

NATIONAL Assessment Centre Services

Date In: 23/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21006138/13	SAS e-filing		
Veh No: GBF27865	E-mail (within 2hrs. After 2hrs)		
DOA 23/05/21 1115	i-Motor Claim Form		
OD (IP) 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: SLB3125B	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 ()	

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

NA2102993	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Inc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QH:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Inc Mobile \$30		
	Invoice date:	Fee Charged	
	Invoice dated	Fee Charge:	



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 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. 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	25/05/2021 15:44 (SGT)
Date of Accident	25/05/2021 11:15 (SGT)
Exact Location of Accident	Bedok South Ave 1, Singapore
Additional Location Information	LAMP POST 5/2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2788S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNIVERSAL FOOD SUPPLY PTE. LTD.
Company Reg No	2XXXXX654Z
Email Address	IRENECHENGLY@GMAIL.COM
Mobile Phone No	(Phone) +65-69777100
Alternative Phone No	(Office) +65-69777100

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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00070052003
Cover Note Number	-

DRIVER

Name of Driver	SOH YOKE JOO PATRICK
NRIC No	SXXXX452H



Date Of Birth	23/11/1974
Occupation	Outdoor
Date Of Driving Pass	05/07/2002
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90089941
Alt. Phone Number	-
Email Address	IRENECHENGLY@GMAIL.COM
Address	52 LORONG K TELOK KURAU
Address complement	#04-05
Postcode	425780
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	Joo Chiat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003459999
Alt. Police Station Phone No	(Fax) +65-64474181
Police Station Address	267 Onan Road Singapore 424773
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FRT ONLY WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB3125B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LIAN CHIH CHYUN, MAURICE
NRIC No	SXXXX736A
Contact Number	(Phone) +65-82003817
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	SOH YOKE JOO PATRICK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBF2788S
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 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

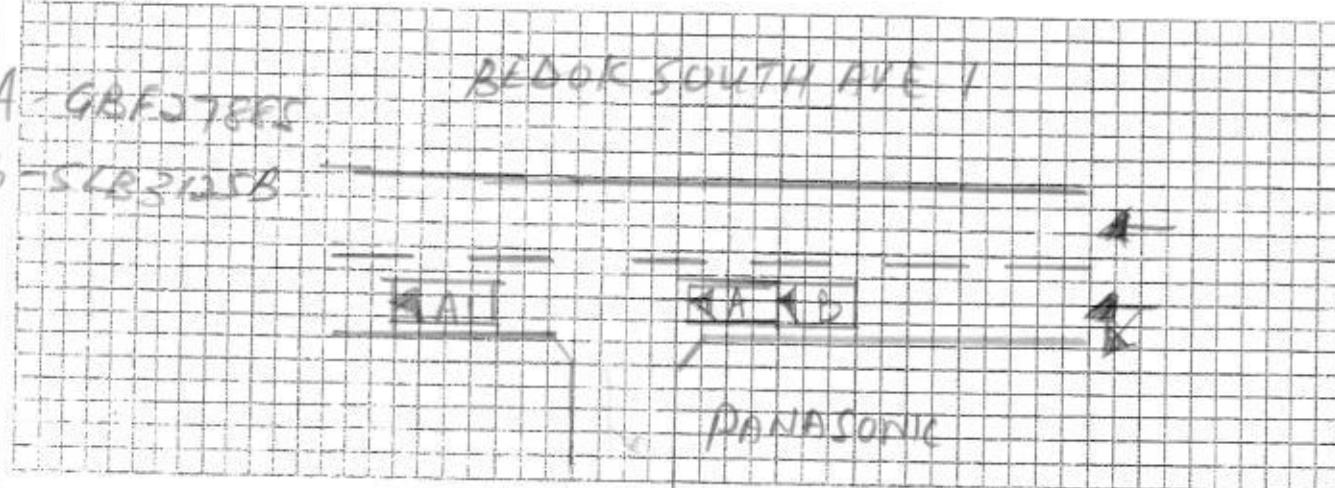
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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


I was travelling along Bodat South Ave. I
there was a vehicle that slowed down to turn into
Pannan's warehouse. I slowed down, just after the front
vehicle turned completed the left turn. The white vehicle
rear-ended me. The back of my head hit the
the seat & I did told the driver that my head was
painful.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 25/5/21
Driver's Signature (If driver is not the policyholder) / Date
& Time

 25/05/21
Witnessed by Reporting Centre
Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09215P0007 Vehicle Registration No: GBF27885
Name (as shown in NRIC) : SOH YOKE JOO PATRICK NRIC/FIN/Passport No : 574384524
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 52 LOR K TELOK KURAU #04-05 Singapore(425780)
Contact (Tel) : _____ Mobile No.: 90089941
Email Address : _____
Date of Accident : 25/05/21 Time of Accident : 11:15
Place of Accident : BEDOK SOUTH AVE 1 L/P 5/2
Insurance Company : CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICE REPORT

Policyholder / Driver's Signature
Date:

shy 27/05/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



**SINGAPORE
POLICE FORCE**



T/20210526/2026

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20210526/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2021 14:08	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: SOH YOKE JOO PATRICK			Address: 52 LORONG K TELOK KURAU #04-05 SINGAPORE 425780		
ID Type / ID No.: NRIC NO / S7438452H			Contact No.: Home/Office: Mobile: 90089941		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 23/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2021 11:15	Type of Location:
Location: BEDOK SOUTH AVENUE 1				
Weather:		Road Surface: Dry	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
GBF2788S	Lorry				Slightly Damaged	0
SLB3125B	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210526/2026

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3

Report No. T/20210526/2026

CONTINUATION OF REPORT

Driver				
Name	SOH YOKE JOO PATRICK		ID No.	S7438452H
Related Vehicle	GBF2788S (Lorry)		Contact No.	90089941
Hospital/Clinic	KALLANG BAHRU FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2021		Date Discharge	25/05/2021
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Driver				
Name	Lian Chih Chyun Maurice		ID No.	S7316736A
Related Vehicle	SLB3125B (Car)		Contact No.	82003817
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 25/5/2021 at about 1115hours, I was driving my lorry(GBF2788S) along Bedok South Avenue 1 towards New Upper Changi Road. There was a car infront that slowed down to turn into the Panasonic Warehouse as such I slowed down as well. Just after the car completed its turn into the warehouse and when I was about to step onto my accelerator, suddenly my lorry was hit from the back by another car (SLB3125B). The car driver and I came down from our vehicle to exchange particulars and took photo of the incident. During that time , no one was seriously injured. However, there was pain on the back of my head and neck.

I lodged a GIA report and seen a doctor. I was given 3 days mc. My lorry has front facing camera.



**SINGAPORE
POLICE FORCE**



T/20210526/2026

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20210526/2026

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 ABDUL MATIN BIN ISMAIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/05/2021 14:08

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

Kallang Bahru Family Clinic Pte Ltd

Blk 66 Kallang Bahru #01-485 Singapore 330066

Tel: 6295 0010 Fax: 6295 1189

MEDICAL CERTIFICATE

No.: 146915

This is to certify that:

MR/MISS/MDM: Soh Yoke Joo Patrick

NRIC NO: S7438452H

(1) Is unfit for duty/school for 03 day(s) from 25/05 to 27/05 (inclusive).

(2) Unfit for physical exercise for ___ day(s) from ___ to ___ (inclusive).

(3) Fit for light duty only for ___ day(s) from ___ to ___ (inclusive).

(4) Attended and left the clinic at ___ am/pm Dr Joseph Teo Boon Leng
MBBS (S'pore) Fam Phys

Remarks: Kallang Bahru
Family Clinic Pte. Ltd.

Date: 25 MAY 2021 Blk 66 Kallang Bahru #01-485
Doctor's Signature [Signature] 330066

Tel: 6295 0010 Fax: 6295 1189

* This certificate is not valid for absence from court attendance or other judicial proceedings unless specifically stated.

Kallang Bahru Family Clinic Pte. Ltd.

Blk 66 Kallang Bahru #01-485 Singapore 330066

Tel: 6295 0010 Fax: 6295 1189

OFFICIAL RECEIPT

No.: 163452

Date: 25 MAY 2021

Received with thanks from Soh Yoke Joo Patrick

the Sum of Dollars Sixty only

being payment of professional services rendered/medication.

Remarks: _____

\$60/-

Cash/ Cheque No.

Kallang Bahru
Family Clinic Pte. Ltd.
Blk 66 Kallang Bahru #01-485
Singapore 330066
Tel: 6295 0010 Fax: 6295 1189
Authorised Signature [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (25/05/21) (DD/MM/YYYY), TIME: (11:15) (HH:MM)

LOCATION: BEDOK SOUTH AVE 1 L/P 5/2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF07885
 b) INSURANCE COMPANY: AMCVS/NW0007005203
 c) POLICY NUMBER: CHINA TAIPING
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA DYNA (M)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: 89777100
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SOH YOKE JOO PATRICK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7438432H CONTACT: 90089941
 c) ADDRESS: 52 LORONG K TELOK KUPAU
#04-05 / 925780

*d) DATE OF BIRTH: (23/11/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05/07/2003

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: SLB305B MODEL: _____
 b) DRIVER'S NAME: LIAN CHIH CHYUN, MAURICE
 c) NRIC/FIN/PASSPORT: 57316736A CONTACT: A2003817

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

we motor@hotmail.com

Email = irenechenly@gmail.com

fax =

VIDEO = yes, fit only with driver

Motor Commercial

MZ300/C

R SN

AN0444A

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. DMCVSNW00070052003

Engine No.: 1KD2599326

Cha. No.: KDY2318023972

1. Index Mark and Registration
Number of Vehicle

GBF2788S

AUTOSAFE
=====

2. Name of Policy Holder

UNIVERSAL FOOD SUPPLY PTE LTD

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

24/08/2020

Excess Sect I. S\$500.00

EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

23/08/2021

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.

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



Issued By: META AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory