

# NATIONAL Assessment Centre Services

Date In: 30/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ21009090/13	SAS e-filing		
Veh No: GBH5958M	E-mail (within 2hrs. After 2hrs)		
D.O.A: 28/08/21 2349	i-Motor Claim Form		
OD: (P) 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: GBK9749M	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

NA2103823	<b>Invoice Preparation Checklist</b>	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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$10		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	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	30/08/2021 16:22 (SGT)
Date of Accident	28/08/2021 23:49 (SGT)
Exact Location of Accident	Bartley Rd East, Singapore
Additional Location Information	TOWARDS TAMPINES AVE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5958M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	POOCH'S IMAGE
Company Reg No	5XXX278D
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-63444044
Alternative Phone No	(Office) +65-63444044

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Auto
CC	1597

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00078642101
Cover Note Number	-

#### DRIVER

Name of Driver	LOK YONGHAO JASON
NRIC No	SXXXX384D

Date Of Birth	14/01/1989
Occupation	Indoor
Date Of Driving Pass	03/03/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98392497
Alt. Phone Number	-
Email Address	ktmotorwerk@hotmail.com
Address	BLK 601D TAMPINES AVE 9
Address complement	#06-856
Postcode	524601
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	Chain 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	VALERIE HENG WEI CHI
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20210829/7001

#### 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	GBK9749H
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	SKW9000P
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LOK YONGHAO JASON
Gender	Male
Phone No	(Phone) +65-98392497
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH5958M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	VALERIE HENG WEI CHI
Gender	Female
Phone No	(Phone) +65-96252837
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH5958M
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.



*[Signature]*

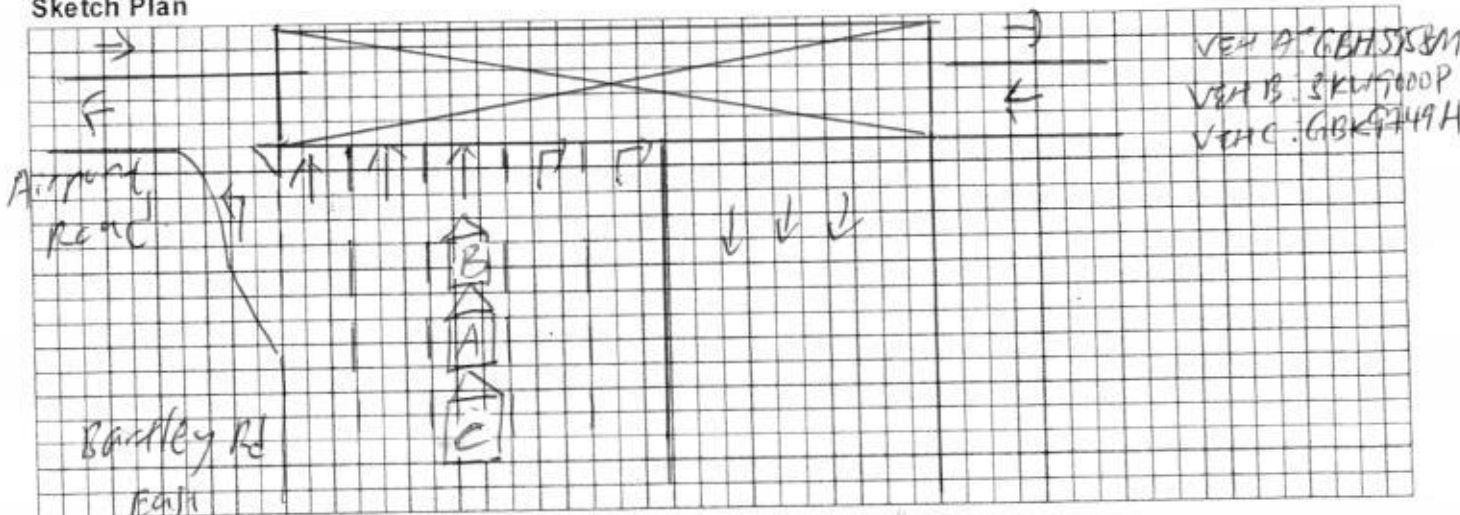
*[Signature]* 20/08/14

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**

Refer to the police report. F/20210829/7001

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in black ink.

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

A handwritten signature and the date '20/08/21' in black ink.

