

# NATIONAL Assessment Centre Services. (part 1 Jan05) MMA 119076356

Date In: 12/6/19 09:03	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1CTZ19010341/64	E-mail (within 2hrs, AIC 2hrs)		
Web No: CB 8098U	I-Motor Claim Form		
TP No: 9/6/19 06:55	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Master:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Whse / AIC / Assign Whse / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: Unknown	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) (of the NC) (6016)

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date/Time	Actions

MA 1904296	Invoice / Fee Information	AMT (\$)	AMT (\$)
Client's Particular:	1) AIC: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
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:	6) TR: Re-inspection \$75		
	7) NL: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) Q1:		
	*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: Ideal Mobile \$0		
	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	12/06/2019 09:03
Date Of Accident	09/06/2019 06:55
Exact Location Of Accident	CIRCUIT RD CARPARK BLK 37
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	CB8098U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MDM TAN POH LENG
NRIC No	S1756927I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90035190
Alternative Phone No	OFFICE-90035190
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE HIGH ROOF COMMUTER TURBO AUTO
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	BUS
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1838491800
Cover Note Number	-
<b>Driver</b>	
Name of Driver	CHEW HAN HUI
NRIC No	S1549911G
Date Of Birth	04/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97232889
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 44 CIRCUIT RD #10-615
Postcode	370044
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
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



A = CB 8998 U

Circuit Rd Carpark blk 37

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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

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.:





# SINGAPORE POLICE FORCE



T/20190610/2026

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190610/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2019 09:24	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHEW HAN HUI			Address: APT BLK 44 CIRCUIT ROAD #10-615 MACPHERSON GARDEN SINGAPORE 370044		
ID Type / ID No.: NRIC NO / S1549911G			Contact No.: Home/Office: Mobile: 97232889		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 04/08/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2019 06:55	Type of Location:
Location: Along Road 1 CIRCUIT ROAD  CIRCUIT ROAD CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8098U	Bus/Coach/Mi nibus (School Children)	TOYOTA	HIACE HIGH ROOF COMMUTER TURBO AUTO	Silver	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190610/2026

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190610/2026

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEW HAN HUI	ID No.	S1549911G
Related Vehicle	CB8098U (Bus/Coach/Minibus (School Children))	Contact No.	97232889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

I PARKED MY SCHOOL MINI BUS OF PLATE NUMBER CB8098U AT CIRCUIT ROAD BLK37 LOT 58 CARPARK. WHEN I WENT DOWN TO THE CARPARK ON SUNDAY 9 JUNE 2019 AROUND 0655HRS, THERE WAS SCRATCHES AND SLIGHT DAMAGED ON MY BUS. DUE TO MY VEHICLE CAMERA NOT WORKING, IT DID NOT CAPTURE THE INCIDENT, THEREFORE THERE IS NO FOOTAGES BUT I BELIEVE THIS HIT AND RUN HAPPENED IN THE MIDDLE OF THE NIGHT. I AM NOT SURE IF THERE IS ANY POLCAM AROUND THE VICINITY WHICH MIGHT HAVE CAPTURE THE INCIDENT. I AM HERE TO LODGE A REPORT AS MY BUS COMPANY TOLD ME TO DO SO AND HOPE THAT THE INVESTIGATION OFFICER WILL INVESTIGATE INTO THIS MATTER.





**SINGAPORE  
POLICE FORCE**



T/20190610/2026

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190610/2026


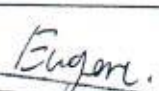
**CONTINUATION OF REPORT**

**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: TP / EUGENE AW WEI XUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 10/06/2019 09:24
Classification Of Case: 
Signature: 

Authentication Stamp  
NP168

Land Transport Authority



**VOCATIONAL LICENCE**  
 Licence No : S1549911G  
 Name : CHEW HAW HUI

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S1549911G



Name  
 CHEW HAN HUI

Race  
 CHINESE

Date of birth  
 04-08-1962

Sex  
 M

Place of birth  
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
 S1549911G

Name  
 CHEW HAN HUI

Birth Date: 04 Aug 1962  
 Issue Date: 19 May 2016

00256888F

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	07/07/1999
04	BUS ATTENDANT	07/07/1999

5780731



NRIC No. S1549911G



Date of issue  
 07-08-2017

Address  
 APT BLK 44 CIRCUIT ROAD  
 #10-815  
 SINGAPORE 370044

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	30 Oct 1982
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	02 Feb 1995

NP 428A

Licence No: S1549911G





+65 9168 6760

29/03/19 下午9:21

所有媒体

DMB1SN 1838491800

## CERTIFICATE OF INSURANCE

Page 1 of 2



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

REGD. NO. 01018004  
CIN. NO. 190100000000000000  
R000000000

## 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, 1989 (Malaysia)

CERTIFICATE No.	00000000000000000000	Engine No. 123456789
1. Index Mark and Registration Number of Vehicle	000000	CB8098U
2. Name of Policy Holder	POH TAN POH LOO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	6 DECEMBER 2018 (2018) 000000	EXCESS 5000 ..... RM1,000.00 EXCESS 10000 ..... RM1,000.00 EX. 10000 UNLIMITED ..... RM100,000.00
4. Date of Expiry of Insurance	6 DECEMBER 2019	
5. Persons or Classes of Persons entitled to drive *	<p>A. THE POLICYHOLDER.</p> <p>B. ANY PERSON PROVIDED HE OR SHE IS THE POLICYHOLDER'S EMPLOYEES AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S PERMISSION.</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED OR ACKNOWLEDGE 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 DISQUALIFICATION OR REGULATION TO THAT EFFECT FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations as to use *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS PROVIDED IN THE SCHEDULE.</p> <p>THIS POLICY DOES NOT COVER:</p> <p>(1) USE FOR RACING, ROAD-HOLDERS, ROLLERBALLS, TRIAL OR STUNT-DRIVING.</p> <p>(2) USE WITHOUT TURNING A TRAILER, EXCEPT THE TOWING OTHER THAN FOR STAGING OR ARE ONE DISBURSED MECHANICALLY PROTECTED VEHICLE.</p>	

\*FROM PARTICULAR CO. 1. TOWING DRUGS, FCS 100 AS OF 10/01/18  
\*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 II of the Road Transport Act, 1987 (Malaysia).  
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Counterigned By



Authorized Officer

Authorized Signatory

2 Anson Road #18-00 Springleaf Tower Singapore 079908 Tel: 6359 8111 Fax: 6359 3992 Website: www.sg.cntaiping.com

<http://sgportal.cntaiping.com/chinainsB2B/Spool/AN0580A-CB8098U-DMB1SN183...> 06-Dec-18

