

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MAN 0092592**

|                                  |  |                        |                       |
|----------------------------------|--|------------------------|-----------------------|
| Date In: <b>21/12/22 - 14:30</b> | Job description                          | Date & Time Completed  | Done by               |
| Ref No: <b>19/INC201149674</b>   | SAS e-filing                             |                        |                       |
| Veh No: <b>6788352</b>           | E-mail (within 8hrs, AIC 2hrs)           |                        |                       |
| D.O.A <b>21/12/22 - 15:40</b>    | i-Motor Claim Form                       | <b>27/1/23 438,221</b> | <b>22/12/22 14:34</b> |
| OD : <b>TP</b> 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: <b>6788352</b>                                    | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                  |   |                       |                       |
|----------------------------------|---|-----------------------|-----------------------|
| <b>Claimant's Particulars :-</b> | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>Inc Bill | Am't (\$)<br>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                     |                       |                       |
|                                  | 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:-                   |                       |                       |
|                                  | OD*   |                       |                       |
|                                  | *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 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             | 22/10/2020 14:20    |
| Date Of Accident           | 21/10/2020 13:40    |
| Exact Location Of Accident | PIE (TUAS) TWDS CTE |
| Country/State of Loss      | SINGAPORE           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBD8305Z             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | QJ & J TRADING       |
| Co Reg No                   | 5XXXX454J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-93651871 |
| Alternative Phone No        | OFFICE-93651871      |

### Vehicle Particulars

|  |                                    |
|--|------------------------------------|
| Manufacturer   | NISSAN                             |
| Model  | NV350 PANEL VAN 2.5 5MT 5DR EURO V |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE                        |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5099254971-02                          |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | LIM WEI QIANG          |
| NRIC No              | SXXXX592C              |
| Date Of Birth        | 01/10/1987             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 28/11/2008             |
| Driving Experience   | 11 YEARS AND 10 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-93651871   |
| Fax Number           |                        |
| Contact Number       | OFFICE-93651871        |
| Email Address        | NOEMAIL                |

|   |  |
|---|--|
| Address   | BLK 808B CHOA CHU KANG AVENUE 1<br>#08-572 |
| Postcode  | 682808                                     |
| 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   | 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)   | 2   |
| Passenger 1   | NAME: : CHUA GEOK SHENG<br>GENDER: : FEMALE |

### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | CENTRAL POLICE DIVISIONAL HQ (A DIVISION)   |
| Police Station Address                    | ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-2240000 - FAX NO: 62200877   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

### Circumstances of Accident

REFER TO POLICE REPORT - A/20201022/7012.

### 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 | SLJ5081M      |
| Vehicle Make/Model/Colour   |               |
| Details Of Properties       |               |
| Vehicle Category            | PRIVATE CAR   |
| Name of Driver              | WANG ZOE YING |
| NRIC/Passport Number        |               |

Contact Number 82985696  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LIM WEI QIANG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBD8305Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHUA GEOK SHENG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBD8305Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode




## SKETCH PLAN

### IMPORTANT NOTICE

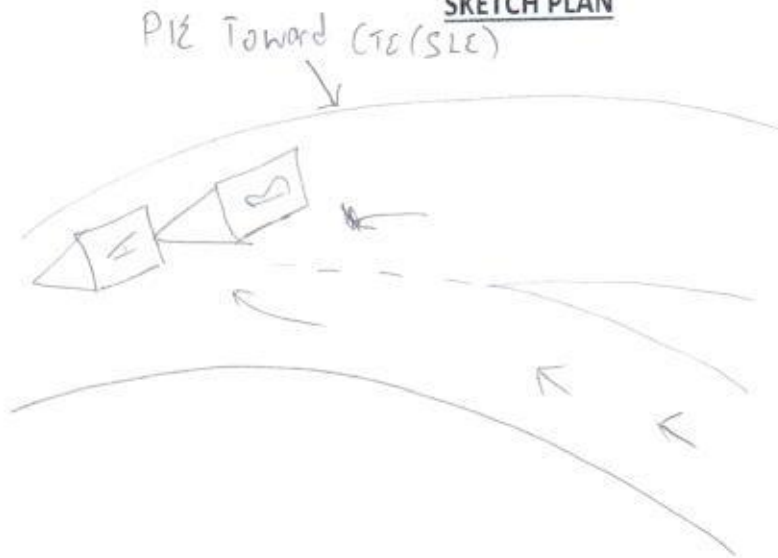
- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely by the Policyholder and/ or the Authorised Driver**.
- 3) Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.

  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



Vehicle A - G30 8305 Z  
Vehicle B - SL3 5081 M

On 21st October 2020 at 13:40 pm.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:



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

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21 / 10 / 2020 (dd/mm/yy) Time of Accident: 13 : 40 (24-HR-FORMAT)

Vehicle No.: G88 8305 Z Vehicle Make & Model: Nissan NV 350

Exact location of Accident: PTE Tuas Exit CIE Ang Mo Kio

Policyholder's Name/ IC No.: OSKJ TRADING 533064545

Driver's Name/ IC No.: Lim Wei Qiang S 87295926 (As Above) ☐

Driver's Contact No.: 9365 1671 Company Contact No.: \_\_\_\_\_

Driver's Address: Blk 808B Choa Chu Kang Avenue 1 #08-572 (S) 682808

Insurance Company: HTUC Email address (if any): Sales @ garage 13 . com . sg .

