

# NATIONAL Assessment Centre Services

Date In: 03/08/17	Job description	Date & Time Completed	Done by
Ref No. NA/C7719014886/13	SAS e-filing		
Veh No. GX37884	E-mail (within 8hrs, AIC 2hrs)		
DOA 03/08/17 1350	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: ( N47	Tel:	Fax:
TP Particulars:	Veh No: SLF30495	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

NA1906247	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
<b>Auditors' Comments :-</b>	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Cat. 2 / 3:</b>	9) N12: Idac Mobile 30		
	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	23/08/2019 14:56
Date Of Accident	22/08/2019 13:50
Exact Location Of Accident	PASIR RIS DR 1 X PASIR RIS ST 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3788G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S VEGETALK FOOD SUPPLIES PTE LTD
Co Reg No	300402979D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67957626

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3016451905
Cover Note Number	

### Driver

Name of Driver	KEE CHYE ONG
NRIC No	S1395874B
Date Of Birth	10/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90073175
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 273 PASIR RIS ST 21 #04-494
Postcode	510273
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	COLLISION - HEAD TO REAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190822/2153

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3049S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK ANN TECK
NRIC/Passport Number	S1671801G
Contact Number	96804808
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

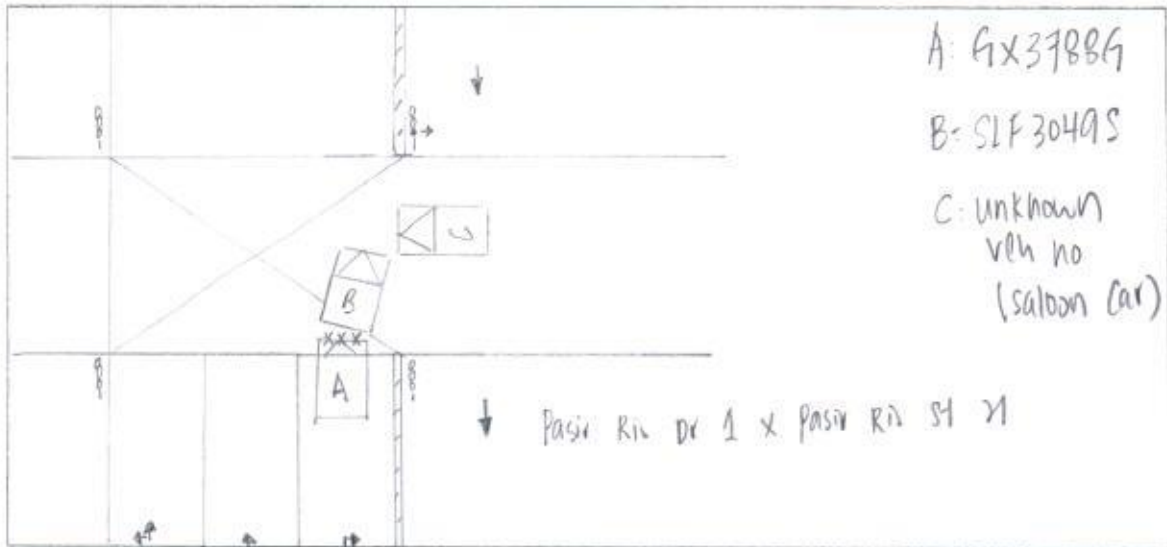
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Pasir Ris Dr 1 x Pasir Ris St 21 at extreme RH lane of 3 lanes.

Traffic light was green with arrow in my favor therefore veh "B" in front of me turned RH, I followed suite.

Suddenly, veh "C" beat a traffic light and veh "B" make a sudden brake and I unable stopped in time and resulted my vehicle collided onto veh "B" rear portion.

## DECLARATION

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

X

Policyholder's Signature  
Date & Time:

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

23/08/15

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

## 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.:





Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190822/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 20:06	Vide Report No.:	Station Diary No.: 137
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Informant's Particulars

Name of Informant: KEE CHYE ONG			Address: APT BLK 273 PASIR RIS STREET 21 #04-494 SINGAPORE 510273		
ID Type / ID No.: NRIC NO / S1395874B			Contact No.: Home/Office: Mobile: 90073175		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 10/04/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2019 13:50	Type of Location:
Location: Along Road 1 PASIR RIS DRIVE 1				
Along Pasir Ris Drive 1 towards Pasir Ris Drive 12 turning right into Pasir Ris Drive 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX3788G	Van				Seriously Damaged	0
SLF3049S	Car					0

Details of Person Involved

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



Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190822/2153

CONTINUATION OF REPORT

<b>Driver</b>				
Name	KEE CHYE ONG		ID No.	S1395874B
Related Vehicle	GX3788G (Van)		Contact No.	90073175
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
<b>Driver</b>				
Name	QUEK ANN TECK		ID No.	S1671801G
Related Vehicle	SLF3049S (Car)		Contact No.	96804808
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 22nd August 2019 at about 1.52pm, I was driving along Pasir Ris Drive 1 towards Pasir Ris Drive 12 going to turn right into Pasir Ris Drive 2 at the extreme right lane.

As the traffic light was red and the right turn green arrow appeared, my vehicle started to turn right into Pasir Ris Drive 2. During that point of time, there was a vehicle (SLF3049S) ahead of my van going to turn right as well.

There was an unknown vehicle who beat the red light and driving along Pasir Ris Drive 2 towards Pasir Ris Street 11.

The vehicle ahead of me wanted to avoid the collision as such he applied an emergency brake. I tried to do emergency brake as well but was unable to brake in time.

My vehicle front portion is badly dented.

I would wish to state that none of us are injured during the point of accident. And the accident is due to an unknown vehicle who beat the red light.

I have a video recording device installed inside the vehicle aiming at the front direction which captured the whole incident.





**SINGAPORE  
POLICE FORCE**



T/20190822/2153

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

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Report No. T/20190822/2153

**CONTINUATION OF REPORT**



SINGAPORE  
POLICE FORCE



T/20190822/2153

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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\* Report No. T/20190822/2153

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 /

Sr Staff Sgt CHUA WANGLONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

\* Sr Staff Sgt IRMAN BIN MOHAMAD SAID

\* Contact No.: 65476145

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/08/2019 20:06

Classification Of Case:





VEHICLE NO:	GX37086	MAKE & MODEL:	Toyota Liteace
DATE OF ACCIDENT	22 / 08 / 19	TIME OF ACCIDENT	1352 AM/PM
LOCATION OF ACCIDENT	Pasir Ris Dr 1 X Pasir Ris St 1	EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	Vegetalk Food Supplies Pte Ltd	TEL NO	6795-7626 / 6846-0633
NRIC	200402079D	CLAIM TYPE	CD / <u>THIRD PARTY</u> / <u>REPORTING ONLY</u>
INSURANCE CO	China Taiping	TYPE OF COVERAGE	Comprehensive / Third Party / <u>Third Party Fire &amp; Theft</u>
POLICY NO.	DMCVSN 3016451905	NAME OF DRIVER	As Above / If No: KEE CHYE ONG
NRIC	S1395874B	Any Passengers:	NIL
DATE OF BIRTH	10 / 04 / 1959	OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	26 / 05 / 1992	GENDER	Male / Female
CONTACT NO.	9009-3175	Office:	Home:
ADDRESS	Blk 293 Pasir Ris St 1 #04-494 Singapore 510273	DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:	WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:	ANY INJURIES	No / If yes: Who?
POLICE REPORT	No / If yes: Where? Pasir Ris N.P.C	VEHICLE B NO.	SLF 30495
NAME		Any Passenger:	01
CONTACT NO.		VEHICLE C NO.	Unknown vth no (Saloon car)
VEHICLE D NO.		Any Passenger:	Unknown
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS		WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL		PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.
			1 Kaki Bukit Ave 5, Blk C #01-43
			Autobay@Kaki Bukit Singapore 417883
TEL NO			TEL: 6747 9241
CONTACT PERSON			Reena / Sukyi
FAX NO.			FAX: 6741 7276
EMAIL			reena@nhtmotor.com
			admin@nhtmotor.com

⚠️ Pls email this address  
thanks.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1395874B



Name

KEE CHYE ONG

For LKK/NAC Use Only

紀再旺

Race

CHINESE

Date of birth

10-04-1959

Sex

M

S1395874B

Country of birth

SINGAPORE

4824342



NRIC No. S1395874B



For LKK/NAC Use Only

Date of issue


26-01-2012

Address

APT BLK 273 PASIR RIS STREET 21  
#04-494  
SINGAPORE 510273



REPUBLIC OF SINGAPORE
DRIVING LICENCE




S1395874B

CHYE ONG

For LKK/NAC Use Only

Birth Date: 10 Apr 1959  
Issue Date: 27 Jan 2012

002037622J



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

		EFFECTIVE DATE
Class 3	Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	04 Apr 1979
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	26 May 1992
	*Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	
Class 5	Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	23 Nov 1992

For LKK/NAC Use Only

NP 428A



Licence No: S1395874B



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

MO300/CR 2N  
AN0450A  
ConvType: F

**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.	DMCVSN3016451905	Engine No. : 301991012 Chassis No: CR425008789
1. Index Mark and Registration Number of Vehicle	GX3788G	
2. Name of Policy Holder	M/S VEGETALK FOOD SUPPLIES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 APRIL 2019	
4. Date of Expiry of Insurance	19 APRIL 2020	
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.</p> <p>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>	
<p>HIRE PURCHASE CO. : ETHOZ GROUP LTD AS HP OWNER</p> <p>* 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.</p>		

**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