

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA2008Y55P

Date In: 24/12-17:01	Job description	Date & Time Completed	Done by
Ref No: 4572201086/24	SAS e-filing		
Veh No: 4571891C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 24/12-15:45	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: mknwn	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	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: Idao Mobile 30		
	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 28/09/2020 17:01  
 Date Of Accident 24/09/2020 15:00  
 Exact Location Of Accident ALONG AYE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GX3189K  
**Insured/Policyholder**  
 Name Of Registered Owner M/S CEMENTONE (S) PTE LTD  
 Co Reg No 1XXXXXX193W  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-67448884

### Vehicle Particulars

Manufacturer TOYOTA  
 Model DYNA 150 D  
 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 REPORTING ONLY  
 Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
 Type Of Coverage THIRD PARTY  
 Fleet Policy NO  
 Policy Number DMCVSN1758401902  
 Cover Note Number

### Driver

Name of Driver CHAN SOON WHAT  
 NRIC No SXXXXX532E  
 Date Of Birth 29/06/1954  
 Occupation OUTDOOR  
 Date Of Driving Pass 03/02/1976  
 Driving Experience 44 YEARS AND 7 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-82840882  
 Fax Number  
 Contact Number OFFICE-82840882  
 Email Address NOEMAIL

Address	BLK 105 LORONG 1 TOA PAYOH #09-207
Postcode	310105
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?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : LIN HTET AUNG GENDER: : MALE

#### 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

REFER TO POLICE REPORT - T/20200925/2068.

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	



Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YP7592G

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)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

CHAN SOON WHAT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GX3189K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

LIN HTET AUNG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GX3189K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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:

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

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



# SKETCH PLAN

A: 6x31891C  
B: unknown  
C: 4P75926  
D: unknown

Ming AYE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/220925/2068.

## 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:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 24 / 9 / 20 ) (DD/MM/YYYY), TIME: ( 15 : 00 ) (HH:MM)

LOCATION: Abing Aye

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6X389K  
 b) INSURANCE COMPANY: Cigna 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: Cementone US Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 67448870  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 82840882  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / ☒ OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Y75926 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)

( 1 )

Male  
 Lin Htet  
 Aung

\* No of passenger  
 (Including driver)

( 1 )

\* No of passenger  
 (Including driver)

( 1 )

Email = enquiry@cementone.com.sg

fax = 67448700

VIDE =





**SINGAPORE  
POLICE FORCE**



T/20200925/2068

1 of 3

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

Report No. T/20200925/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/09/2020 15:13	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHAN SOON WHAT			Address: APT BLK 105 LORONG 1 TOA PAYOH #09-207 TOA PAYOH BLOOM SINGAPORE 310105	
ID Type / ID No.: NRIC NO / S0179532E			Contact No.: Home/Office:	Mobile: 82840882
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 29/06/1954	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/09/2020 15:00	Type of Location:
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX3189K	Lorry					0
YP7592G	Lorry					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200925/2068

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200925/2068

**CONTINUATION OF REPORT**

Driver			
Name	CHAN SOON WHAT	ID No.	S0179532E
Related Vehicle	GX3189K (Lorry)	Contact No.	82840882
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

**Brief Details.**

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING ALONG AYE, AT THAT TIME, I WAS BEHIND A LORRY, WHEN THE VEHICLE IN FRONT SLOWED DOWN, I SLOWED DOWN AS WELL. WHEN THE LORRY CAME TO A STOP, I APPLIED MY BRAKES AND STOPPED MY VEHICLE AS WELL. SUDDENLY ANOTHER VEHICLE COLLIDED INTO THE REAR OF MY VEHICLE, CAUSING MY VEHICLE TO COLLIDE INTO THE REAR OF THE LORRY THAT WAS IN FRONT. THE NEXT IMPACT FROM BEHIND CAUSED MY VEHICLE TO LURCH FORWARD ONCE MORE AND COLLIDE INTO THE LORRY THAT WAS BEHIND. I DID NOT MANAGE TO GET THE VEHICLE NUMBER OF THE VEHICLES THAT WERE BEHIND AND I WAS LATER CONVEYED TO THE HOSPITAL. I MANAGED TO TAKE A PHOTO OF THE DAMAGES DUE TO THE ACCIDENT. MY COLLEAGUE WAS ALSO IN MY VEHICLE AT THAT TIME.

IO IN CHARGE IS IO ZICKIE EXT:65476356  
THAT IS ALL





**SINGAPORE  
POLICE FORCE**



T/20200925/2068

3 of 3

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

Report No. T/20200925/2068

**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:  
TP /  
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD ZICKIE BIN AHMAD  
SUYUTI  
Contact No.: 65476356

Authentication Stamp  
NP168

Signature Of Informant:

*Chon*

Date/Time:  
25/09/2020 15:13

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

*M*



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MZ300/C  
R SN  
AN0602A  
Cov. Type: T

MOTOR COMMERCIAL VEHICLE

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMCVSN1758401902 Engine No : 5L5427370  
ChaNo: JTFUF34Y803002358

1. Index Mark and Registration Number of Vehicle GX3189K
2. Name of Policy Holder M/S CEMENTONE (S) PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 29 September 2019
4. Date of Expiry of Insurance 28 September 2020

5. Persons 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. 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 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.


\* 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:    
..... TRADILAX AGENCIES, PTE. LTD. ....  
Authorised Officer

  
.....  
Authorised Signatory