Make & Model: Toyota Dyna

Exact location of Accident: CTE > City Bef PIE (Changi Exit)

Policyholder's Name / IC No.: M/S Associated Business Services 53153374C

Driver's Name / IC No.: Koh Ming Yip 57014456E (As Above)

Driver's Contact No.: 94503586 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: BK 414A Fernvale, Link #03-28 SL 791414

Email address: \_\_\_\_\_ Insurance Company: China Taiping

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: owner

**What do you wish to claim? (Please TICK one only)**

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

Private use /  Work purpose

**Occupation (nature of job)**  Indoor /  Outdoor

**\*No. of Passengers (Including Driver):** 02

\*Passanger Name: Lena Low

Gender: Male /  Female  
Gender: Male / Female

**Weather condition & Road conditions?** (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:**  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: Chow Tze Han, Kolby 57805221Z Vehicle No: B: SL6 9815C

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): ong chin yong, Edwin 58230312E Vehicle No: C: SLL 9516P

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S7014456E

Name: KOH MING YIP

Valid Until: 30 Apr 1979  
Issue Date: 03 May 2009

0004E3346E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7014456E




Name: KOH MING YIP

許明乙

Race: CHINESE

Date of birth: 30-04-1970 Sex: M

Country of birth: SINGAPORE



For LKK/NAC Use Only

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 11 May 1997

428A

License No: S7014456E



3104207



NRIC No: S7014456E



Work Group: A+ Date of issue: 18-08-2000

APT BLK 414A FERNVALE LINK #03-28  
SINGAPORE 781414  
NRIC No: S7014456E Date: 29/05/2015





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

MZ300/CE SN  
AN0582A  
Cov.Type: C

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1986  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DNCVSN1820381800	Engine No :1KD2807417
1. Index Mark and Registration Number of Vehicle	GZ6707K	Chassis No:JTAT35Y00K210847
2. Name of Policy Holder	M/S ASSOCIATED BUSINESS SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	2 JULY 2018	EXCESS SECT I .....\$5500.00 EX ON WINDSCREEN .....\$8100.00
4. Date of Expiry of Insurance	1 JULY 2019	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	

HIRE PURCHASE CO. : MAYBANK 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

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com