

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 05/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19013630/13	SAS e-filing		
Veh No: GRM4967T	E-mail (within 3hrs, AIC 2hrs)		
DOA: 03/08/19 1405	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 / INC Assign Wksp / QW: (**VISION AUTOWORK** Tel: Fax:)

TP Particulars:	Veh No: SHA3850T	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

NA1905924	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	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 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	05/08/2019 10:17
Date Of Accident	03/08/2019 14:05
Exact Location Of Accident	CTE TWDS AYE @ ANG MO KIO SOUTH FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH4967T
Insured/Policyholder	
Name Of Registered Owner	M/S K H SWEE TRADING
Co Reg No	38556500C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCVSN1818901901
Cover Note Number	
Driver	
Name of Driver	TAY CHOR MENG
NRIC No	S1288692F
Date Of Birth	16/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83211116
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 142 RIVERVALE CRESCENT #11-16
Postcode	540142
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	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	4
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)	1

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	SHA3850T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC132M
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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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHD3464J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



祥和貿易公司

KEE SWEE TRADING
115 ST. DICKSON ROAD #01-23

Policyholder's Signature
Date & Time:

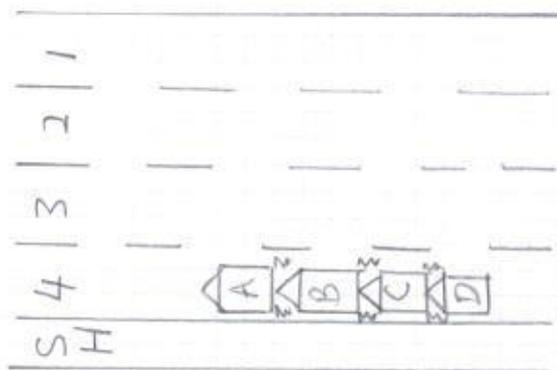
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Signature] 05/08/19

SKETCH PLAN

CTE towards ATE (At Ang Mo Kio Flyover)



- A = GBH 4967T
- B = SHA 3850T
- C = GBC 132M
- D = SHD 3464J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach



祥和貿易公司
K H SWEE TRADING
 Blk 37 Dafu Lane 10 #01-35
 Singapore 630314
 Tel: 6342 2222

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] 05/08/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

On 03.08.19 at about 14:04 hours at along CTE towards AYE (At Ang Mo Kio South Flyover). While I was travelling straight on the lane 4 and traffic was moderate, I was driving slowly and suddenly I heard a loud bang from behind.

When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 4 vehicles involved.

Vehicle (A) : GBH4967T

Vehicle (B) : SHA3850T

Vehicle (C) : GBC132M

Vehicle (D) : SHD3464J



祥和貿易公司

K E SWEE TRADING

Blk 37 Defu Lane 10 #01-35

Singapore 530214

Tel: 6358 6395 Fax: 6322 6327

SINGAPORE ACCIDENT STATEMENT

Accident Date: 03/08/19	Time: 14:04	(hh:mm) 24 hr format
Location CTE towards ATE (At Any mo tio South Flyover)		
Vehicle Number	67T GHH 4946J	
Insured Name	KH Swee Trading	
NRIC/FIN	38556500C	Contact Number -
Make	Toyota	Model Dyna
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company	China Taiping	
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft () TP Only
Policy Number	JMCVSN1810901901	
Name of Driver	Tay Chor meng	() Same as Insured
NRIC/FIN	51288692F	Contact Number 8321116
Date of Birth	16/04/1958	
Driving Pass Date	17/03/1978	
Occupation	() Indoor	(<input checked="" type="checkbox"/>) Outdoor
Gender	(<input checked="" type="checkbox"/>) Male	() Female
Email Address	-NO e-mail-	() NO EMAIL
Address of Driver	Blk 142 Rivervale Crescent #11-16 S(540142)	
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions	(<input checked="" type="checkbox"/>) Clear	() Raining () Others
Road Surface	(<input checked="" type="checkbox"/>) Dry	() Wet () Others
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SHA 3850J	
Veh C	GBC 132M	
Veh D	SHD 3464J	
Veh E		
Veh F		

Driver Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1288692F



TAY CHOR MENG

For LKK/NAC Use Only

CHINESE

15-04-1959 M

SINGAPORE

GBH 49677

driver

2204717



NRIC No. S1288692F



For LKK/NAC Use Only

Blood Group: Ove 4994

AB+ 15-07-1994

APT BLK 142 RIVERVALE CRESCENT #11-19
SINGAPORE 540142

NRIC No. S1288692F

Date: 21-02-2004 (R)

Not 1810266

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1288692F**

Name: **TAY CHOR MENG**

For LKK/NAC Use Only

Birth Date: 16 Apr 1958
Issue Date: 21 Jun 2019




G13H 4967T
driver

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	06 Feb 1979
Class 2A	Motorcycles between 201 cc and 400 cc	05 Feb 1979
Class 2	Motorcycles > 400 cc	05 Feb 1979
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	17 Mar 1978
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	30 Jun 1979
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	10 Sep 1979
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

For LKK/NAC Use Only

NP 428A





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg No. 200206394E

M2300/C
R SN
AN0597A
Cov.Type: C

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	DMCVSN1818901901	Engine No :1KD2782921
		ChaNo:KDY2318032550
1. Index Mark and Registration Number of Vehicle	GBH4967T	AUTOSAFE =====
2. Name of Policy Holder	M/S K. H. SWEE TRADING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18 June 2019	Excess Sect I S\$350.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	17 June 2020	

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:

(1) Use in connection with the Policyholder's business.
 (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 (3) use for social, domestic or pleasure purposes.
 The Policy does not cover:
 (1) use for hire or reward or racing, pace-making, reliability trial or speed testing.
 (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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
 SG MOTOR TRADER PTE LTD
 Reg No. 201537467C
 172, 5th Ming Drive
 Singapore 575720
 Tel: 6733 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: SG MOTOR TRADER PTE LTD
 Authorised Officer

Authorised Signatory