Witnessed by Reporting Centre Personnel





F/20210829/7001

1 of 2

## Report No. F/20210829/7001

Date/Time Report Made 29/08/2021 04:27	Vide Report No.	Station Diary No.		
Name Of Informant LOK YONGHAO, JASON	Address 601D TAMPINES AVENUE 9 #06-856 SINGAPORE 524601			
ID Type / ID No. NRIC NO / S8901384D	Contact No. Home/Office:                      Mobile: 98392497			
Nationality SINGAPORE CITIZEN	Email Address JASON.LOK89@GMAIL.COM			
Occupation Pet groomer	Sex Male	Age 32	Date of Birth 14/01/1989	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 28/08/2021 23:45 - 29/08/2021 01:00	Location Of Incident BARTLEY ROAD EAST			

On the 28/8/2021 at 23:49 I was traveling along barley road east towards tampines ave 10 with my wife (heng wei chi valerie). I was at the traffic light waiting for the green light, and suddenly vehicle C ; GBK9749H suddenly hit me from the rear causing big damage to my vehicle and I hit the front vehicle. Totally there are 3 vehicle involve, vehicle A , GBH5958M and vehicle B SKW9000P and vehicle C GBK9749H.

I was not feeling well after the accident and I went to "parkway east hospital " to consult the doctor and

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	29/08/2021 04:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20210829/7001

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210829/7001

was given a 5 days mc.

Subjects Involved			
Victim			
Person Name	LOK YONGHAO, JASON		
ID Type	NRIC NO	ID No	S8901384D
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Pet groomer	Address	601D TAMPINES AVENUE 9 #06-856 SINGAPORE 524601
Mobile No	98392497	Is Informant A Victim?	Yes
Person Name	LOK YONGHAO, JASON (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:

29/08/2021 04:27

Classification Of Case:





# SINGAPORE POLICE FORCE



F/20210829/7000

1 of 2

## POLICE REPORT (NP299)

Report No. F/20210829/7000

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 29/08/2021 04:26	Vide Report No.	Station Diary No.
Name Of Informant HENG WEI CHI, VALERIE	Address 601D TAMPINES AVENUE 9 #06-856 SINGAPORE 524601	
ID Type / ID No. NRIC NO / S9247859I	Contact No. Home/Office: Mobile: 96252837	
Nationality SINGAPORE CITIZEN	Email Address valerie.heng92@gmail.com	
Occupation Pet groomer	Sex Female	Age 28
Institution/School Name	Date of Birth 21/12/1992	Race Chinese
Date/Time Of Incident 28/08/2021 23:50 - 29/08/2021 01:00	Location Of Incident BARTLEY ROAD EAST	

### Brief details.

On the 28/8/2021 at 23:49 I was traveling along barley road east towards tampines ave 10 with my husband ( lok yonghao jason). I was at the traffic light waiting for the green light, and suddenly vehicle C ; GBK9749H suddenly hit me from the rear causing big damage to my vehicle and I hit the front vehicle. Totally there are 3 vehicle involve. vehicle A , GBH5958M and vehicle B SKW9000P and vehicle C GBK9749H.

After traffic police came and assist to the case.

I was not feeling well after the accident and I went to "parkway east hospital " to consult the doctor and

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2021 04:26
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20210829/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210829/7000

was given a 5 days mc.

Subjects Involved			
Victim			
Person Name	HENG WEI CHI, VALERIE		
ID Type	NRIC NO	ID No	S9247859I
Gender	Female	Age	28
Race	Chinese	Language	English
Occupation	Pet groomer	Address	601D TAMPINES AVENUE 9 #06-856 SINGAPORE 524601
Mobile No	96252837	Is Informant A Victim?	Yes
Person Name	HENG WEI CHI, VALERIE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2021 04:26
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

# ACCIDENT STATEMENT

ACCIDENT DATE: 28/08/2021 (DD/MM/YYYY), TIME: 23:49 (HH:MM)

LOCATION: Barley Road East towards Tampines Ave 10

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH5958M  
 b) INSURANCE COMPANY: China Teiping  
 c) POLICY NUMBER: DMCVSNW00078642101  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: NISSAN NV200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Poochi's Image (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53163278D CONTACT: 63444044  
 c) ADDRESS: 119 Upper East Coast Road #01-01  
15) 455244

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

## DRIVER

- a) NAME: Lok Yonghao Jason (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8901384D CONTACT: 98392497  
 c) ADDRESS: BK 601D Tampines Ave 9 #06-856  
15) 524601

\* d) DATE OF BIRTH: 14/01/1989 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 03/03/2010

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: Ang Mo Kio Division Hk

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBK9749H MODEL: TOYOTA HIACE  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKW9000P MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(2)

2) Valerie Heng  
 Wei Chai

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

Email = ktmotorwerk@hotmail.com

fax =

VIDEO =



Motor Commercial

MZ300/C

R SN

AN0613A

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. DMCVSNW00078642101

Engine No.: HR16116754D

Cha. No.: VM20122089

1. Index Mark and Registration  
Number of Vehicle GBH5958M

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder POOCH'S IMAGE

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment 17/07/2021  
(00:00:00)

Excess Sect I . S\$450.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance 16/07/2022

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: AUTO WORLD PTE LTD  
Authorised Officer

  
Authorised Signatory