

NATIONAL Assessment Centre Services.

part 1 Jan 03

SN092HMO00D

Date In: 02/01/2021 15:36	Job description	Date & Time Completed	Done by
Ref No NA/CT121001073/h4	SAS e-filing		
Veh No GBH 9776U	E-mail (within 3hrs, AIC 2hrs)		
IP A 25/12/2020 14:40	I-Motor Claim Form		
OT: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: STP 8108T	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of rep/rep.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

General Remarks: (INC Ref No: 6708 6616)	Particulars	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

NA2101033	Invoice Description	Amount (\$)	Balance (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		30
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$43		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Amplifiers Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claimant against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NY: Post Repair Inspection \$25		
	*NN: DV / Collect Excess Coordination \$3		
	IT (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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 Submission	22/01/2021 15:36 (SGT)
Date of Accident	25/12/2020 14:40 (SGT)
Exact Location of Accident	Haig Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9776U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRYSTALLITE ELECTRICAL & PLUMBING CONTRACTOR
Company Reg No	-
Email Address	TIANWEN87@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97388317
Alternative Phone No	+65-97388317

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00099032002
Cover Note Number	-

DRIVER

Name of Driver	NG THIAM SENG
NRIC No	SXXXX531A
Date Of Birth	06/09/1954
Occupation	Outdoor

Date Of Driving Pass	06/08/1975
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97388317
Alt. Phone Number	-
Email Address	TIANWEN87@HOTMAIL.COM
Address	31 LORONG 26 GEYLANG#03-03
Address complement	-
Postcode	398498
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210121/7029

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	SJP8108T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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.

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.



Policyholder's Signature / Date & Time

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

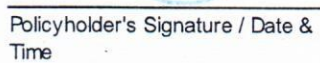
Witnessed by Reporting Centre Personnel

Sketch Plan

Unable to provide Sketch

Refer to Police Report T/ 20210121 / 7029

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



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

47

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210121/7029

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

1 of 4

Report No. T/20210121/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2021 21:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NG THIAM SENG			Address: 31 LORONG 26 GEYLANG #03-03 SINGAPORE 398498		
ID Type / ID No.: NRIC NO / S0237531A			Contact No.: Home/Office: Mobile: 97388317		
Nationality: SINGAPORE CITIZEN			Email: tianwen87@hotmail.com		
Sex: Male	Age: 66	Date of Birth: 06/09/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-employed			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: 25/12/2020 14:40	Type of Location: Car Park
Location: HAIG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: No impression of any collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBH9776U	Lorry	TOYOTA		Silver	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBH9776U	NTUC Income Insurance Co-Operative Limited			



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG THIAM SENG	ID No.	S0237531A
Related Vehicle	GBH9776U (Lorry)	Contact No.	97388317
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Please refer to Ref TP/IP/00939/2021. I received this urgent reminder letter with regards to an alleged hit-and-run accident involving a SJP8108T & my vehicle GBH9776U. I would like to state on the record that this is the first time I have received a letter regarding this case, and I do not harbour any wilful intention of ignoring this case.

1. On the 25th of Dec 2020, I was indeed at Haig Road Food Centre. I do not have any recollection of ever seeing nor interacting with the A/M vehicle, SJP8108T on the day of this incident. I remembered very clearly that I managed to find a suitable lot, and I parked my vehicle very smoothly without any hitch. I got down from my vehicle, and did my routine check around to ensure my vehicle posed no problem to others before going off to run my errands.
2. My vehicle parking rule of thumb has always been to only park my vehicle in lots that have sufficient space on both sides, and I prioritise safety and comfort over convenience of time spent on locating a parking lot. On top of that, I also have the habit of always checking my vehicle's surrounding after I parked to ensure that my vehicle is not obstructing other road users. I am very bewildered and puzzled by this claim that me and my vehicle is involved in this alleged hit-and-run accident.
3. After I have received this letter, I quickly checked my lorry for any new damages and failed to find any. There are a few dents on my vehicle from previous incidents, and they are documented either with my Insurance Agent and workshop, or photo proofs with date and time stamps on my phone. I will be sending my vehicle to my insurance and authorised workshop for further inspection and documentation.
4. I would like to reiterate that I pride myself as a law abiding and courteous citizen. In the events of an incident or accident, I will go out of my way to ensure that the other party will have means of contacting me so we can proceed to deal with the incident or accident amicably. I also understand that it is required by the law that in the events of any incident or accident with the absence of the other party, it is my duty to leave my contact for the vehicle owner.



**SINGAPORE
POLICE FORCE**



T/20210121/7029

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

Report No. T/20210121/7029

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210121/7029

4 of 4

Report No. T/20210121/7029

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

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 / TPIB /
TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp

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

Date/Time:
21/01/2021 21:22

Classification Of Case:

Motor Commercial

MZ300/C

R SN

AN0584A

Cov. Type:C

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)

CERTIFICATE No.

DMCVSNW00099032002

Engine No.: 1KD2834294

Cha. No.: JTFAT35Y80K212054

1. Index Mark and Registration
Number of Vehicle

GBH9776U

AUTOSAFE

=====

2. Name of Policy Holder

CRYSTALLITE ELECTRICAL & PLUMBING CONTRACTOR

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

16/11/2020

Excess Sect I. S\$500.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

15/11/2021

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:

- (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.: UNITED OVERSEAS BANK LIMITED 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: HUANG GUOQING TERRY

Authorised Officer

杨亚美

Authorised Signatory

ACCIDENT STATEMENT

ACCIDENT DATE: (25/12/20) (DD/MM/YYYY), TIME: (14:40) (HH:MM)

LOCATION: Harg Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 9776U
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Dyna Manual
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Crystallite electrical & Plumbing Contractor (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97388317
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Thiam Seng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
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: owner

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: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STP 8108T. 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:

✓ * chop

Email = tianwen87@hotmail.com

fax =

VIDEO = No.