

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

11/09/2018

Date In: 11/09/2018 15:54	Job description	Date & Time Completed	Done by
Ref No: 1180/191901619214	SAS e-filing		
Veh No: GBT 3083K	E-mail (4 jobs 2hrs, AIC 2hrs)		
O.O.A. 11/09/2018 06:40	I-Motor Claims 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/Wkan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMK 82	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 repolar.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:	
Date/Time:	Location:

11/09/2018	11/09/2018
Driver/Owner:	1) All: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NIUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$23
	*N8: DV / Collect Excess Coordination \$3
	TP (NIU) / TP (Non INC) against INC \$20
	9) NI2: Idao 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	12/09/2019 15:54
Date Of Accident	11/09/2019 06:40
Exact Location Of Accident	BLK 1 BEACH ROAD OPEN SPACE CARPARK, LOT 85
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3093K
Insured/Policyholder	
Name Of Registered Owner	ARKINO PTE LTD
Co Reg No	201901630W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90057701
Alternative Phone No	OFFICE-90057701

Vehicle Particulars

Manufacturer	KIA
Model	K2500-2.5 D 6MT (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN1910991900
Cover Note Number	

Driver

Name of Driver	TAY POO JIEN
NRIC No	G7902502Q
Date Of Birth	15/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057701
Fax Number	
Contact Number	OTHERS-90057701
Email Address	NOEMAIL

Address	NO.1 TAMPINES NORTH DRIVE 1 #01-05
Postcode	528559
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

PLEASE REFER TO POLICE REPORT T/20190911/2057

Attachment(s)

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

Details of Witness 1

Name	JOE WONG
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME8Z
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

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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.



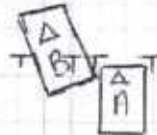
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

V.A) 6B33093K
V.B) SME82



Beach rd Carpark Lot 85

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report
T/20190911/2057

My damage portion: Front left door and left rim (6B33093K)

Vehicle B damage portion: Rear Right (SME82)

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.:

11/09/2019
Rohit Kumar



**SINGAPORE
POLICE FORCE**



T/20190911/2057

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

1 of 3

Report No. T/20190911/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2019 12:37		Vide Report No.: A/20190911/0024		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: TAY POO JIEN			Address:		
ID Type / ID No.: FIN NO / G7902502Q			Contact No.: Home/Office: Mobile: 90057701		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 15/12/1980	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: ADVERTISING		Driving Licence Information: Class: 2B,3		Date of Expiry: 08/01/2023	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2019 06:40	Type of Location: Car Park
Location: Along Road 1 BEACH ROAD Block 1 Beach Road Open-Space Carpark, Lot 85				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ3093K	Lorry				Slightly Damaged	0
SME8Z	Car				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190911/2057

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No. T/20190911/2057

CONTINUATION OF REPORT

Driver			
Name	TAY POO JIEN	ID No.	G7902502Q
Related Vehicle	GBJ3093K (Lorry)	Contact No.	90057701
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 08/01/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/09/2019, at about 0630hrs, I drove my lorry (GBJ 3093 K) and arrived at the open-space carpark at Block 1 Beach Road. Subsequently, I then parked my lorry at lot number 85 before proceeding for my meal at the nearby coffee shop.

At about 0640hrs, while I was still eating, I heard some noises coming from the carpark, as such I then went over to take a look. I then witnessed that one white in colour car (SME 8 Z) had collided into the front left of my lorry while it was reversing.

As such, I then went over to approach the said driver to inform him about it, however he was very hostile and aggressive towards me. The said driver then went over to Golden Mile Complex to fetch several friends before coming back to his vehicle.

When the said driver returned again, one of the witness (Name: Joe Wong) then approached him again to inform about the said collision. However, the driver was not remorseful about it and instead mentioned that he is a very wealthy person. The driver then drove off the vehicle along with his friends.

As a result of the accident, my vehicle suffered scratches and dents on the front left side just above the wheels. However, no one was injured or require any medical attention. There is a In-Car camera that is installed in my lorry and it was recording at that point of time.

Shortly after, Traffic Police Officers then arrived at the open-space carpark and conducted preliminary investigations. I then handed over my memory card to the Traffic Police Officers for investigation purposes.

I was also advised to lodge a Traffic Accident Report. Hence, I am here to lodge a Traffic Accident Report for the above-mentioned accident.



**SINGAPORE
POLICE FORCE**



T/20190911/2057

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No. T/20190911/2057

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:

A /

Sgt 2 LOW JIN KUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/09/2019 12:37

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Classification Of Case:

Authentication Stamp

NP168



Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11/09/2019 (dd/mm/yy) Time of Accident: 06:40 (24-HR-FORMAT)
Vehicle No.: GBJ 3093 K Vehicle Make & Model: KIA K2500 6MT
Exact location of Accident: BEACH ROAD OPEN SPACE CARPARK
Policyholder's Name / IC No.: ARKINO PTE LTD 201901630W
Driver's Name / IC No.: TAY POO JIEN G7902502Q (As Above) ☐
Driver's Contact No.: 9005 7701 Company Contact No.:
Driver's Address: No 1 Tampines North Drive 1, #01-05, Singapore 528559
Insurance Company: China Taiping Email address (if any):

Relationship between Owner & Driver: EMPLOYEE or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 00

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☒ No with traffic police

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: KOLAM AYER NPP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SME 8 Z

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



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

MZ300/C
E SN
AN0421A
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.	DMCVSN1910991900	Engine No :D4CB3699681
		ChaN0:K4C33X76LK7327540
1. Index Mark and Registration Number of Vehicle	GBJ3093K	
2. Name of Policy Holder	M/S ARKINO PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14 March 2019	Excess Sect I S\$350.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	13 March 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.

5. 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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

* 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.

Issued By: CHUA SUAT LAY SALLY
Authorised Officer

Authorised Signatory