

# NATIONAL Assessment Centre Services.

[ref: 1 Jan 05] **MA 419165910124**

|                                 |   |                       |         |
|---------------------------------|---|-----------------------|---------|
| Date In: <b>17/1/19 - 12:47</b> | Job description                           | Date & Time Completed | Done by |
| Ref No: <b>40A/C719022874</b>   | SAS e-filing                              |                       |         |
| Veh No: <b>6DE467X</b>          | E-mail (within 2hrs, AIC 2hrs)            |                       |         |
| DOA: <b>18/1/19 - 16:00</b>     | 1-Motor Claims Form                       |                       |         |
| OD: TP / Reporting Only         | 1-Motor W/O (within OD 2hrs, TP 4hrs)     |                       |         |
| TP Insurer:                     | 1-Photo Uploaded                          |                       |         |
|                                 | Assessment/Survey Report                  |                       |         |
|                                 | Ass't Report by Fax / Hand to Owner/Vehsn |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: <b>6DE467X</b>                                  | 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 ( )                      |                       |

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) 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: \_\_\_\_\_

|                  |  |
|------------------|--|
| Driver/Owner:    |  |
| Contact No:      |  |
| Damaged Portion: |  |

|                                 |               |             |
|---------------------------------|---------------|-------------|
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged |
| Architect's Comments:           | Invoice dated | Fee Charged |
| Cal. 1:                         |               |             |
| Cal. 2:                         |               |             |

| Invoice Item                                | Amount    | Invoice Item        | Amount |
|---|-----------|---------------------|--------|
| 1) AIL: Accident Reporting (\$30)           |           | 1) N13: Idco Mobile |        |
| 2) DA: Damage Assessment (\$100) INC (\$10) |           |                     |        |
| 3) TP: Towing Fee                           | \$40/\$43 |                     |        |
| 4) PT: Follow-Through Survey                | \$120     |                     |        |
| 5) PT: Follow-Through Survey (Resurvey)     | \$30      |                     |        |
| 6) TR: Re-inspection                        | \$75      |                     |        |
| 7) NI: Idco DA + SMRT Survey                | \$160     |                     |        |
| 8) NTUC Additional Services:                |           |                     |        |
| OR:   |           |                     |        |
| *NS: Courtesy Car / Tpt Allowance           | \$3       |                     |        |
| *NG: Repair Co-ordination                   | \$10      |                     |        |
| *NT: Post Repair Inspection                 | \$25      |                     |        |
| *ND: DV / Collect Excess Coordination       | \$3       |                     |        |
| TE (NI) / TP (NI) INC against INC           | \$10      |                     |        |
| 9) N13: Idco Mobile                         | \$30      |                     |        |



## 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             | 17/12/2019 12:47               |
| Date Of Accident           | 18/11/2019 16:00               |
| Exact Location Of Accident | JUNC SOON LEE DR & SOON LEE RD |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                                     |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | GBE9674X                            |
| <b>Insured/Policyholder</b> |                                     |
| Name Of Registered Owner    | M/S EP ENGINEERING SERVICES PTE LTD |
| Co Reg No                   | 201616514K                          |
| Email Address               | NOEMAIL                             |
| Mobile Phone No             |                                     |
| Alternative Phone No        | OFFICE-62505665                     |

### Vehicle Particulars

|  |                                     |
|--|-------------------------------------|
| Manufacturer   | NISSAN                              |
| Model  | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSN3045001900                              |
| Cover Note Number         |   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | KHINE KYAW TUN        |
| NRIC No              | S2730206H             |
| Date Of Birth        | 17/02/1964            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 07/08/2003            |
| Driving Experience   | 16 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96695651  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96695651       |
| Email Address        | NOEMAIL               |

|   |   |
|---|---|
| Address   | BLK 660A JURONG WEST STREET 64<br>#06-386 |
| Postcode  | 641660                                    |
| 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                         | 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)   | 2                           |
| Passenger 1   | NAME: ; -<br>GENDER: ; MALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | JURONG WEST NEIGHBOURHOOD POLICE CENTRE                            |
| Police Station Address                    | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-2689999 - FAX NO: 62672438                            |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191128/2137.

#### 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 | GBG4396X           |
| 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)



## 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.

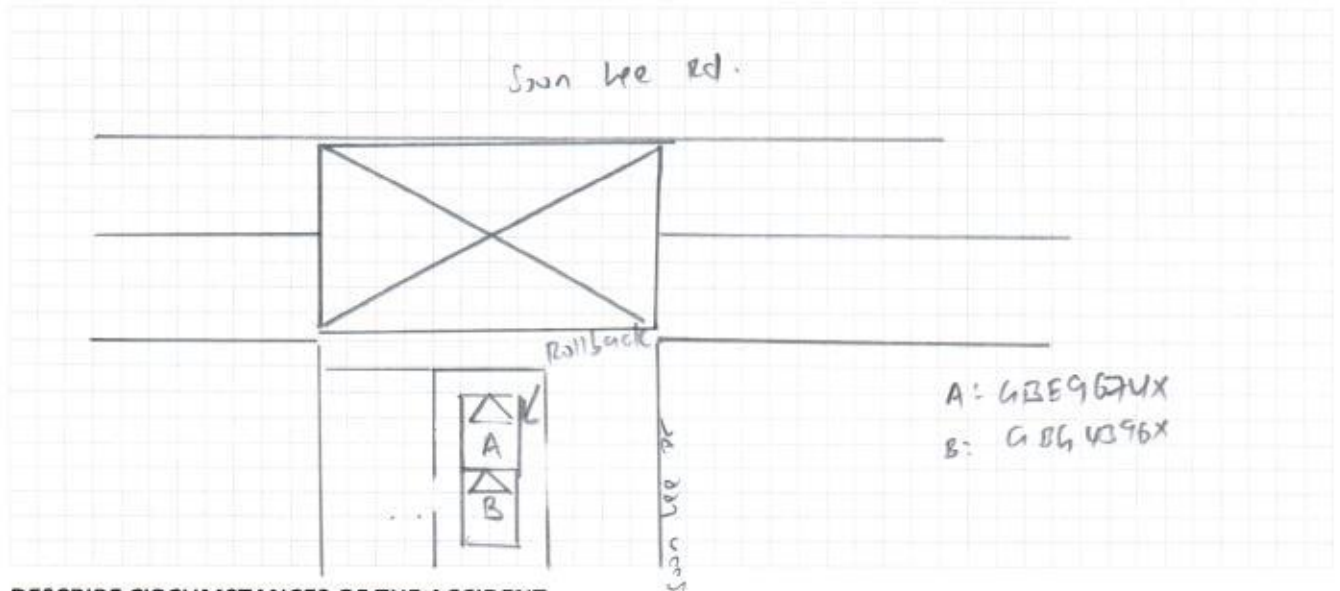


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20191128/2137.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (18/11/19) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: Junc Soon Lee Dr & Soon Lee Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6BE9674X  
 b) INSURANCE COMPANY: C72  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 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: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 62505665  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Ichine Kyaw Tun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 527302064 CONTACT: 96695651  
 c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: (12/2/1964) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 6B64396X MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
 (2)  
 1 male.

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = khinekt@gmail.com

fax =

VIDEO =



# SINGAPORE POLICE FORCE



T/20191128/2137

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20191128/2137

## REPORT OF A TRAFFIC ACCIDENT

|  |            |  |                              |                           |
|--|------------|--|------------------------------|---------------------------|
| Date/Time Report Made:<br>28/11/2019 17:14 |            | Vide Report No.:   |                              | Station Diary No.:<br>176 |
| <b>Informant's Particulars</b>             |            |  |                              |                           |
| Name of Informant:<br>KHINE KYAW TUN       |            | Address:<br>APT BLK 660A JURONG WEST STREET 64 #06-386<br>SINGAPORE 641660 |                              |                           |
| ID Type / ID No.:<br>NRIC NO / S2730206H   |            | Contact No.:<br>Home/Office: Mobile: 96695651                              |                              |                           |
| Nationality:<br>MYANMAR                    |            | Email:   |                              |                           |
| Sex:<br>Male                               | Age:<br>55 | Date of Birth:<br>17/02/1964   | Type of Informant:<br>Driver |                           |
| Race:<br>Burmese                           |            | Language:<br>English   | Institution / School Name:   |                           |
| Occupation:<br>SERVICE ENGINEER            |            | Driving Licence Information:<br>Class: 2B,3 Date of Expiry:                |                              |                           |

## General Information of the Accident

|  |                      |                                    |  |                                     |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>18/11/2019 16:00 | Type of Location:<br>T-Junction     |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>SOON LEE DRIVE<br>SOON LEE ROAD<br>at the T-junction no traffic light |                      |                                    |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>Two Way   |                      | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                      |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-----------|-----------------|
| GBE9674X    | Lorry |      |       |       | No Damage | 1               |
| GBG4396X    | Lorry |      |       |       | No Damage | 1               |





Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20191128/2137

**CONTINUATION OF REPORT**

**Brief Details.**

On 18/11/2019 at 1600hrs, I was driving along Soon Lee Drive towards Soon Lee Road. Upon reaching the T-Junction of Soon Lee Drive and Soon Lee Road, I had stop to wait for the traffic to clear before turning right into Soon Lee Road. At the period of time, my vehicle did roll back a bit and I heard a honk sound, I quickly depressed on my brake pedal hard. Shortly, I made a right turn and the other lorry behind me followed me and stop me. The driver mentioned that my lorry rolled back and collided onto his lorry front. I then inspected, both lorries but there was no sign of dent, scratches and damages. The other driver namely: Lim Wei Jie, S9628677E, Hp: 81219736 mentioned that he has in built camera that has captured the incident. He said that he will sent a letter to my company in regards to the matter. I then waited for the letter from him. However, on 28/11/2019, my company informed me that they have received a Traffic Police letter and was advising me to lodge a police report on the matter.

I wish to state that I did not feel the impact of any collision during the stated time of incident, there were no damages, no one was injured and I did took photos of both the vehicles.

My company lorry: GBE9674X  
The other lorry: GBG4396X



**SINGAPORE  
POLICE FORCE**



T/20191128/2137

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20191128/2137

**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 /

Staff Sgt NIRHMALA K GOVINDASAMY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

28/11/2019 17:14

Classification Of Case:

SN 126

Authentication Stamp

NP168

Signature :

**Singapore Police Force**



**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.   | DMCVSN3045001900                    | Engine No : ZD30011361N<br>Chassis No: JN1SC2F24Z085B608     |
| 1. Index Mark and Registration<br>Number of Vehicle   | GBE9674X                            |  |
| 2. Name of Policy Holder  | M/S EP ENGINEERING SERVICES PTE LTD |  |
| 3. Effective date of the Commencement of Insurance for<br>the purposes of the Regulations, Ordinance or Enactment | 07 AUGUST 2019                      | EX SECT. I .....S\$500.00<br>EX ON WINDSCREEN .....S\$100.00 |
| 4. Date of Expiry of Insurance  | 06 AUGUST 2020                      |  |

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. : HITACHI CAPITAL ASIA PACIFIC 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.

Countersigned By:

Authorised Officer

  
Authorised Signatory