

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA120084968

Date In: 4/10/12 - 16:11	Job description	Date & Time Completed	Done by
Ref No: MA120084968	SAS e-filing		
Veh No: 4995485	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/10/12 - 15:30	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: JKU 51435

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%; F: 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

MA120084968	Invoice Preparation Checklist		Am't (\$) Inc 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) TP: 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:-			
	ON*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac 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	14/10/2020 16:11
Date Of Accident	10/10/2020 15:30
Exact Location Of Accident	AMK AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP9548Y
Insured/Policyholder	
Name Of Registered Owner	KAOLIN TOWING PTE LTD
Co Reg No	2XXXXX867M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96318877
Alternative Phone No	OFFICE-96318877
Vehicle Particulars	
Manufacturer	ISUZU
Model	NQR75UL5A AMT
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	DMCVSN1833511901
Cover Note Number	
Driver	
Name of Driver	SEBASTIAN CHUA KIM YEOW
NRIC No	SXXXX572B
Date Of Birth	15/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2006
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96726133
Fax Number	
Contact Number	OFFICE-96726133
EMail Address	NOEMAIL

Address	BLK 997A BUANGKOK CRESCENT #07-803
Postcode	531997
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 - CHANGE/CROSS LANE
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)	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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201012/7000.

#### 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	SKV5143S
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIM HOCK
NRIC/Passport Number	SXXXX880E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name SEBASTIAN CHUA KIM YEOW

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP9548Y

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:

12/10/2020

12/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/10/20  
1424

Reporting Centre Personnel's Signature

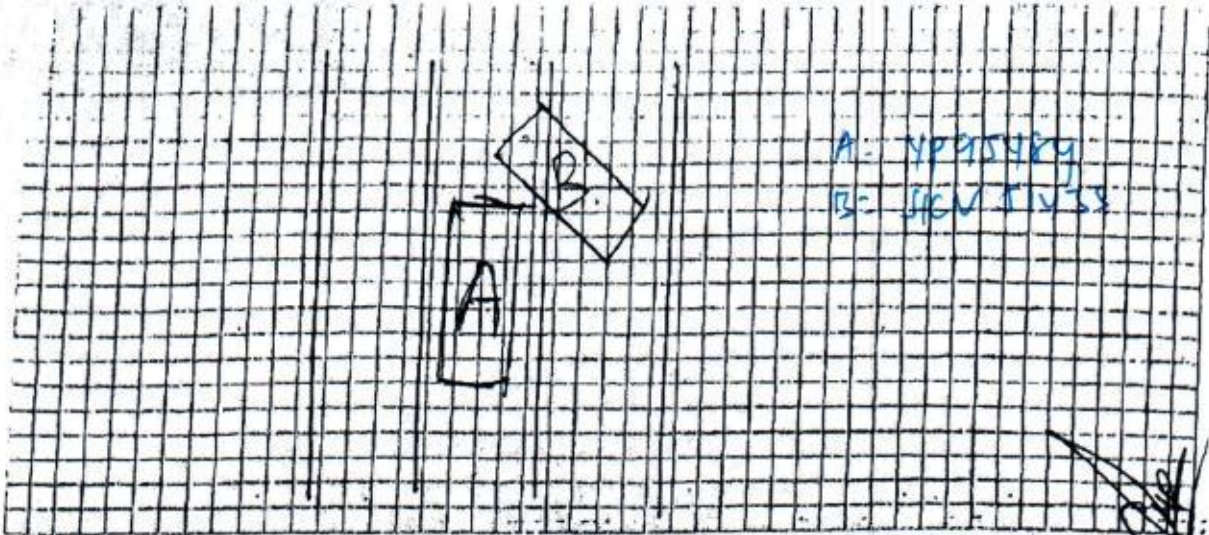
Name:

NRIC/FIN No.:

7/10



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Police Report.

DECLARATION

The above particulars are true in every respect.



