

NATIONAL Assessment Centre Services

Wef 1 Jan'05 MHA 120097435

Date In: 4/11/12-15:59	Job description	Date & Time Completed	Done by
Ref No: 14722202027/24	SAS e-filing		
Veh No: 686226C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/11/12-09:40	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: JMK2900C

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

14720614

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Inc Bill

Adj Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

Contact No:

4) FT: Follow-Through Survey \$120

Damaged Portion:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

QC Checked by (Engr-In-Charge):

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

Auditors' Comments:-

TP (N11): TP (Non INC) against INC \$20

Dat. 1:

9) N12: Idao Mobile \$0

Dat. 2 / 3:

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	04/11/2020 15:59
Date Of Accident	04/11/2020 09:40
Exact Location Of Accident	TAMPINES AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2026C
Insured/Policyholder	
Name Of Registered Owner	JIA. YI (J.Y) FOOD INDUSTRIAL CO PTE LTD
Co Reg No	2XXXXX910G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0003221_01
Cover Note Number	

Driver

Name of Driver	LEE KIM KWEE
Passport No/FIN	GXXXX324M
Date Of Birth	31/12/1984
Occupation	INDOOR
Date Of Driving Pass	16/03/2017
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84821558
Fax Number	
Contact Number	OFFICE-84821558
EMail Address	NOEMAIL

Address	BLK 725 TAMPINES STREET 71 #14-173
Postcode	520725
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	RAINING
Road Surface	WET

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?	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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201104/2034.

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	SMK2900C
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBK1063E

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)

2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GBC8681S

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 INJURED PERSON 1

Name

LEE KIM KWEE

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBG2026C

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.

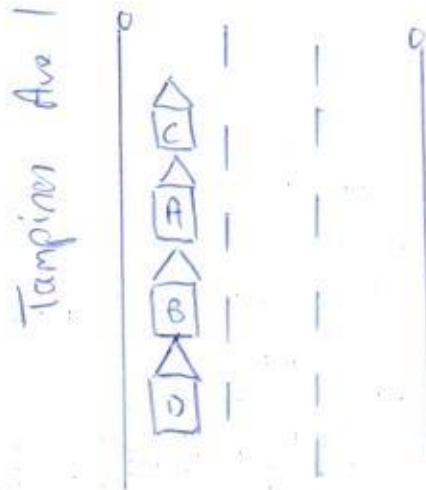
JIA YI FOOD INDUSTRIAL CO PTE. LTD.
H/P: 94751614 / C4821568
E-MAIL: jiayifood.co@gmail.com

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



DOA: 4/11/20

A: GBG 2026 C

B: SMK 2900 C

C: GBK 1063 E

D: GBC 8681 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C stopped so I followed suit but veh B
 failed to brake in time hit onto my veh rear
 portion & due to the strong impact my car moved
 forward & hit veh C. Later I realised there
 was veh D involved.

DECLARATION

I/we declare that the information provided is true in every respect.

H/P: 94751614 / 94821568
 EMAIL: jayitoodcb@gmail.com

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.:

Personal Particulars

Date of Accident: 4/11/20 Time of Accident: 9:40am
Exact Location of Accident: Tampines Ave 1 (Infat Sutra)
Owner's Name: Jia Yi (J.Y.) Food Industrial Co. Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Lee Kim Kwee NRIC No: G2854324 HP No: 84821558
Date of Birth: 31/12/1989 Driving Licence Passing Date: 16/3/2017 Occupation: Indoor / Outdoor
Address: Blk 725 Tampines St 71 #14-173 (520725)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: GBG 2026C Make & Model: Toyota
Insurance Co: India Coverage: _____ Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☒ Raining / Others: _____ ☒ Wet / ☐ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: 1+1 D: 1+0
woman

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: neck & back

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station: _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No) ☒ No

Third Party Driver's Particulars

Vehicle B No: SMK 2900C Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: GBK 1063F Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



SINGAPORE POLICE FORCE



T/20201104/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20201104/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 12:32	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: LEE KIM KWEE			Address: APT BLK 725 TAMPINES STREET 71 #14-173 TAMPINES COURTVIEW SINGAPORE 520725		
ID Type / ID No.: FIN NO / G2854324M			Contact No.: Home/Office: Mobile: 84821558		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 31/12/1984	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Service			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2020 09:40	Type of Location: Straight Road
Location: TAMPINES AVENUE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8681S	Van	NISSAN	URVAN MICROBUS 3.0 4DR 5M/T ABS AIRBAG	Silver		0
GBG2026C	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White		0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20201104/2034

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Report No. T/20201104/2034

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK1063E	Van	NISSAN	NV200 VANETTE DX 1.6 AUTO	Grey		0
SMK2900C	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	Red		0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL					
Driver			Use of Pedestrian Crossing: NA		
Name	NG SWEE KIAT		ID No.	NIL	
Related Vehicle	GBC8681S (Van)		Contact No.	85758324	
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	
Driver					
Name	LEE KIM KWEE		ID No.	G2854324M	
Related Vehicle	GBG2026C (Van)		Contact No.	84821558	
Hospital/Clinic	HEALTHWAY HOUGANG CENTRAL CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	04/11/2020		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	JOE		ID No.	NIL	
Related Vehicle	GBK1063E (Van)		Contact No.	82079919	
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	



**SINGAPORE
POLICE FORCE**



T/20201104/2034

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20201104/2034

CONTINUATION OF REPORT

Driver				
Name	WONG		ID No.	NIL
Related Vehicle	SMK2900C (Car)		Contact No.	96604722
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.

On 4/11/2020 at about 0940hrs, I was driving along Tampines Avenue 1 in the left most lane. As I was approaching the junction to turn in Tampines Industrial, I had came to a stop as the traffic light was red.

The traffic light had turned green and the van ahead of me had moved off. Before I was able to move, I felt an impact to the rear of my vehicle. As the result of the impact, my vehicle had surged forward. I had applied my brakes but due to the slippery road surface, I was unable to prevent my vehicle from colliding into the van ahead of me.

I had then alighted to see what had happened. I saw that there were two vehicles behind me, a red saloon car and another van. There were no visible injuries on the parties involved. The ambulance had arrived shortly after and conveyed the driver of the red saloon car to the hospital.

After exchanging particulars, I had proceeded to my workshop to repair my vehicle. Subsequently, I had gone to Healthway Medical for outpatient treatment as I felt aches in my neck and upper back area.

I was given 3 days of medical leave (4/11/2020-6/11/2020)



**SINGAPORE
POLICE FORCE**



T/20201104/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201104/2034

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:

G /

Sgt 3 BRYAN LIM GHIM SONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/11/2020 12:32

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)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MCV0003221_01

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : GBG2026C
Chassis No : JTFHT02P300216565
2. Name of Policyholder : JIA. YI (J.Y) FOOD INDUSTRIAL CO PTE. LTD.
3. Effective date of Insurance : 28 Jun 2020
4. Expiry date of Insurance : 27 Jun 2021
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*

- a) Use in connection with the Policyholder's business.
- b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- c) Use for social, domestic and pleasure purposes.

The 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 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.

Excess Sect I : SGD600.00

Windscreen Excess : SGD100.00

Hire Purchase Company : ETHOZ CAPITAL LIMITED

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : A000038/M Plus Consultancy

Date of Issue : 22/05/2020 15:30:40

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory