

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA 119113713

Date In: 28/1/14-15:47	Job description	Date & Time Completed	Done by
Ref No: NA/221905203/24	SAS e-filing		
Veh No: X0455E	E-mail (within 3hrs, AIG 2hrs)		
D.O.A : 29/1/14-15:00	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: (Tel:	Fax:
TP Particulars:	Veh No: PKX789B	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 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

NA1406539	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
	5) FT : 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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	28/08/2019 15:47
Date Of Accident	29/07/2019 15:00
Exact Location Of Accident	PIE (TUAS) TWDS JALAN BAHAR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD4155E
Insured/Policyholder	
Name Of Registered Owner	SIN CHEW HEAVY LIFT & TRANSPORT PTE LTD
Co Reg No	201201759K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62888555
Vehicle Particulars	
Manufacturer	NISSAN
Model	GKB45CLBHNB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0002573
Cover Note Number	
Driver	
Name of Driver	ONG KAN GUAN
NRIC No	S6813380G
Date Of Birth	09/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1990
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93235848
Fax Number	
Contact Number	OFFICE-93235848
Email Address	NOEMAIL

Address BLK 857 JURONG WEST STREET 81
#14-548
Postcode 640857
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?
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 NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190729/2218.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBK789B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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:

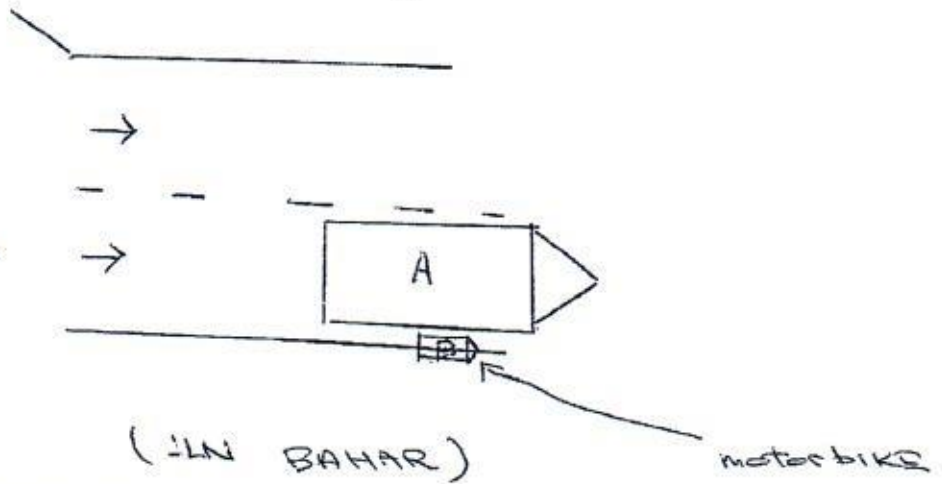


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) XD4155E

(B) FBK 789B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As 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.:

A handwritten signature in blue ink, likely belonging to the Reporting Centre Personnel.

Date of Accident : 29072019 Accident Time: 1500hrs (24-HR-Format)
 Accident Place : PIE (TMS) TOWARDS AT JALAN BAHAR EXIT
 Vehicle Reg. No. (Car Plate No.) : XD 4155E
 Vehicle Make/Model : NISSAN UD
 Insurance Company : INDIA INT'L Policy No. D18MLV0002573
 Owner or Company Name /IC No. : SIN CHEW HEAVY LIFT & TRANSPORT PTE LTD
 Owner or Company Contact No. : 62888555 Owner's Hp 201201759K Company Tel
 DRIVER'S Name / IC No. : ONG KAN GUAN 26813380G
 DRIVER'S Date Of Birth : 9/4/1968 DRIVER'S License Pass Date 18 MAR 2003
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ ☒ Employee \ Others: _____
 DRIVER'S Address : BK 857 JURONG WEST ST 81 #14-548
 DRIVER'S Contact No. / Alt No. : 1) 93235846 2) (8) 640857
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : danny@sin-chew.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : ☒ Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: FBK 789B
 Vehicle Make/Model: -
 Name Driver: -
 IC No. Driver: -
 Driver's Contact & Add: -

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190729/2218

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20190729/2218

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 23:58		Vide Report No.: J/20190729/0091		Station Diary No.: 815	
Informant's Particulars					
Name of Informant: ONG KAN GUAN			Address: APT BLK 857 JURONG WEST STREET 81 #14-548 SINGAPORE 640857		
ID Type / ID No.: NRIC NO / S6813380G			Contact No.: Home/Office: Mobile: 93235848		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 09/04/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY JALAN BAHAR right after PIE (Tuas) towards at Jalan Bahar exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD4155E	Lorry	NISSAN		Yellow	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/20190729/2218

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190729/2218

CONTINUATION OF REPORT

Driver				
Name	ONG KAN GUAN		ID No.	S6813380G
Related Vehicle	XD4155E (Lorry)		Contact No.	93235848
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
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	Slight

Brief Details.

On 29/07/2019 at about 1500hrs, I was driving my company trailer registration number: XD4155E. I was travelling from Choa Chu Kang towards Benoi Crescent thus I exited Jalan Bahar exit. While I was on the left filter lane merging to Jalan Bahar, I signaled left and proceeded to perform left turn once I have checked that it was clear. As my vehicle was long, I need to perform a wider turn. As my vehicle was almost straighten on the 1st lane along Jalan Bahar, I heard an impact on my driver side. I then noticed a motorcycle had hit onto the driver door area.

I immediately alighted and checked on him. The motorcycle was in front of my vehicle while the rider was on the road divider. After which a Traffic Police attended to the incident and ambulance conveyed the rider to hospital. The rider complained of pain at the right shoulder area. I did not suffer any injuries, no government property damage.

Vide incident: J/20190729/0091, TP IO-in-charge: IO Rashidah, contact number: 6547 6216



**SINGAPORE
POLICE FORCE**



T/20190729/2218

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20190729/2218

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:
J /
Sgt 3 CHEN JIANDA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2019 23:58

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Classification Of Case:

Contact No.: 65476247

Authentication Stamp



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6813380G



Name

ONG KAN GUAN

For LKK/NAC Use Only

王江源

Race

CHINESE

Date of birth

09-04-1968

Sex

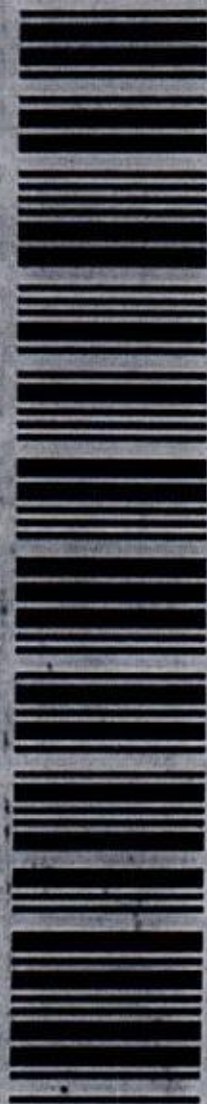
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Country of birth

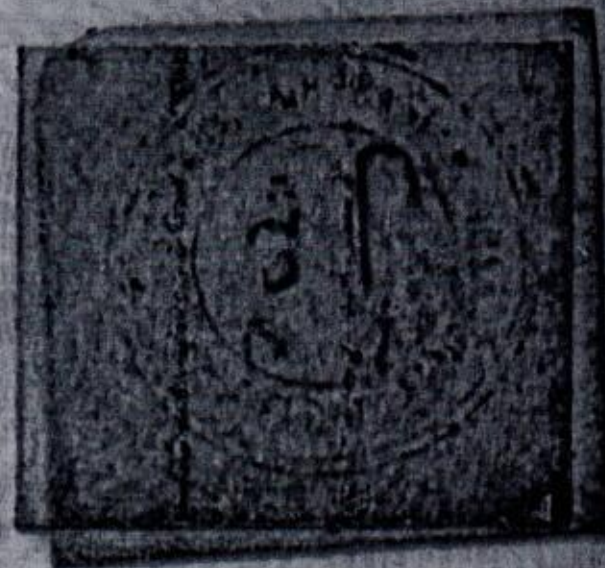
SINGAPORE



4601107



NRIC No. **S6813380G**



For LKK/NAC Use Only

Date of Issue

26-06-2010

Address

**APT BLK 857 JURONG WEST STREET 81
#14-54B
SINGAPORE 640857**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 681338 D-G

Name:

ONG KAN GUAN

For LKK/NAC Use Only

Birth Date: 09 Apr 1968

Issue Date: 18 Mar 2003

0000303956A



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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Mar 1990
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	21 Nov 1990
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	24 Dec 1991

For LKK/NAC Use Only

Licence No: S6813380G

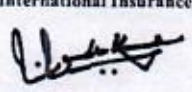


IP 428A

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0002573		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: XD4155E	
Chassis No	: GKB4CLB00324	
2. Name of Policyholder	: SIN CHEW HEAVY LIFT & TRANSPORT PTE LTD	
3. Effective date of Insurance	: 07 Nov 2018	
4. Expiry date of Insurance	: 06 Nov 2019	
5. Persons or Classes of Persons entitled to drive*	<p>1) Whilst the vehicle is being used in connection with the Policyholder's business. Any other person who is driving on the Policyholder's order or with his/her permission.</p> <p>2) Whilst the vehicle is being used for social, domestic or pleasure purpose. Any other person who is driving on the Policyholder's order or with his 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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business.</p> <p>b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for racing, pace-making, reliability trial, speed-testing.</p> <p>b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>c) Use for carriage of passengers for hire or reward.</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>	
<p>Excess Sect I : SGD 3,500.00 (Employees) Excess Sect I : SGD 7,000.00 (Non-Employees) Windscreen Excess: SGD 100.00 Hire Purchase Company : N.A</p> <p>FOR DRIVERS BELOW 22 YEARS &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$3,500/- ON SECTION I WILL BE APPLICABLE. FOR DRIVERS ABOVE 65 YEARS OF AGE, ADDITIONAL EXCESS OF \$2,500/- ON SECTION I IS APPLICABLE</p>		
<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).</p>		
<p>Agent/Broker : A000021/Tan Shi Jack Date of Issue : 29/10/2018 14:53:24 MZ301C (COMPANY)</p>		<p>For India International Insurance Pte Ltd</p>  <p>R. Ravindra Kumar MD & CEO</p>