

Date Rec: 11/21/21 13:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21001532/h4	SAS e-mail		
Veh No: GBH 2014 G	E-mail (within 2hrs, A/C 2hrs)		
IP/A: 28/11/21 16:05	I-Motor Claim Form	SM/1119603 ⁰⁰¹	11/21/21 21:31
OT: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

IP Particulars: Veh No: GBE 806 S. 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 ()

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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

MA 2101262	1) AR: Accident Reporting (\$30):	30
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$50)	
Contact No:	3) TF: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
For claimant's use only (INC Only) (wa 10 Jan 2009)	6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRT Survey \$160	8) NTUC Additional Services:	
8) NI: Idas Mobile \$30	OD:	
9) NI: Idas Mobile \$30	*NS: Courtesy Car / Tpt Allowance \$3	
Invoice dated	*NG: Repair Co-ordination \$10	
Invoice dated	*NF: Post Repair Inspection \$25	
Fee Charged	*NB: DV / Collect Excess Coordination \$3	
Fee Charged	TP (Nil) / TP (Non INC) against INC \$20	

Submit table by today

SN09211T000H / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 01/02/2021 13:56 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (01/02/2021 13:56 (SGT))

Your NCD will be affected due to late reporting

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 13:56 (SGT)
Date of Accident 28/01/2021 16:05 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH2014G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TENG SHENG KOREAN CUISINE
Company Reg No 5XXXX472L
Email Address BOSHENG_87@HOTMAIL.COM
Mobile Phone No (Phone) +65-91117604
Alternative Phone No +65-91117604

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116777617
Cover Note Number -

DRIVER

Name of Driver ZHANG BOSHENG
NRIC No SXXXX832C
Date Of Birth 08/05/1987
Occupation Outdoor

Date Of Driving Pass	11/09/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91117604
Alt. Phone Number	-
Email Address	BOSHENG_87@HOTMAIL.COM
Address	28 INGGU RD
Address complement	-
Postcode	757219
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	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NGUYEN TRONG DONG
Gender	Male

PASSENGER 2

Name	LIM CHEE KEONG
Gender	Male

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/20210129/7015

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	GBE806S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBM4881E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NGUYEN TRONG DONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBH2014G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM CHEE KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBH2014G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ZHANG BOSHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	BODY
Injured person in which vehicle?	GBH2014G
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 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.

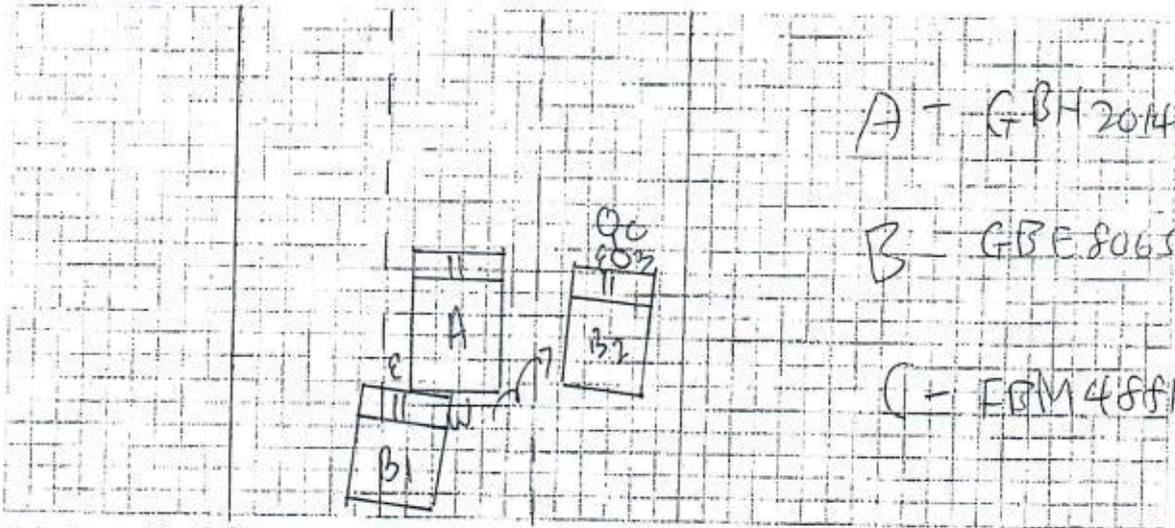
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



A - GBH 2014 G
 B - GBE 8065
 C - EDM 4881 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along SLE towards CTE,
 Just before Woodlands Ave 2. A lorry from third
 lane self-skid and hit onto the rear left of my
 Van. I proceed and move to the road shoulder and
 went down off my Van and found out that the
 lorry hit onto me and a motorcycle.

Peter Jo TF Rpas
 7/20210129/2015

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:

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



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	ZHANG BOSHENG	ID No.	S8772832C
Related Vehicle	GBH2014G (Van)	Contact No.	91117604
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	LIM CHEE KEONG	ID No.	G7132988M
Related Vehicle	GBH2014G (Van)	Contact No.	91223991
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	NGUYEN TRONG DONG	ID No.	G3474777L
Related Vehicle	GBH2014G (Van)	Contact No.	88092848
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

I was travelling straight along SLE towards CTE just before woodlands avenue 2. I was in the middle lane when suddenly GBE806S lost control of his vehicle and skidded. This caused him to collided onto me. After i felt the impact, i quickly move to the road shoulder. When i got down, i noticed that after the collision with me, GBE608S further swerved to the first lane and collided onto FBM4881E. The rider of FBM4881M fell and his motorcycle was along the divider.



**SINGAPORE
POLICE FORCE**



T/20210129/7015

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

3 of 4

Report No. T/20210129/7015

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210129/7015

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

4 of 4

Report No. T/20210129/7015

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 /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

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

Date/Time:
29/01/2021 14:57

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 28/01/2020 (DD/MM/YY) Time: 4:10pm (HH:MM)
Exact location of accident	SLB towards CTE before Woodlands Ave 2 exit

Details of vehicle

Vehicle registration number	GBH 2014 G		
Vehicle make and model	Toyota HZACE		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private use		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	TENG SHENG KOREAN CUISINE Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	63119472L
Contact	91117604
Address	Blk 764 Yishun St 72 #10-398 S(760764)

DriverSame as insured above (skip to D.O.B)

Name	ZHANG BOSHENG Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8772832C
Contact	91117604
Address	25 INGGU Road S(757219)
Email address	Bosheng_87@hotmail.com
Date of birth	08-05-1987
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	

General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	3 (Inclusive of driver)

Passenger 1

Name	NGUYEN TRONG DUNG
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	LIM CHEE KEONG
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1 (c)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	FBM4881E
Vehicle make model	

Third party vehicle 2 (b)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBE 8065
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	ZHANG BUSHENG
Injuries sustained	Neck, Back
Which vehicle person in?	GBH 2014G
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	LIM CHEE KEONG
Injuries sustained	GT 13298FM Neck, Back
Which vehicle person in?	GBH 2014G
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	NGUYEN TRONG DUNG
Injuries sustained	Neck, Back
Which vehicle person in?	GBH 2014G
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>