

NATIONAL Assessment Centre Services

Form 1 Jan 2005

MA 49099297

Date In: 23/07/2009 18:29	Job description	Date & Time Completed	Done by
Ref No: XBA/CTI40132047	SAS e-filing		
Veh No: SFE 1884	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/07/2009 09:10	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 /MNC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 4BN 26574	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: (\$	Lodging: \$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: 0788 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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Cal. J: Cal. 2/3:	Invoice Preparation Checklist		Am (\$)	Am (\$)
	1) AR: Accident Reporting (\$30)		In Bill	Add. Bill
	2) DA: Damage Assessment (\$100)	INC (\$80)		
	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Itc-Inspection	\$75		
	7) N1: Idm DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
* N3: 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 * N12: Idm Mobile \$0				
Invoice dated Invoice dated		Fee Charged Fee Charged		

07-MAY-2018 16:39

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	29/07/2019 18:29
Date Of Accident	22/07/2019 07:10
Exact Location Of Accident	SLIP RD JURONG WEST AVE 2 TOWARDS JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE188U
Insured/Policyholder	
Name Of Registered Owner	CANTEENOPS PTE LTD
Co Reg No	201318403N
Email Address	JULIETAN12345678@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84286638
Alternative Phone No	OFFICE-97566868

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3061831800
Cover Note Number	

Driver

Name of Driver	HENG CHOO TECK
NRIC No	S0655303F
Date Of Birth	14/04/1952
Occupation	INDOOR
Date Of Driving Pass	11/12/1970
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84286638
Fax Number	
Contact Number	OTHERS-97566868
E-Mail Address	JULIETAN12345678@GMAIL.COM

Address	BLK 28 CASSIA CRESCENT #03-24
Postcode	391028
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	SIDE SWIPE
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: : TAN YIN RONG JUDY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190722/2175

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	FBN2657U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD RIDHUWAN BIN MAJID
NRIC/Passport Number	S8003517I
Contact Number	88144436

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

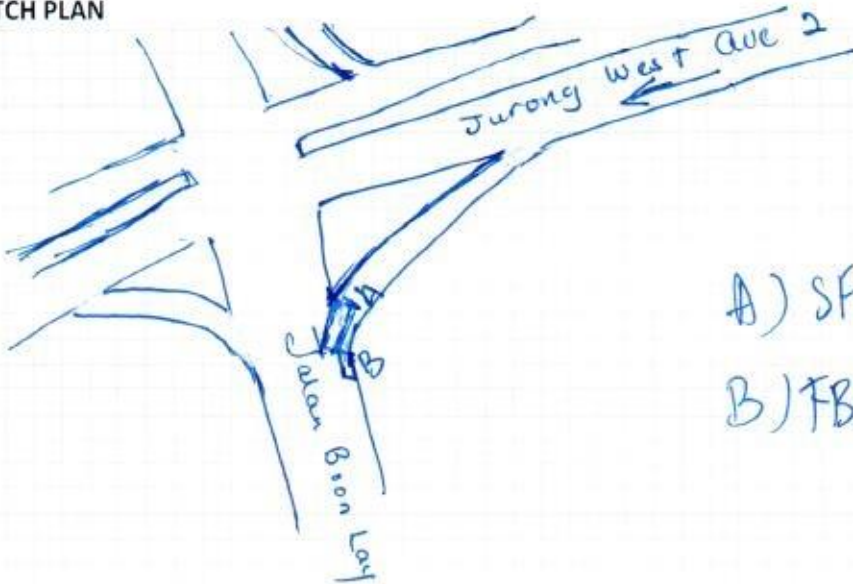


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A) SFE188U-

B) FBN12657U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QIS REFER TO POLICE REPORT
T/20180722/2175

DECLARATION

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



Policyholder's Signature
Date & Time:

24/07/19

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

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

24/07/2019
Rashid Hassan



SINGAPORE POLICE FORCE



T/20190722/2175

1 of 3

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20190722/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 21:16	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: HENG CHOO TECK		Address: APT BLK 28 CASSIA CRESCENT #03-24 SINGAPORE 391028	
ID Type / ID No.: NRIC NO / S0655303F		Contact No.: Home/Office:	Mobile: 84286638
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 14/04/1952	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PURCHASER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2019 07:10	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 JURONG WEST AVENUE 2 JALAN BOON LAY FILTER LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN2657U	Motorcycle				Slightly Damaged	1
SFE188U	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190722/2175

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

3 of 3

Report No. T/20190722/2175

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:
G /
Sgt 3 ABDUL KHAIRI BIN ABDUL KADIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/07/2019 21:16

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

DRIVER: LIAMEN

ACCIDENT STATEMENT

ACCIDENT DATE: 22/07/2019 (DD/MM/YYYY), TIME: 07:10 (HH:MM)

LOCATION: Jurong West Ave 2 MERGE onto BOON LAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SPE188U
b) INSURANCE COMPANY: CHINA TAIPING INS. (SINGAPORE) PTE LTD
c) POLICY NUMBER: DMPCSN 3061831800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Civic 1-8
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TO WORK
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: CANTENORS Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 84286638 CONTACT: 97568868
c) ADDRESS: 37 Tans Road
S 638563

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hean Loo Jack (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SA CONTACT: SA
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1920

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: MOUNTBATTEN NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBN 265711 MODEL: _____
b) DRIVER'S NAME: MUHAMMAD RIDHUWAN BIN MAJIB
c) NRIC/FIN/PASSPORT: S 80035171 CONTACT: 88144436

9. THIRD PARTY VEHICLE

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

Email = julietan12345678 @ g.mail.com
VIDEO

TAN YIN RONG
(F) JUDY

* No of passengers
(including driver)
(2)

* No of passengers
(including driver)
(2)

* No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0655303F



For LKK/NAC Use Only

Name
HENG CHOO TECK

王 树 德

Race
CHINESE

Date of birth
14-04-1952

Sex
M

Country of birth
SINGAPORE

S0655303F



4460959



NRIC No. S0655303F

For LKK/NAC Use Only

Date of issue
12-09-2009

Address

APT BLK 28 CASSIA CRESCENT
#03-24
SINGAPORE 391028



**SINGAPORE
POLICE FORCE**

SAFEGUARDING EVERY DAY

**TRAFFIC POLICE
SINGAPORE POLICE FORCE**
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

Private & Confidential

HENG CHOO TECK

APT BLK 28 CASSIA CRESCENT #03-24
SINGAPORE 391028

S0655303F

(3)

C001504825

27/07/2019

\$25/-

(Please do not detach)

For LKK/NAC Use Only

You will receive your photocard driving licence by registered post within 10 working days from the date of application unless you made a special request to call at Traffic Police at the time of application.

You can drive while awaiting the delivery of your photocard driving licence.

Please turn overleaf for important notes.

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.

DMPCSN3061831800

Engine No : R18A11026585

Chassis No: JHMF16206S207749

**1. Index Mark and Registration
Number of Vehicle**

SFE188U

2. Name of Policy Holder

M/S CANTEENOPS PTE LTD

**3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment**

15 SEPTEMBER 2018
(11:50 HOURS)

4. Date of Expiry of Insurance

14 SEPTEMBER 2019

5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON 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: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

HIRE PURCHASE CO. : HUI HUA CREDIT 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.

Hui Hua Credit Pte Ltd

ROC 199301638D

No. 1 Bukit Batok Crescent

#02-22 WCEGA Plaza

Singapore 658064

Tel: 64696611 (5 Lines) Fax: 64696611

Countersigned By:



Authorised Officer

Authorised Signatory