

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

17/02/2020 20:32

Date In: 17/02/2020 20:32	Job description	Date & Time Completed	Done by
Ref No: 17/02/2020 217/4	SAS e-filing		
Veh No: XB 978 K	E-mail (to/for, AIC 2hrs)		
DOA: 17/02/2020 19:50	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Vch No: SW 7281 G	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 reprior.
() 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: ()
Weather: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

NA2001570

Driver/Owner:	1) AR: 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) FT: Follow-Through Survey (\$120)	
	5) PT: Follow-Through Survey (Resurvey) (\$30)	
	6) TR: Re-inspection (\$75)	
	7) NI: Ideal DA + EMRT Survey (\$160)	
	8) NTUC Additional Services:	
	9) NI: Ideal Mobile	
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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	17/02/2020 20:32
Date Of Accident	14/02/2020 19:50
Exact Location Of Accident	ALONG CHOA CHU KANG STREET 53
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9778K
Insured/Policyholder	
Name Of Registered Owner	CHEM-SOLV TECHNOLOGIES PTE LTD
Co Reg No	-
Email Address	SAFETY@AROMAKEM.COM.SG
Mobile Phone No	(LOCAL) +65-83183117
Alternative Phone No	OFFICE-83183117

Vehicle Particulars

Manufacturer	NISSAN
Model	TRUCK
Exact Purpose for which vehicle was being used at time of accident	SEND FRIEND HOME

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	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MFL0001100
Cover Note Number	

Driver

Name of Driver	WIN AUNG
Passport No/FIN	GXXXX084M
Date Of Birth	03/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83183117
Fax Number	
Contact Number	OTHERS-83183117
Email Address	SAFETY@AROMAKEM.COM.SG

Address	BLK 819 JURONG WEST STREET 81 #14-240
Postcode	640819
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	COLLIDED INTO PARKED VEHICLE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20200215/078

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	SLU7281G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEA NGIAP MENG
NRIC/Passport Number	SXXXX351D
Contact Number	98738884
Address	
Postcode	
Insurance Company Name	

- Nature Of Damage
- No. Of Passenger (Including Driver)

SKETCH PLAN

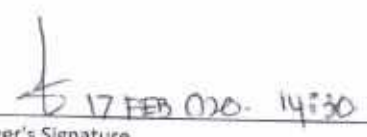
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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:

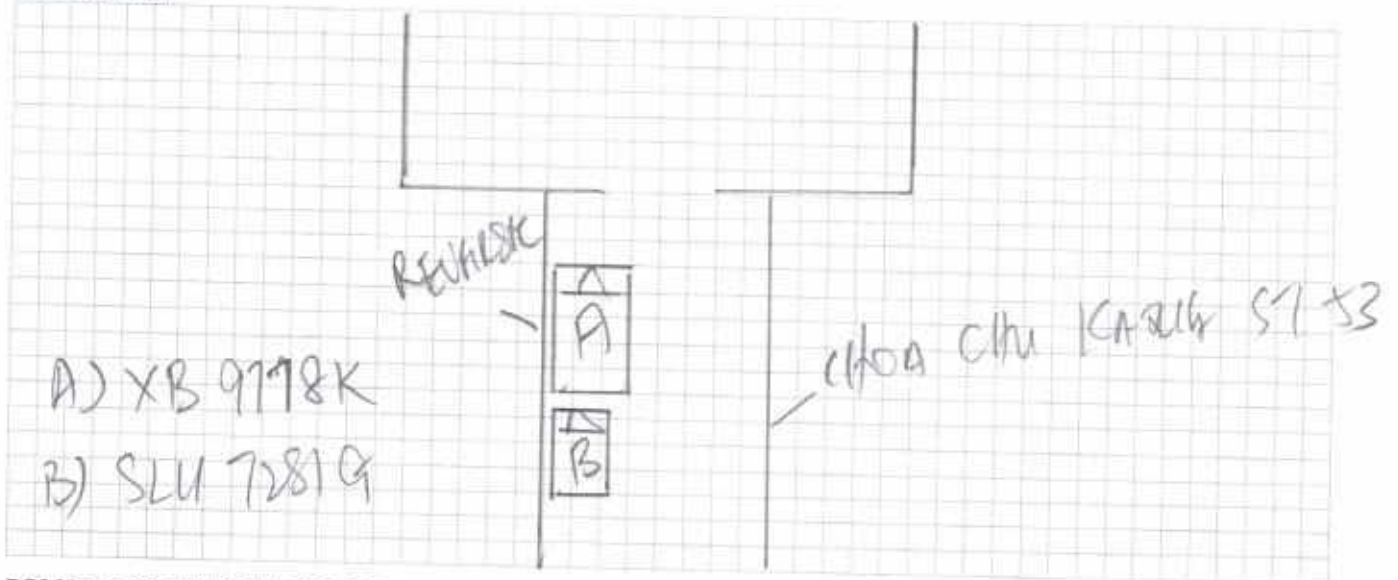
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

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 7/20200215/2018

DECLARATION

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

Policyholder's Signature
Date & Time:

17 FEB 020 14:30
Driver's Signature
(If driver is not the policyholder)
Date & Time:

17/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 02 / 2010 (DD/MM/YYYY), TIME: 19 : 50 (HH:MM)

LOCATION: CHOA CHU KANG ST 53

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XB 9718K
 b) INSURANCE COMPANY: INDIA
 c) POLICY NUMBER: D 19 MEL 0001100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KB45A BT00581
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 19 : 50
 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: CHEMSOW TECHNOLOGIES PTE. LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 29, 30, Pioneer sector CONTACT: _____
 c) ADDRESS: 2

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WIN MUNG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 4 7408084 M CONTACT: 83183117
 c) ADDRESS: Buk 819, 14-740, Jirany Nesi St B1,

* d) DATE OF BIRTH: 03 / 12 / 1917 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05 FEB 2010

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: NANYANG

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLH 72816 MODEL: Volk Wagon
 b) DRIVER'S NAME: PEA NGIAP MENG
 c) NRIC/FIN/PASSPORT: S 8021351 D CONTACT: 98738884

9. THIRD PARTY VEHICLE

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

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

email =

VIDEO

safety @ aromakem.com.sg

Motoring @ aromakem.com.sg



**SINGAPORE
POLICE FORCE**



J/20200215/2078

1 of 2

POLICE REPORT (NP299)

Report No J/20200215/2078

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

Date/Time Report Made 15/02/2020 19:19	Vide Report No.	Station Diary No. 100
Name Of Informant WIN AUNG	Address APT BLK 514 CHOA CHU KANG STREET 51 #03-056 TANJONG PAGAR COMPLEX SINGAPORE 680514	
ID Type / ID No. FIN NO / G7408084M	Contact No Home/Office Mobile 83183117	
Nationality MYANMAR	Email Address	
Occupation Trailer-truck driver	Sex Male	Age 52
Institution/School Name	Date of Birth 03/12/1967	Race Others
Date/Time Of Incident 14/02/2020 19:50	Location Of Incident CHOA CHU KANG STREET 53 SINGAPORE Near Choa Chu Kang Stadium Carpark	

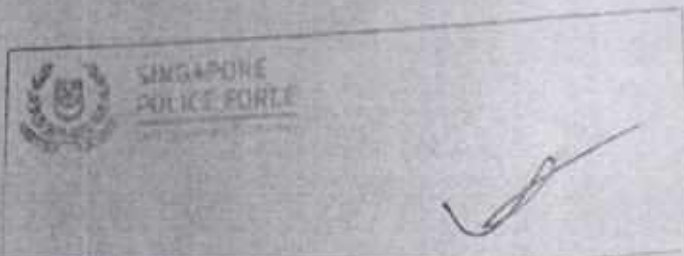
Brief details.

On 14/02/2020 at about 1950hrs, I parked my truck bearing (XB9778K) at Choa Chu Kang St 53, near the stadium carpark, to send my friend back home. After a few minute of talking, he alighted my truck. I did not noticed a black car bearing (SLU7281G), driven by driver namely Pea Ngiap Meng, S802135/D parked right behind my truck. I reversed my truck and hit the car. The car was not there when I parked my truck. I waited for the driver to come back to the car and we exchange numbers. I am lodging this report for my own insurance claim. My truck has no damages however the car suffer a scratch on the

Signature Of Officer Recording The Report: J / Sgt 1 ALVIN LIM JIA MING
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp NORAILIL SUFYAN BIN KAMSANI Contact No.: 66659999

Signature Of Informant:
Date/Time: 15/02/2020 19:19
Classification Of Case:

Authentication Stamp





SINGAPORE
POLICE FORCE

POLICE REPORT (NP299)

CONTINUATION OF REPORT



J/20200219

Report No.

hood and on the front bumper.

Signature Of Officer Recording The Report:

J / Sgt 1 ALVIN LIM JIA MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/02/2020 19:19


Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /

Classification Of Case:

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1989 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)

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

CERTIFICATE NO.: D19MFL0001100		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	: XB9778K	
Chassis No	: CKB45ABT60582	
2. Name of Policyholder	: CHEM-SOLV TECHNOLOGIES PTE LTD	
3. Effective date of Insurance	: 08 Mar 2019	
4. Expiry date of Insurance	: 29 Feb 2020	
5. Persons or Classes of Persons entitled to drive*		
(1) Whilst the vehicle is being used in connection with the Policyholder's business. Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.		
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes. 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 and pleasure purposes.		
The Policy does not cover:		
(1) Use for racing, pace-making, reliability trial, or speed-testing.		
(2) Use whilst drawing a greater number of trailers in all than is permitted by Law.		
(3) Use for the carriage of passengers for hire or reward.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Excess Section II	: SGD	2,500.00
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1,500/- ON SECTION II WILL BE APPLICABLE		
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).		
Agmt/Broker	: B00021/ACCLAIM INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 21/02/2019 17:50:51	
M.Z. 301CT - GOODS CARRYING - PM(Company's use)		
		 Authorized Signatory