

**NATIONAL Assessment Centre Services**

Date In: 20/06/2019 15:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI19010946/K4	E-mail (within 8hrs, A/C: 2hrs)		
Veh No: GBA 895E	i-Motor Claim Form		
DDA: 20/06/2019 11:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: Vch No: WC1507K 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%; F: 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

NA1904589

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*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 (Non INC) against INC \$20	
	9) N12: Idac 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	20/06/2019 15:44
Date Of Accident	20/06/2019 11:10
Exact Location Of Accident	JUNC OF TUAS SOUTH AVE 5 AND TUAS SOUTH AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA895E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S NET LINK LEASING PTE LTD
Co Reg No	201601105K
Email Address	CHUNGUANKOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88281661
Alternative Phone No	OFFICE-88281661

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1905311900
Cover Note Number	

### Driver

Name of Driver	KOH CHUN GUAN
NRIC No	S9723488D
Date Of Birth	15/07/1997
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97849920
Fax Number	
Contact Number	OTHERS-97849920
Email Address	CHUNGUANKOH@GMAIL.COM

Address	45 LORONG 104 CHANGI
Postcode	426585
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	RAINING
Road Surface	WET

#### 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?	YES
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: : NIL 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

PLS REFER TO THE ATTACHED 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	WC1507K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	KOH CHUN GUAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBA895E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	CHENG YONG SUN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBA895E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## 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.



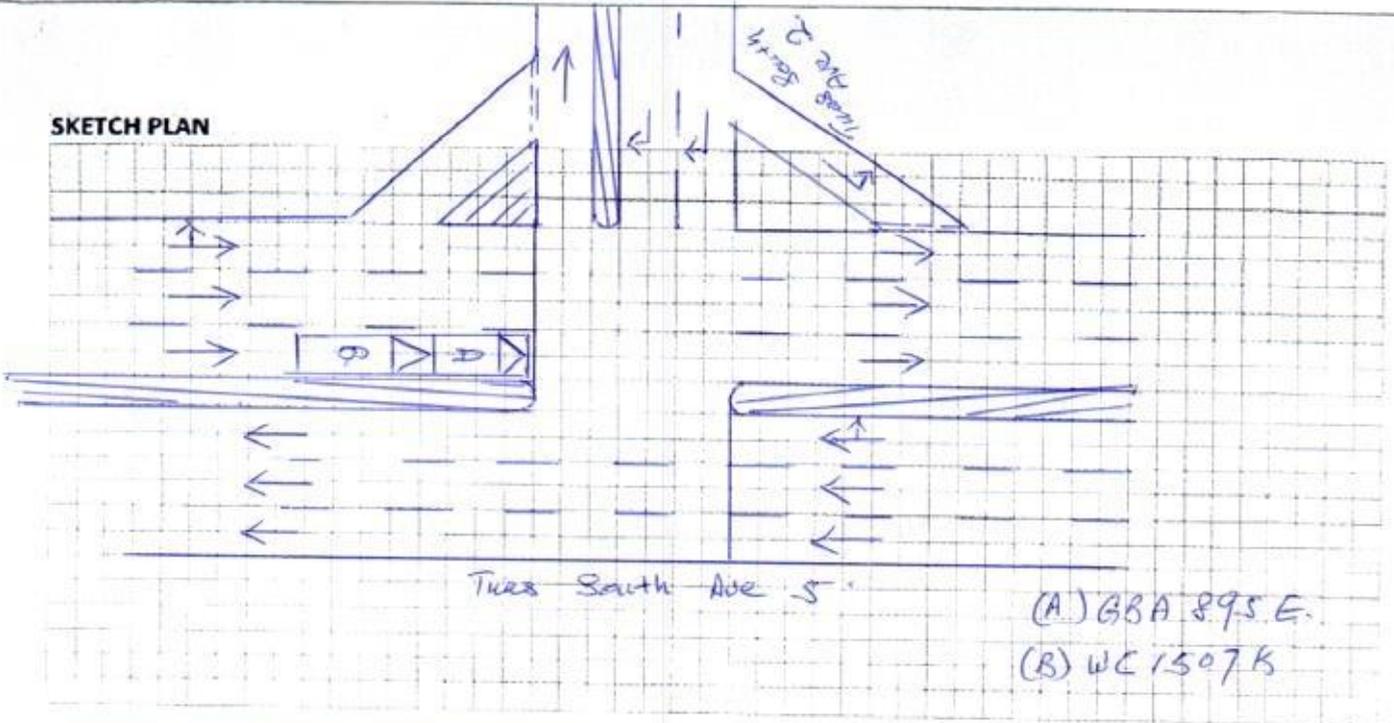
Policyholder's Signature  
Date & Time:

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

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

20/6/2019

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

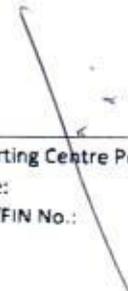
On 20/06/19 at 11:10 hrs. I was travelling in my van (GBA 895 E) along Tuas South Ave S before the junction of Tuas South Ave 2 on the extreme right lane. While approaching the junction, the traffic light turns amber, I slow down and stopped. Suddenly, a cement mixer (WC 1507 K) from behind collided onto the rear portion of my vehicle.

**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.:

20/6/2019

<b>Vehicle No.</b>	G8A 895E Model / Make Toyota Hiace.	
Date of Accident	20/06/19.	
Time of Accident	1110 HRS	
Location of Accident	Tuas South Ave S Junction Tuas South Ave 2.	
Exact purpose use during accident	Commercial Used.	
<b>Name of Owner</b>	Net Link Leasing Pte Ltd.	
Telephone No.	H/P: 8828 1661 Home:	Office:
NRIC	201601105K.	
Address	71 Woodlands Ind. PK. E9 #08-08 (S) 757048.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	China Taiping.	
Type of Coverage	Comprehensive Third Party <u>Third Party / Fire / Theft</u>	
Policy No.	DMCVSN 1905311900.	
<b>Name of Driver</b>	As Above If No, Koh Chun Guan.	
NRIC	S 9723488D.	Any Passengers: 01 (M).
Date of birth	15/07/1997.	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	11/01/2017.	
Gender	<u>Male</u> / Female	
Contact No.	H/P: 9784 9920 Home:	Office:
Address	45 Lorong 104 Changi (S) 426585.	
Driver have any own vehicle	<u>No</u> , If yes, Reg No.	
Relationship	Employee, If no, state <u>free</u> .	
Weather condition	<u>Raining</u> Other	
Road Surface	<u>Wet</u> Other	
Any Injuries	<u>No</u> , If Yes, Who?	
Name And Contact No.	Koh Chun Guan (H/P: 9784 9920)	
Name And Contact No.	Cheng Yong Sun (H/P: 8480 5212)	
Police Report	<u>No</u> , If Yes, Where?	
<b>Vehicle B No.</b>	WC 1507 K.	Any Passengers: N.A.
Name of Driver	Contact No.:	
<b>Vehicle C No.</b>	Any Passengers:	
<b>Vehicle D No.</b>	Any Passengers:	
<b>Vehicle E no.</b>	Any Passengers:	
<b>Vehicle F No.</b>	Any Passengers:	
<b>Vehicle G No.</b>	Any Passengers:	
Witness Name	Witness Contact:	
<b>Accident Portion</b>	Rear Portion.	
Camera Recorder	Yes <u>No</u>	
Email Address	chungquankoh@gmail.com.	
<b>PARTICULAR WORKSHOP</b>	N-51	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Zi Teng.	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9723488D

Name:

KOH CHUN GUAN

Birth Date: 15 Jul 1997

Issue Date: 11 Jan 2017



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9723488D



Name

KOH CHUN GUAN

218/10

高 浚 源

Race

CHINESE

Date of birth

15-07-1997

Country of birth

SINGAPORE

Sex

M

S9723488D



*Driver*

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	11 Jan 2017

NP 428A



4861967

NRIC No. S9723488D



Date of issue

07-05-2012

Address

45 LORONG 104 CHANGI  
SINGAPORE 426585



**中国太平保险(新加坡)有限公司**  
 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
 Co. Reg. No. 200208384E

MZ407/C  
 N SN  
 AN0646A  
 Cov. Type: F

MOTOR COMMERCIAL VEHICLE

**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

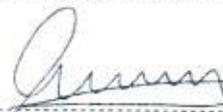
CERTIFICATE No.	DMCVSN1905311900	Engine No :1KD1576098 ChaNo: JTFHT02PX00002172
1. Index Mark and Registration Number of Vehicle	GBA895E	
2. Name of Policy Holder	M/S NET LINK LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29 January 2019	Excess Sect. II ..... S\$1,500.00
4. Date of Expiry of Insurance	28 January 2020	
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.  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, and provided further that the Motor vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
6. Limitations as to use*	(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. (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
HIRE PURCHASE CO. : LAKE VIEW CREDIT PTE LTD AS HP OWNER		
* Limitations rendered inoperative by Section 6 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.

Issued By: \_\_\_\_\_  
 Authorised Officer

  
 \_\_\_\_\_  
 Authorised Signatory