

# NATIONAL Assessment Centre Services.

Part 1 Jan 2021 SN 092121000M

Date In: 01/02/2021 16:46

Ref No: NA/FCI 21001496/14

Veh No: GBH 5015J

DTA: 31/01/2021 10:47

(1) TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-ling

E-mail (within 3hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whsn

Tel:

Fax:

Produced Wksp / INC Assign Wksp / QW:

TP Particulars:

Veh No: SMN 3665J

INC ( ) / Non-INC ( )

Owner / Driver: ( )

Period: ( )

Tel:

Cover Type: ( )

Policy No: ( )

Date:

Time:

Confirmed by: ( )

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 repolar.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Comments: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

NA2101257

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

Mobile Vehicle Inspection Checklist			INC ( )	Non-INC ( )
1) AIR: Accident Reporting (\$30)				
2) DA: Damage Assessment (\$100)				
3) TP: Towing Fee				
4) FT: Follow-Through Survey				
5) PT: Follow-Through Survey (Resurvey)				
For claiming against INC Only (w/c 10 Jan 2021)				
6) TR: Re-Inspection				
7) NI: Idao DA + SMRT Survey				
8) NTUC Additional Services:				
QD:				
*NS: Courtesy Car / Tpt Allowance				
*NG: Repair Coordination				
*NT: Post Repair Inspection				
*NI: DV / Collect Excess Coordination				
TP (NI1): TP (INC) against INC				
9) NI2: Idao Mobile				
Invoice dated				
Invoice dated				

Fee Charged  
Fee Charged

MAINT



## 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	01/02/2021 16:46 (SGT)
Date of Accident	31/01/2021 10:47 (SGT)
Exact Location of Accident	Ubi Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5015J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UNION ENERGY PTE LTD
Company Reg No	-
Email Address	CAROLHENG@UNIONGAS.COM.SG
Mobile Phone No	(Phone) +65-66031794
Alternative Phone No	+65-66031794

### 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 - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D-21097015MFCV/96
Cover Note Number	-

### DRIVER

Name of Driver	POH WUI CHONG
Work Permit No	GXXXX360N
Date Of Birth	30/05/1984
Occupation	Outdoor

Date Of Driving Pass	01/08/2017
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83814866
Alt. Phone Number	-
Email Address	QUENTINPWC@GMAIL.COM
Address	96 LORONG N TELOK KURAU #01-01
Address complement	-
Postcode	425249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT T/20210201/2040

#### 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	SMN3665J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOO CHEE MING
NRIC No	SXXXX709E

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

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	POH WUI CHONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	GBH5015J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 willful 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 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

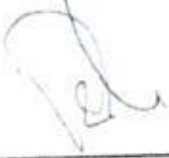
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

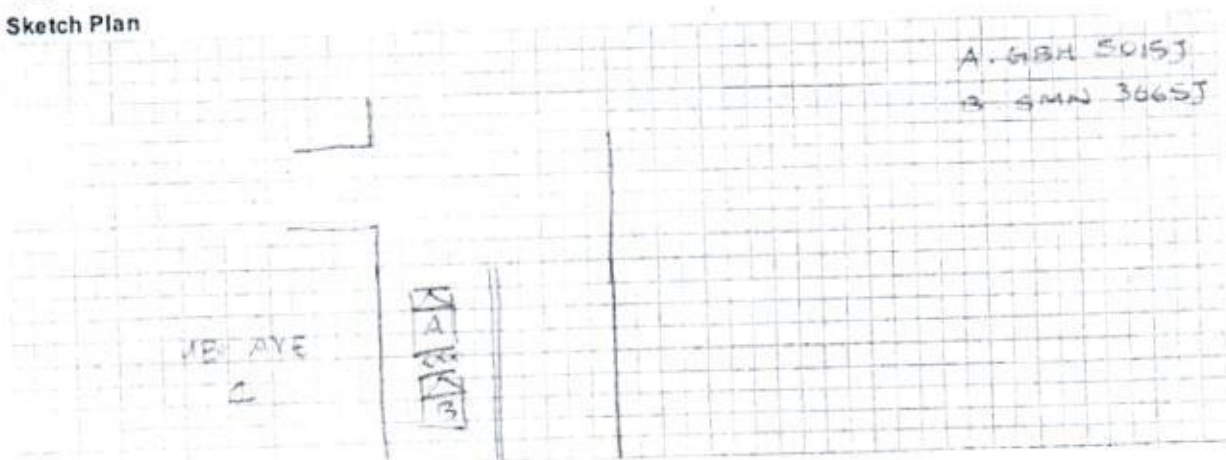
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan




### Describe Circumstances of the Accident


On stated date and time, ~~there~~ my vehicle (GBH 50153) was travelling on Ugl Ave 1, when I felt an impact on my vehicle. Vehicle B (SMN 365J) had collided into the rear portion of my vehicle I felt ~~be~~ pain in my neck and back, and went to see a doctor. I was given 2 days MC


