

NATIONAL Assessment Centre Services. [Print: Jan 05] MMA 120071286 - 01

Date In: 21/8/20 09:25	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 2000 8773/64	SAS e-filing		
Veh No: PC 8092 B	E-mail (within 3hrs, A/C 2hrs)		
TPA: 20/8/20 10:40	I-Motor Claim Form		
(H) <input checked="" type="radio"/> 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/Work		

Preferred Wesp / INC Assign Wesp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBJ 2006 U	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 repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: INC () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time: ()

Location: ()

Notes: ()

Client's Particulars:	NA 2004411	Invoice Preparation Charge:	30.00
Driver/Owner:		1) AR: Accident Reporting (\$30):	
Contact No:		2) DA: Damage Assessment (\$100):	INC (\$30)
Damaged Portion:		3) TP: Towing Fee	\$40/\$45
QC Checked by (Engn-In-Charge):		4) PT: Follow-Through Survey	\$120
Assessors' Comments:		5) PT: Follow-Through Survey (Resurvey)	\$30
Cal 1:		For claiming against INC Only (wof 10 Jan 2005)	
21/8/20		6) TR: Re-inspection	\$75
		7) N1: Idao DA + EMRT Survey	\$160
		8) NTUC Additional Services:	
		Q1:	
		*N5: Courtesy Car / Tpt Allowance	\$5
		*N6: Repair Coordination	\$10
		*N7: Post Repair Inspection	\$25
		*N8: DV / Collect Excess Coordination	\$5
		TP (N11): TP (INC) against INC	\$20
		9) N12: Idao 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	21/08/2020 09:25
Date Of Accident	20/08/2020 10:40
Exact Location Of Accident	TEMPLE ST LOT 45
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC8092B
Insured/Policyholder	
Name Of Registered Owner	WEL TRANSPORT SERVICES LP
Co Reg No	TXXXXX023G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81835544
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SNW00008002000
Cover Note Number	
Driver	
Name of Driver	CHEE HONG LEONG
NRIC No	SXXXXX072F
Date Of Birth	21/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2013
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81835544
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK JLN BUKIT MERAH #12-5094
Postcode	150003
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200820/2042

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2006U
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

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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:

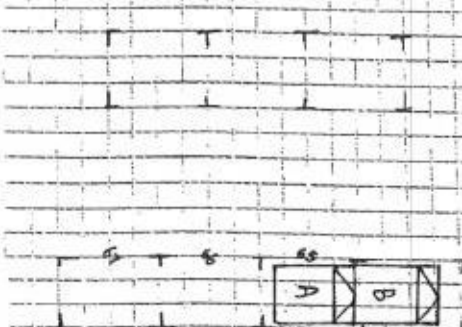
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Temple Street lot 65

Vehicle A - PC8092B

Vehicle B - GBJ2006U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20200820/2042.

DECLARATION

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



Policyholder's signature
Date & Time

[Signature]

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

[Signature]

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120071286 Vehicle Registration No: PC8092B
Name(as shown in NRIC) : WEL TRANSPORT SERVICES LP NRIC/FIN/Passport No : TXXXXX023G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 81835544
Email Address : _____
Date of Accident : 20/08/2020 Time of Accident : 10:40
Place of Accident : TEMPLE ST LOT 45
Insurance Company: _____ CTI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ADD IN POLICE REPORT

Policyholder / Driver's Signature
Date:


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



SINGAPORE POLICE FORCE



T/20200820/2042

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No: T/20200820/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2020 13:10		Vide Report No.: A/20200820/0023		Station Diary No.: 42
Informant's Particulars				
Name of Informant: CHEE HONG LEONG		Address: APT BLK 3 JALAN BUKIT MERAH #12-5094 SINGAPORE 150003		
ID Type / ID No.: NRIC NO / S1743072F		Contact No.: Home/Office: Mobile: 81835544		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 21/07/1966	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/08/2020 10:40	Type of Location: Car Park
Location: TEMPLE STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2006U	Lorry			Silver		0
PC8092B	Bus/Coach/Mi nibus	TOYOTA		White	Slightly Damaged	4

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200820/2042

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20200820/2042

CONTINUATION OF REPORT

Driver			
Name	CHEE HONG LEONG	ID No.	S1743072F
Related Vehicle	PC8092B (Bus/Coach/Minibus)	Contact No.	81835544
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	GEORGE PURGANAN MENDEZ	ID No.	P0812095A
Related Vehicle	PC8092B (Bus/Coach/Minibus)	Contact No.	81835544
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

Brief Details.

I am working as a bus driver and I drive a mini-bus (Toyota Hiace, White colour, PC8092B).

On the 20/08/2020 at about 10:40am I parked my mini-bus along Temple Street right side parallel parking parking lot number: 65. I left the mini-bus with about 4 passengers on-board to use the washroom and purchase food. Before I left my mini-bus there was a lorry parked in-front of my mini-bus.

While I was away, my passenger (George Purganan Mendez) was inside my mini-bus seated at the 2nd roll behind the driver side. Suddenly he felt an impact and I saw the said lorry reversing and moving out from the carpark. The impact was huge and the lorry driver did not alight to make a check and drove the lorry away.

At that point of time no-one were injured. There is an in-car camera in the mini-bus but I am unsure if there is any recording footage as the mini-bus engine was off. The traffic police attended to the accident and I was instructed to lodge a police report with the incident number A/20200820/0023 under Traffic Police IO Jeya.



**SINGAPORE
POLICE FORCE**



T/20200820/2042

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20200820/2042

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:

D /

Sgt 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/08/2020 13:10

Officer In Charge Of Case:

TP / HRT /

SI TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

SN 45

Authentication Stamp

NP168

SIGNATURE

Motor Bus

MZ601

CERTIFICATE OF INSURANCEMotor 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)

N SN

AN0435A

Cov. Type:C

CERTIFICATE No.

DMB1SNW00008002000

Engine No.: 1GD8354885

Cha. No.:GDH2232001127

1. Index Mark and Registration
Number of Vehicle

PC8092B

AUTOSAFE
=====

2. Name of Policy Holder

WEL TRANSPORT SERVICES LP

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment13/08/2020
(13:17:21)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

12/08/2021

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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. : MOTOR 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.

Issued By: YETTA INSURANCE AGENCY PTE LTD
Authorised Officer
Authorised Signatory

Date of Accident : 20 AUG 20 Accident Time: 1040 (24-HR-FORMAT)

Accident Place : TEMPLE STREET LOT 65

Vehicle Reg. No (Car plate No.) : PC 8092B Vehicle Make/Model: TOYOTA

Insurance Company : CHINA TAIPING Policy No. PMB15NW00008002000

Name of Registered Owner : Company Individual WEL TRANSPORT SERVICE LP

ID of Registered Owner : Co Reg No: T17LP00236 Owner's NRIC No: -

Co Contact No: 83827979 Owner's Contact No: -

DRIVER'S Name : CHEE HONG LEONG DRIVER'S NRIC No: S1743072F

DRIVER'S Date of Birth : 21 JULY 66 DRIVER'S License Pass Date: 14 JAN 13

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling Employee Others: -

DRIVER'S Address : B1K 3, JALAN BUKIT MERAH #12-5094 (150003)

DRIVER'S Contact No. / Alt No. : 1) 8183 5544 2) -

DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an office)

Email Address : _____

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): 04 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES NO Any Injuries: YES NO Injured Name: _____

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>G1B3 2006 U</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____