#### Relationship between Owner & Driver:

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parent / or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 2

Passenger Name: Chua Gook Sheng

Gender: Female

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☒ Yes/ ☐ No (If YES) Injured Person's Name: passenger & driver

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: \_\_\_\_\_

Police Report filed: ☒ Yes/ ☐ No (If YES) Which Police Station: \_\_\_\_\_

#### The Other Party(s) Details:

1. Driver's Name/ IC No.: Wong Zee Ying Vehicle No. SL55061 M  
Driver's Contact No.: 8298 5696 Insurance Company (if any): \_\_\_\_\_

2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. \_\_\_\_\_  
Driver's Contact No.: \_\_\_\_\_ Insurance Company (if any): \_\_\_\_\_

\*Independent Witness (if Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





**POLICE REPORT (NP299)**

Report No. A/20201022/7012

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

|  |  |                   |
|--|--|-------------------|
| Date/Time Report Made<br>22/10/2020 12:07                    | Vide Report No.  | Station Diary No. |
| Name Of Informant<br>LIM WEI QIANG                           | Address<br>808B CHOA CHU KANG AVENUE 1 #08-572<br>SINGAPORE 682808   |                   |
| ID Type / ID No.<br>NRIC NO / S8729592C                      | Contact No.<br>Home/Office:                      Mobile:<br>93651871 |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>XIAOQIANG8787@GMAIL.COM                             |                   |
| Occupation<br>Despatch worker                                | Sex<br>Male  | Age<br>33         |
| Institution/School Name                                      | Date of Birth<br>01/10/1987  | Race<br>Chinese   |
| Date/Time Of Incident<br>21/10/2020 13:35 - 21/10/2020 13:40 | Location Of Incident<br>PAN ISLAND EXPRESSWAY                        |                   |

**Brief details.**

On 21/10/20, at about 1.40pm, when we are travelling on PIE towards Tuas, entering CTE towards AMK, a white toyota SLJ5081M hit the side of our van from the back and caused an impact towards the driver and passenger.

after the accident both myself and my wife is feeling unwell and when to visited UNIHEALTH 24-HR CLINC (JURONG EAST)

i Lim Wei Qiang (S729592C) was given 3 days MC (MC No.0000003248)

my wife Chua Geok Sheng (S9011234A) was given 3 days MC (0000003249)

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br><br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                      | Date/Time:<br>22/10/2020 12:07   |
| Officer In-Charge Of Case:                                       | Classification Of Case:  |

Authentication Stamp





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. A/20201022/7012**

|                          |                           |                           |  |
|--------------------------|---------------------------|---------------------------|--|
| <b>Subjects Involved</b> |                           |                           |  |
| <b>Victim</b>            |                           |                           |  |
| Person Name              | LIM WEI QIANG             |                           |  |
| ID Type                  | NRIC NO                   | ID No                     | S8729592C  |
| Gender                   | Male                      | Age                       | 33   |
| Race                     | Chinese                   | Language                  | English  |
| Occupation               | Despatch worker           | Address                   | 808B CHOA CHU KANG<br>AVENUE 1 #08-572<br>SINGAPORE 682808 |
| Mobile No                | 93651871                  | Is Informant A<br>Victim? | Yes  |
|                          |                           |                           |  |
| Person Name              | LIM WEI QIANG (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:

22/10/2020 12:07

Classification Of Case:



## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

|   |   |              |               |
|---|---|--------------|---------------|
| <b>Certificate Number</b>   | 5099254971-02   | <b>Cover</b> | Comprehensive |
| 1. Index mark and Registration Number of Vehicle  | G8D83052  |              |               |
| Chassis Number  | JN1MC2E26Z0004240   |              |               |
| 2. Name of Policyholder   | QJ & I TRADING  |              |               |
| 3. Effective Date of Insurance  | 26 May 2020   |              |               |
| 4. Expiry Date of Insurance   | 25 May 2021   |              |               |
| 5. Persons or Classes of Persons entitled to drive#   |   |              |               |
| (a) The Policyholder.   |   |              |               |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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#   |   |              |               |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |   |              |               |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |   |              |               |
| This Policy does not cover  |   |              |               |
| (a) Use for hire or reward.   |   |              |               |
| (b) Use for racing, pace-making, reliability trial or speed testing.  |   |              |               |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  |   |              |               |
| # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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. |   |              |               |
| EXCESS (SECTION 1)  | S\$600  |              |               |
| EXCESS (SECTION 2)  | N/A   |              |               |
| WINDSCREEN EXCESS   | S\$100  |              |               |
| INSURE WITH COE   | YES   |              |               |
| HIRE PURCHASE COMPANY   | TAN CHONG CREDIT PTE LTD  |              |               |
| SUM INSURED   | MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS   |              |               |

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)

Agency : VICOM LTD (00000614946)  
 Date of Issue : 18 May 2020 11:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive