

NATIONAL Assessment Centre Services

July 1 Jan 2021

SN 0827310000

Date In: 01/03/2021 21:16	Job description	Date & Time Completed	Done by
Ref No: N/A/072700270/V	SAS e-illing		
Veh No: 66H, 6458H	E-mail (by date 2hrs, A/C 2hrs)		
D.O.A: 14/01/2021 13:25	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (with 00 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VV/Ins		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Print/Scan: Vch No: SGE 1788-1	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 repair.

() 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 > \$9000] ()	

Injury: _____

NA2101496

Driver/Owner:	1) All Accident Reporting (330)	
Contact No:	2) BA Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP Towing Fee	\$130
QC Checked by (Engr-In-Charge):	4) PT Follow Through Survey	\$30
	5) PT Follow Through Survey (Resurvey)	\$30
	6) PT Follow Through Survey (Resurvey) (w/ 10 min 2hrs)	\$75
	7) TR Inspection	\$160
	8) NI: Idea DA + EMPT Survey	
	9) NIUC Additional Services	
	ON	\$3
	NI: Courtesy Car / Tpl Allowance	\$10
	NI: Repair Coordination	\$25
	NI: Post Repair Inspection	\$3
	NI: DV / Collect Excess Coordination	\$25
	TP (NI) / TP (NI) (INC) (w/ 10 min 2hrs)	\$30
	NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged _____

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	01/03/2021 21:16 (SGT)
Date of Accident	14/01/2021 13:25 (SGT)
Exact Location of Accident	Jln Melor, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6458H
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG SOON FISHERY PTE.LTD.
Company Reg No	2XXXXX463M
Email Address	hbsarah05@hotmail.com
Mobile Phone No	(Phone) +65-93968847
Alternative Phone No	+65-93968847

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	DMCVSNA00063922001
Cover Note Number	-

DRIVER

Name of Driver	LOKE AH CHYE
NRIC No	SXXXX806I

Date Of Driving Pass	08/06/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93968847
Alt. Phone Number	-
Email Address	hbsarah05@hotmail.com
Address	BLK 105 JALAN BUKIT MERAH #05-1904
Address complement	-
Postcode	160105
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	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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210301/2058

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	SGE1788U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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

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 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.



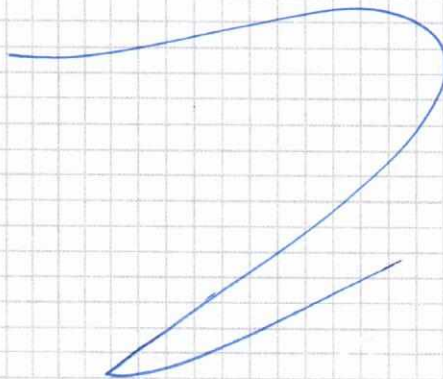
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

As attached.



RE: ACCIDENT INVOLVING GBH6458H &
SGE1788U ALONG JLN MELOR AT
14JAN2021 / 1325HRS

VEHICLE A (GBH6458H) DRIVEN BY: LOKE AH CHYE OF NRIC: S1239806I

VEHICLE B (SGE1788U) DRIVEN BY: UNNAMED DRIVER OF NRIC:
UNDISCLOSED

PASSENGES INVOLVED: NIL

I was driving along Jalan Melor towards Macpherson Lane when my rear goods door on my lorry (GBH6458H) suddenly swung open. As I was rushing, I quickly stopped the vehicle, ran back to close the door and to check if I dropped anything. I also did a very quick check on vehicle B (SGE1788U) which was parked at the side of the road and did not see any significant damages worth mentioning nor any damages which I am sure was caused by the door. I then rushed back to the lorry to continue my delivery.

veh A: GBH 6458H

veh B: SGE 1788U



The above statement is accurate to be best of my recollection and understand that it is an offence to falsify any information relating to the above events.

gm 01/03/2021


LOKE AH CHYE

S1239806I

Describe Circumstances of the Accident

As per attachment. & Police Report 7/20210301/2058

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 01 / 2021) (DD/MM/YYYY), TIME: (13 : 25) (HH:MM)

LOCATION: Jln Melor

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 6458H
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMCVSNN 00063922001
 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: Working
 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: Hong Soon Fishery Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201207463-M CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Loke Ah Chye. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12398061 CONTACT: 93968847
 c) ADDRESS: BLK 105 Jalan Bukit Merah

*d) DATE OF BIRTH: (07 / 09 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08 June 1977

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGE17884 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:

Email = hbsaros@hbsaros.com
 VIDEO



SINGAPORE POLICE FORCE



T/20210301/2058

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20210301/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2021 14:36		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: LOKE AH CHYE			Address: APT BLK 105 JALAN BUKIT MERAH #05-1904 SINGAPORE 160105		
ID Type / ID No.: NRIC NO / S1239806I			Contact No.: Home/Office: Mobile: 93968847		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 07/09/1956	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2021 13:25	Type of Location: Straight Road
Location: JALAN MELOR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH6458H	Lorry	TOYOTA	DYNA	Silver	No Damage	0
SGE1788U	Car				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210301/2058

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20210301/2058

CONTINUATION OF REPORT

Driver			
Name	LOKE AH CHYE		ID No. S1239806I
Related Vehicle	GBH6458H (Lorry)		Contact No. 93968847
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/01/2021 at about 1325hrs, I was driving along Jalan Melor towards Macpherson Lane when my rear goods door on my lorry (GBH6458H) suddenly swung open. As I was rushing, I quickly stopped the vehicle, ran back to close the door and to check if I dropped anything. I also did a very quick check on the vehicle (SBE1788U) which was parked at the side of the road and did not see any significant damages worth mentioning nor any damages which I am sure was caused by the door. I then rushed back to the lorry to continue my delivery



**SINGAPORE
POLICE FORCE**



T/20210301/2058

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20210301/2058

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:

D /
Sgt 3 LEE HONG HAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

SN 49
SIGNATURE

Signature Of Informant:

Date/Time:
01/03/2021 14:36

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0655A

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.

DMCVSNA00063922001

Engine No.: 1KD2810112

Cha. No.: JTFAT35Y00K210928

1. Index Mark and Registration
Number of Vehicle

GBH6458H

2. Name of Policy Holder

HONG SOON FISHERY PTE. LTD.

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

13/08/2020

Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

12/08/2021

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.

* 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

ACER INSURANCE AGENCY

21 Woodlands Close
#08-44 Primz Bizhub
Singapore 737854

Tel: 6777 8323 Fax: 6776 8323

Issued By:

Ho Li Hwa Irene

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com