Policyholder's Signature

Date & Time:

12/10/2020

Witness Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/10/20 1429hr

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

*[Signature]*



Date of Accident : 10/10/20 Accident Time: 1530 (24-HR-Format)  
Accident Place : Ang Mo Kio Ave 1  
Vehicle Reg. No. (Car Plate No.) : YP 9548Y  
Vehicle Make/Model : 1802U NQR75.  
Insurance Company : China Taiping Policy No. DMCVSN1833511901.  
Owner or Company Name / IC No. : Kao Lin Towing Pte Ltd.  
Owner or Company Contact No. : 96318877 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Sebastian chua Kim Yeow.  
DRIVER'S Date Of Birth : 15/06/1984 DRIVER'S License Pass Date 20/04/06.  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 997A Buangkok Crescent #07-803  
DRIVER'S Contact No. / Alt No. : (1) 531997 2) 96726133  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside 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): 1 / Driver Injury.  
Was there any video Captured by car camera: YES \ NO  
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: SKV 5143S  
Vehicle Make/Model: NISSAN Sylphy  
Name Driver: Tan Kim Hock  
IC No. Driver: 57224880E  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_





**SINGAPORE  
POLICE FORCE**



T/20201012/7000

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

1 of 3

Report No. T/20201012/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2020 00:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SEBASTIAN CHUA KIM YEOW			Address: 997A BUANGKOK CRESCENT #07-803 SINGAPORE 531997		
ID Type / ID No.: NRIC NO / S8417572B			Contact No.: Home/Office: Mobile: 96726133		
Nationality: SINGAPORE CITIZEN			Email: senastianchua053@gmail.com		
Sex: Male	Age: 36	Date of Birth: 15/06/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (transport, storage and courier)			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2020 15:30	Type of Location: Bend
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKV5143S (Not Accurate)	Car	NISSAN	Sylphy	Grey	Seriously Damaged	2
YP9548Y	Lorry	ISUZU	NQR75UL5A AMT	Blue	Seriously Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20201012/7000

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

2 of 3

Report No. T/20201012/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YP9548Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSN18335119 01	18/11/2019	17/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TAN KIM HOCK	ID No.	S7224880E	
Related Vehicle	SKV5143S (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Serious	
Driver				
Name	SEBASTIAN CHUA KIM YEOW	ID No.	S8417572B	
Related Vehicle	YP9548Y (Lorry)	Contact No.	96726133	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Date	10/10/2020	Date	10/10/2020	
No. of Days granted Medical Leave	05	Degree of	Slight	

**Brief Details.**

On 10/10/2020 at about 1530pm, I was driving my lorry YP9548y along Ang Mo Kio ave 1 toward Lorong Chuan. Suddenly a car SKV5143S swerve into my lane and I quickly applied my emergency brake to avoid the collision but the accident occurred. My right hand and front portion of my lorry was badly damaged. And the car Skv5143s left side door side front and back door damaged.. I was giving 5 days Mc...n





**SINGAPORE  
POLICE FORCE**



T/20201012/7000

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

3 of 3

Report No. T/20201012/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

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

Date/Time:  
12/10/2020 00:26

Classification Of Case:

Authentication Stamp  
NP168





**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.

400, Telok Ayer Street, Singapore 068563

M2300/C  
R SN  
AK0083A  
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 18B)  
Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DACVSN1831511901	Engine No. : 4HK1661705
		Chassis: JAAN1R75L57100177
1. Vehicle Make and Registration Number of Vehicle	VR9548Y	AUTOSAFE
2. Name of Policy Holder	KAOLIN TOWING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Continuation of Existing	18 November 2019 (09:47 hours)	EXCESS SECT. I ..... \$51,500.00 EXCESS SECT. II ..... \$51,500.00 EX ON WINDSCREEN ..... \$5100.00
4. Date of Expiry of Insurance	17 November 2020	

5. Persons Excluded or Persons not permitted 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.

HIRE PURCHASE CO. : THIAM HENG AUTO (S) PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 18B) and Section 55 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 18B) and Part IV of the Road Transport Act 1987 (Malaysia).

Please see reverse

**KCB AGENCY**

Co Reg No. 53116552C

200 Jalan Sultan

#02-36B Textile Centre

Singapore 199018

Tel: 6391 3811 Fax: 6391 3810

E: kcbinv0236@gmail.com

I am CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Issued By.

Authorized Officer

Authorized Signature