

NATIONAL Assessment Centre Services. (ver 1 Jan 2005)

MUA42003376

Date In:	Job description	Date & Time Completed	Done by
17/03/2020 17:50	SAS e-illing		
Ref No: NBR/CT200004167/Y	E-mail (by John Burt, AIC 2hrs)		
Veh No: GBSJ 7608A	I-Motor Claim Form		
DOA: 17/03/2020 12:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: JSK 370 INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 rapair.

() 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: _____

Comments	Amount	INC (10)	Non-INC (10)
1) ARI Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee		\$40/\$45	
4) PT: Follow-Through Survey		\$120	
5) PF: Follow-Through Survey (Resurvey)		\$30	
6) TR: Re-inspection		\$75	
7) NI: Idag DA + EMRI Survey		\$160	
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpl Allowance		\$3	
*NG: Repair Coordination		\$10	
*NO: Post Repair Inspection		\$23	
*ND: DV / Collect Excess Coordination		\$3	
*NI: DV / Collect Excess Coordination		\$3	
*TP (NI): TP (Non INC) against INC		\$20	
*NI: Idag Mobile		\$0	
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	

MUA2002068

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Auditors Comments: _____

Date: _____

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	17/03/2020 17:50
Date Of Accident	17/03/2020 12:50
Exact Location Of Accident	JUNCTION OF TUAS AVENUE 1 AND TUAS AVENUE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7608A
Insured/Policyholder	
Name Of Registered Owner	PEST OFF PTE LTD
Co Reg No	2XXXXX390W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82499738
Alternative Phone No	OFFICE-82499738

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO
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	DMCVSN3060481900
Cover Note Number	

Driver

Name of Driver	KOK WAI KIONG
Passport No/FIN	FXXXX330U
Date Of Birth	18/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82499738
Fax Number	
Contact Number	OTHERS-82499738
Email Address	NOEMAIL

Address 25 KAKI BUKIT PLACE
 Postcode 416203
 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 CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
 Foreign Vehicle Registration Number JQH370 (MOTORCYCLE)
 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200317/7030

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 JQH370
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number
 Contact Number +60165071696
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JSK634

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.

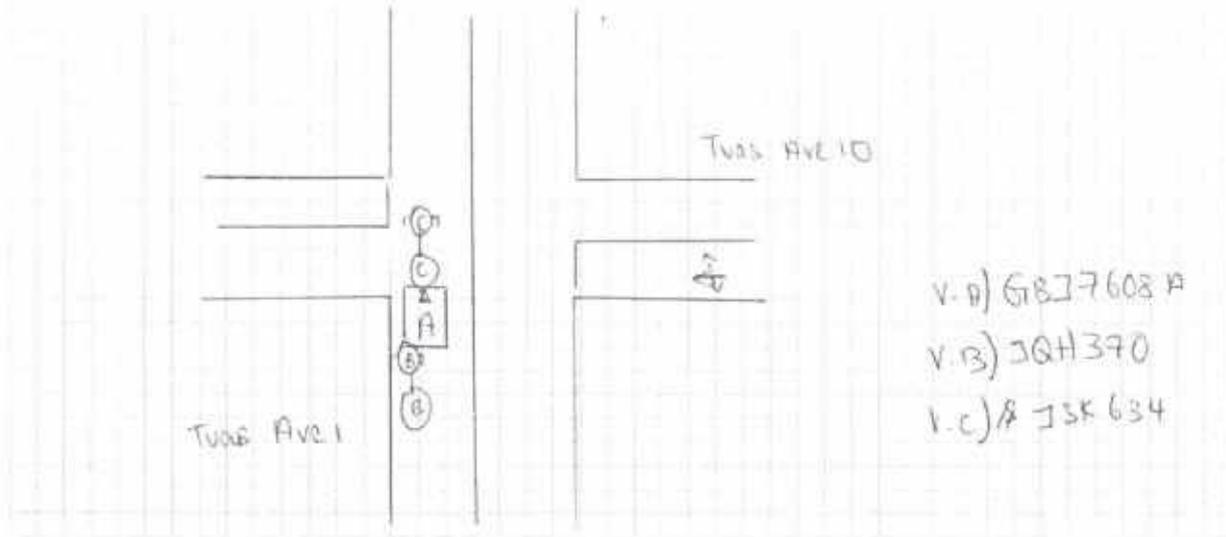


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police
report : 7/20200317/7030

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:

[Handwritten Signature]
7/03/2020
1700 hrs

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

[Handwritten Signature]
Roshan Kumar
NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17/03/2020 (dd/mm/yy) Time of Accident: 12:50 (24-HR-FORMAT)
Vehicle No.: GBJ 7608 A Vehicle Make & Model: CITROEN BERLINGO VAN 1.5 BLUEHDI E/
Exact location of Accident: TUAS AVE 1 AND AVE 10 JUNCTION
Policyholder's Name / IC No.: PEST OFF PTE LTD 201611390W
Driver's Name / IC No.: KOK WAI KIONG F1682330U (As Above)
Driver's Contact No.: 82494738 Company Contact No.: _____
Driver's Address: 25 Kaki Bukit Pl, Singapore 416203
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): 01

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

Any Injuries: Yes / No (If YES) Injured Person's Name: UNKNOWN

Injuries Sustain: CONVEY HOSPITAL Injured Person in Which Vehicle: JSK 634

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: JQH 370 (B)

Driver's Contact No: +60165071696 Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: JSK 634 (C)

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.



**SINGAPORE
POLICE FORCE**



T/20200317/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200317/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 16:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KOK WAI KIONG		Address:	
ID Type / ID No.: FIN NO / F1682330U		Contact No.: Home/Office:	Mobile: 82499738
Nationality: MALAYSIAN		Email: jacky1802@hotmail.com	
Sex: Male	Age: 52	Date of Birth: 18/02/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2020 12:50	Type of Location: X-Junction
Location: TUAS AVENUE 10 & AVE 1				
Weather: Clear		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ7608A	Van					0
JQH370	Motorcycle					0
JSK634	Motorcycle					0

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



**SINGAPORE
POLICE FORCE**



T/20200317/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200317/7030

CONTINUATION OF REPORT

Driver			
Name	KOK WAI KIONG		ID No. F1682330U
Related Vehicle	GBJ7608A (Van)		Contact No. 82499738
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
Pillion			
Name	UNKNOWN		ID No. NIL
Related Vehicle	JQH370 (Motorcycle)		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 THE 17/03/2020 AT ABOUT 12:50PM I WAS TRAVELLING ALONG TUAS AVE 1. AS I WAS TRAVELLING STRAIGHT, SUDDENLY THE BIKE BEARING JSK634 JAM BRAKE, AS SUCH I APPLIED MY BRAKES IMMEDIATELY, HOWEVER UNABLE TO STOP IN TIME, MY VEHICLE ACCIDENTALLY HIT ONTO JSK634. THERE IS ANOTHER BIKE BEARING JQH370 COULD NOT BRAKE IN TIME COLLIDED AGAINST MY STATIONARY VEHICLE REAR LEFT PORTION. SHORTLY I GOT OUT OF MY VEHICLE TO CHECK IF THE RIDERS ARE OKAY, THE MOTORIST CALLED THE AMBULANCE AND TRAFFIC POLICE OVER AND THE PILLION OF JSK634 WAS CONVEYED TO HOSPITAL BY AMBULANCE. TRAFFIC POLICE CAME AND ADVISE ME TO LODGE A POLICE REPORT. THE RIDER OF JSK634 MENTIONED THAT THERE WAS A LORRY INFRONT OF HIM JAM BRAKE AND SWERVE OUT, HENCE HE PANIC AND APPLIED HIS EMERGENCY BRAKE. I WISH TO STATE THAT I APPLIED MY BRAKES TOO BUT THE ACCIDENT HAPPENED TOO FAST AND ALL OUR VEHICLES STILL COLLIDED. THE TRAFFIC POLICE GAVE ME A CASE CARD NO.



**SINGAPORE
POLICE FORCE**



T/20200317/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No T/20200317/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
17/03/2020 16:52

Classification Of Case:

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1992
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1996 (Malaysia)

ORIGINAL

CERTIFICATE No.	DRCVSH3009481900	Engine No :10Q38ND002817
		Chassis:VR7EPYK28K3554180
1. Index Mark and Registration Number of Vehicle	GR37605A	AUTOSAFE
2. Name of Policy Holder	WEST OFF PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Statute	07 August 2019	Excess Sect 1 \$150.00 EX ON WINDSCREEN \$100.00
4. Date of Expiry of Insurance	06 August 2020	

5. Powers 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. Limitation 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.

HIRER PURCHASE CO. : SING INVESTMENTS & FINANCE LTD AS HP OWNER

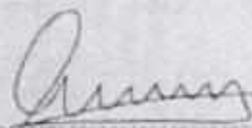
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (Malaysia), are not to be included under these headings.

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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Authorised Officer



Authorised Signatory