

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA 1003428

Date In: 19/1/05 - 12:57	Job description	Date & Time Completed	Done by
Ref No: NA/C722004244/24	SAS e-filing		
Veh No: JMR235C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/1/05 - 12:10	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: SLE 1893P

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

1072002254	Invoice Preparation Checklist	Am't (\$) In 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		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
	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	19/03/2020 13:53
Date Of Accident	15/03/2020 17:10
Exact Location Of Accident	DUNEARN RD TWDS KOON SENG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2235C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S PT TRAINING SERVICES
Co Reg No	5XXXX152W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96438878
Alternative Phone No	OFFICE-96438878

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5X CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN3088681900
Cover Note Number	

### Driver

Name of Driver	TEY KOK KENG (ZHENG GUOQING)
NRIC No	SXXXX704I
Date Of Birth	25/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96438878
Fax Number	
Contact Number	OFFICE-96438878
Email Address	NOEMAIL

Address	BLK 655A JURONG WEST STREET 61 #12-510
Postcode	641655
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

#### 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

REFER TO STATEMENT.

#### 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	SLE1893P
Vehicle Make/Model/Colour	TOYOTA SIENTA

**Details Of Properties**

Vehicle Category	PRIVATE CAR
Name of Driver	LIM HOCK SENG
NRIC/Passport Number	SXXXX876A
Contact Number	96979855
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	YN3162B
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ISLAM ARIFUL
NRIC/Passport Number	GXXXX205U
Contact Number	81057527
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TEY KOK KENG (ZHENG GUOQING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMR2235C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**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:

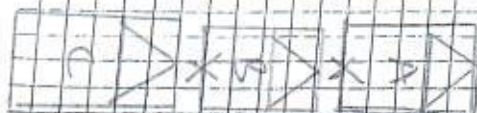
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Vehicle A - SMR223SC  
 Vehicle B - SLE1893P  
 Vehicle C - YN3162B

→ Dunman Rd (Towards Koon Seng Rd) →



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Dunman Rd (Towards Koon Seng Rd) in my vehicle A (SMR223SC) heading to Ceylon Rd. As I about to reach Ceylon Rd on my right, I stopped my car to give way to the opposite direction vehicle before making my right turn into Ceylon Rd. Suddenly, I felt a great impact from the back of my car. The impact was very big and my knee hit the steering wheel and my body was thrown in front. There were 04 passenger in my car at the point of accident as I was sending them back to Ceylon Rd. I get down my car, and realise that vehicle B (SLE1893P) had collided into my car and vehicle C (YN3162B) had collided into vehicle B (SLE1893P). I felt pain on my back and leg and will visit a doctor.

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:  
 BRIC/DR No.:

Date of Accident : 15/03/2020 Accident Time: 1710 (24-HR-Format)  
Accident Place : Dunman Rd (Towards Koon Seng Rd)  
Vehicle Reg. No. (Car Plate No.) : SMR2235C  
Vehicle Make/Model : Toyota Sienta  
Insurance Company : China Tripling Policy No. DMHCSN308868900  
Owner or Company Name / IC No. : TEY KOK KENG (ZHENG GUOQING)  
Owner or Company Contact No. : - Owner's Hp 96438878 Company Tel (572477041)  
DRIVER'S Name / IC No. : TEY KOK KENG (ZHENG GUOQING) - (572477041)  
DRIVER'S Date Of Birth : 25/12/72 DRIVER'S License Pass Date 08 DEC 2001  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : BLK 655A Jurong West St 61 #12-510.  
DRIVER'S Contact No. / Alt No. : 1) 96438878 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : patricktey.kk@gmail.com / admin@mycar.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): 1.05 passenger 2 male 2 Female.  
Was there any video Captured by car camera: YES \ NO only driver injured.  
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: SLE1893P  
Vehicle Make/Model: Toyota Sienta  
Name Driver: LIM HOCK SENG  
IC No. Driver: S1519876A  
Driver's Contact & Add: 96979855

Vehicle Reg. No: YN 3162 B  
Vehicle Make/Model: Mitsubishi / Fuso  
Name Driver: ISLAM ARIFUL  
IC No. Driver: G21952054  
Driver's Contact & Add: 81057527





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

## 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)

MZ407  
N SN  
AN0420A  
COMPREHENSIVE  
AUTOSAFE

CERTIFICATE No.

DMHCSN3088681900

Engine No : 1NZR812135

Chassis No: NHP1707182845

1. Index Mark and Registration  
Number of Vehicle

SMR2235C

2. Name of Policy Holder

M/S PT TRAINING SERVICES

3. Effective date of the Commencement of Insurance for  
the purposes of the Regulations, Ordinance or Enactment

24 DECEMBER 2019  
(09:26 HOURS)

EX SECT. I ..... S\$1,250.00

EX SECT. I (Outside Singapore) ..... S\$2,500.00

4. Date of Expiry of Insurance

23 DECEMBER 2020

EX SECT. II ..... S\$1,250.00

EX SECT. II (Outside Singapore) ..... S\$2,500.00

5. Persons or Classes of Persons entitled to drive \*

EX ON WINDSCREEN ..... S\$100.00

ANY EMPLOYEE OR ANY PERSON WHO IS DRIVING WITH 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 FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.  
(2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES.  
THE POLICY DOES NOT COVER  
(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED  
MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : SWEE SENG CREDIT 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