

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **MVA NO 052671**

Date In: 23/02-1350	Job description	Date & Time Completed	Done by
Ref No: NA/C72 2000 571/14	SAS e-filing		
Veh No: MO 4M94A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 21/6/22-11:05	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Vch No: **SL63702** 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:	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

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	QD*			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idac 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	23/06/2020 13:50
Date Of Accident	22/06/2020 11:05
Exact Location Of Accident	CTE TWDS OUTRAM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2194A
Insured/Policyholder	
Name Of Registered Owner	NAM WAH LEONG ELECTRIC COMPANY
Co Reg No	0XXXX500J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62858689

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 A
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3039261800
Cover Note Number	

Driver

Name of Driver	QUEK QIWEN (GUO QIWEN)
NRIC No	SXXXX061D
Date Of Birth	05/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2003
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90704654
Fax Number	
Contact Number	OFFICE-90704654
EEmail Address	NOEMAIL

Address	BLK 334A ANCHORVALE CRESCENT #13-120
Postcode	541334
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?	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)	4
Passenger 1	NAME: : QUEK QIWEI GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20200623/7011.

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	SLG3758Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YONG HEE HWA

NRIC/Passport Number

SXXXX205J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

QUEK QIWEN (GUO QIWEN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBG2194A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

QUEK QIWEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBG2194A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

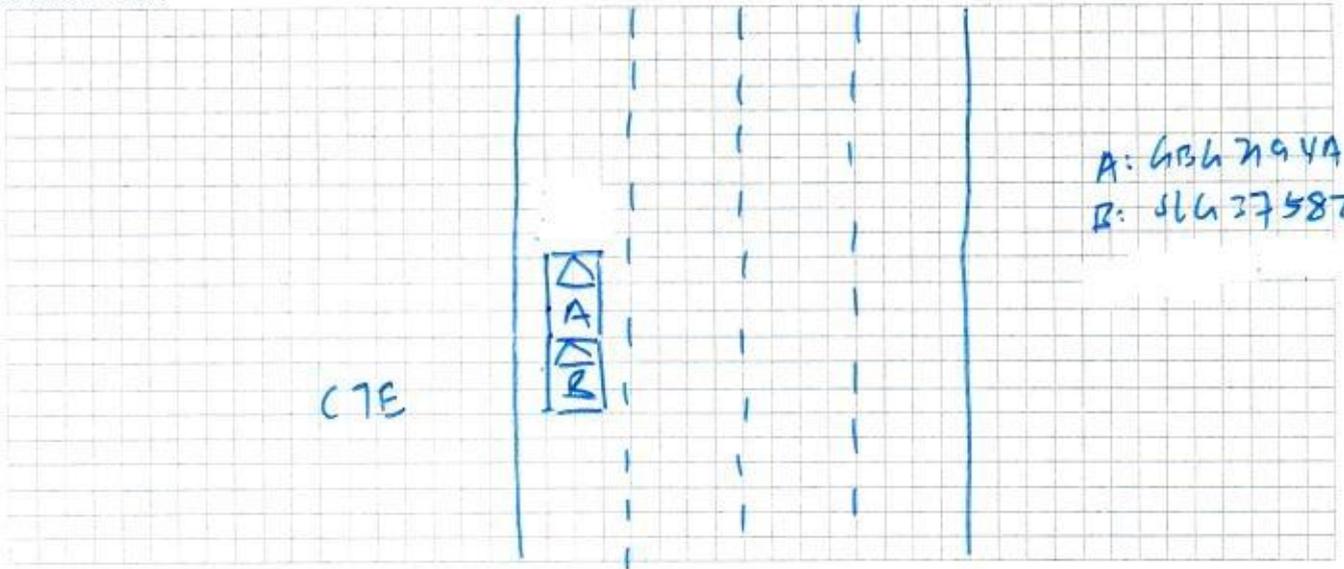


Policyholder's Signature
Date & Time:

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 - P/20220623/7011

DECLARATION

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



Policyholder's Signature
Date & Time:

A handwritten signature in blue ink.

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

A handwritten signature in blue ink.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22/6/22) (DD/MM/YYYY), TIME: (11:05) (HH:MM)

LOCATION: Abang GIE tws intam rd exif

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GAL4319VA
b) INSURANCE COMPANY: China Taiping
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: 62858689
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8334061D CONTACT: 90704894
c) ADDRESS: _____

d) DATE OF BIRTH: (5/11/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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) - Driver & passenger
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL63758Z MODEL: _____
b) DRIVER'S NAME: Yang Hui Hwa
c) NRIC/FIN/PASSPORT: S2592205J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(4)

3 male passenger

1. onek aikeri
2. onek aikeri

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

Email =

fax =

video =



POLICE REPORT (NP299)

Report No. F/20200623/7011

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 23/06/2020 10:55		Vide Report No.		Station Diary No.	
Name Of Informant QUEK QIWEN		Address 334A ANCHORVALE CRESCENT #13-120 SINGAPORE 541334			
ID Type / ID No. NRIC NO / S8334061D		Contact No. Home/Office:		Mobile: 90704654	
Nationality SINGAPORE CITIZEN		Email Address QIWEN83@HOTMAIL.COM			
Occupation Management executive		Sex Male	Age 36	Date of Birth 05/11/1983	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 22/06/2020 11:00 - 22/06/2020 11:05		Location Of Incident CTE towards outram road exit			

Brief details.

My vehicle was going to enter the tunnel into CTE at the filter lane. When a car in front of me stop, and i proceed to stop behind. Thats when a vehicle hit my car from behind. I have got in cam car camera installed both front and back. Seems like the car behind was trying to filter right to join the main expressway and did not pay attention to my car in front.

Inside my car there are 3 other passengers. Both myself (im the driver) and my brother who sat beside me had substain neck pain few hours after the collision.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2020 10:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20200623/7011

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200623/7011

After the collision, i exchange personal particulars with the driver and proceed to leave the scene

Subjects Involved			
Victim			
Person Name	Quek Qiwei		
ID Type	NRIC NO	ID No	S8134850B
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Management executive	Address	270A PUNGGOL FIELD #13- 219 PUNGGOL SAPPHIRE SINGAPORE 821270
Mobile No	84842245	Relation To Informant	brother
Person Name	Chellappan		
ID Type	FIN NO	ID No	G7699013T
Gender	Male	Age	36
Race	Indian	Language	English
Occupation	Electrician	Address	155 STILL ROAD #02-01 BOON COURT SINGAPORE 423992
Mobile No	86465706	Relation To Informant	my worker
Person Name	Satter		
ID Type	FIN NO	ID No	G6721909R

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
23/06/2020 10:55

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200623/7011

Gender	Male	Age	35
Race	Bangladeshi	Language	English
Occupation	Electrician	Address	155 STILL ROAD #02-01 BOON COURT SINGAPORE 423992
Mobile No	94684370	Relation To Informant	my worker
Person Name	QUEK QIWEN		
ID Type	NRIC NO	ID No	S8334061D
Gender	Male	Age	36
Race	Chinese	Language	English
Occupation	Management executive	Address	334A ANCHORVALE CRESCENT #13-120 SINGAPORE 541334
Mobile No	90704654	Is Informant A Victim?	Yes
Person Name	QUEK QIWEN (Informant)		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 23/06/2020 10:55
Classification Of Case:

RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. 0% INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

Agency	AN0421A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	DMCVSN3039261800
Account	AN0421A	Ren.Notice Date.	30/04/2019	Expiry Date.....	27/06/2019
Client	3227667					

Renewal Period from 28/06/2019 to 27/06/2020 , both dates inclusive

Insured's Name....	NAM WAH LONG ELECTRIC COMPANY
Address.	BLK 37 DEFU LANE 10 #02-67 DEFU INDUSTRIAL ESTATE SINGAPORE 539214

Business/Occupn... CONYACTOR

Premium	Base Annual Premium.....	S\$1,613.82		
	No Claim Discount15.00%	S\$242.07-		
	Windscreen @ \$2,000.-	S\$100.00		
	Total Annual Premium	S\$1,471.75	Renew.Prem.	S\$1,471.75
			Premium GST	S\$103.02
			Total.....	S\$1,574.77

* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE *
* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. *

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	ORIGINAL REGISTRATION DATE:	28-06-2017		
1. Registration	GBG2194A	Make/Model ..	TOYOTA HIACE DX 3.0 A	
Type of Cover	Comprehensive	No. of seats	2	Body Type VAN
Engine No. ..	1KD2685660	Capacity cc's	0	Yr of Manuf/Regn 2017/2017
Chassis No. .	KDH2010216161			
	Tonnage	1.41		Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss			
Excess Sect I		S\$350.00		
EX ON WINDSCREEN		S\$100.00		

The Following clauses and endorsements apply to this policy :

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.