### 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

  
Witnessed by Reporting Centre Personnel



**POLICE FORCE**

T/20210201/2040

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20210201/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2021 12:31	Vide Report No.:	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: POH WUI CHONG			Address: APT BLK 96 Lorong M Telok Kurau #01-01 SINGAPORE 425249		
ID Type / ID No.: FIN NO / G2978360N			Contact No.: Home/Office: Mobile: 83814866		
Nationality: MALAYSIAN			Email: quentinpwc@gmail.com		
Sex: Male	Age: 36	Date of Birth: 30/05/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2021 10:45	Type of Location: Straight Road
Location:  UBI AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
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
GBH5015J	Lorry	TOYOACE	Dyna		Slightly Damaged	0
SMN3665J	Car	HONDA	Fit	Silver		0

**Details of Person Involved**

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





SINGAPORE  
POLICE FORCE



T/20210201/2040

2 of 3

Report No. T/20210201/2040

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver			ID No.	G2978360N
Name	POH WUI CHONG		Contact No.	83814866
Related Vehicle	GBH5015J (Lorry)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 25/05/2022
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Date Discharge	01/02/2021
Date Treatment	01/02/2021		Degree of Injury	Slight
No. of Days granted Medical Leave	02			
Driver			ID No.	S8414709E
Name	CHOO CHEE MING		Contact No.	91443334
Related Vehicle	SMN3665J (Car)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date Discharge	NIL
Date Treatment	NIL		Degree of Injury	NIL
No. of Days granted Medical Leave	NIL			

**Brief Details.**

On 31/01/2021 at about 1047hrs, I was driving my vehicle (GBH5015J) along Ubi Avenue 1. As I was approaching the carpark for B/342 Ubi Ave 1, I slowed down my vehicle as I wanted to check my blind spot before turning into the carpark. I was unsure if I did signal.

Suddenly, I felt a bump from the rear. I alighted from my vehicle and saw one Silver Honda Fit(SMN3665J) collided into the rear of my vehicle.

We then exchange our particulars and took photos of the damages before leaving the scene. I wish to inform that there was no damages to any government properties, no pedestrian injured, no foreign vehicle involved and no one injured at that point in time.

However on 1 Feb 2021 when I wake up, I felt pain at the back of my neck area. I went to Advance Clinic and Surgery P/L located at B/301 Ubi Ave 1 and was given a 2 days MC. The doctor informed that the medical report will only be ready on 02/02/2021.

I wish to further inform that the vehicle belongs to my company (Union Energy P/L) and my company is aware of the accident.





SINGAPORE  
POLICE FORCE



T/20210201/2040

3 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20210201/2040

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 LAM WEI LIANG WILLIAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2021 12:31

Officer In Charge Of Case:

TP / GIA /

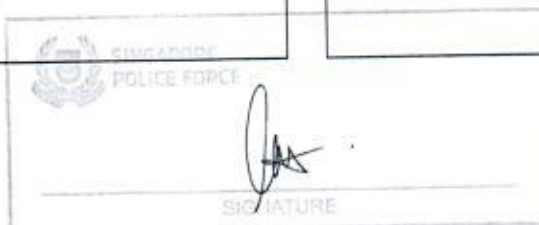
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



**CERTIFICATE OF INSURANCE**

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET  
Type of Cover. : Third Party  
Certificate No. : D-21097015MFCV/96  
Vehicle No / Chassis No : GBH5015J / JTFAT35Y40K210639  
Name of Insured : UNION ENERGY PTE LTD  
Period Of Insurance : 01.01.2021 To 31.12.2021  
Insured Estimated Value : 0.00  
Financial Institution : N.A

**Excess :**

SGD2,500.00 ALL CLAIMS

AN ADDITIONAL EXCESS OF SGD1,000.00 ON ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE.

**Authorised Driver\***

ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\***

Any person who is driving on the insured'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.

**Limitations as to use\***

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

**The Policy does not cover:-**

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

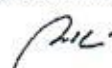
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited  
(Approved Insurers)

SUSAN/B0029/MZ300C

Issued at Singapore on 30.12.2020

  
Authorised Signature



## ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 01 / 2021) (DD/MM/YYYY), TIME: (10 : 47) (HH:MM)

LOCATION: UBI AVE 1

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 5015 J  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Dyna  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8381 4866  
c) ADDRESS: 96 LORONG N TELOK KURAU #01-01  
S(425249)

\*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) → NECK, BACK

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN 3665 J MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CHOO HEE MING  
c) NRIC/FIN/PASSPORT: SB4 14709E CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = ~~quentin~~ Quentinpwc@gmail.com

fax =

VIDEO = NO