

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 20/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT21010784/13	SAS e-filing		
Veh No: GBE293X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/06/21 1140	i-Motor Claim Form		
OD: (TP) 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: SMJ 442B	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

NA2104272	<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:-		
	On*		
	*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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments :-**

Cat. 1:

Cat. 2 / 3:

## 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	20/10/2021 14:17 (SGT)
Date of Accident	19/10/2021 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER RD TWDS PIONEER CIRCUS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE293X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAYLOR SUPPLY
Company Reg No	5XXXX191W
Email Address	phbms@yahoo.com
Mobile Phone No	(Phone) +65-98346812
Alternative Phone No	+65-98346812

#### VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00090972101
Cover Note Number	-

#### DRIVER

Name of Driver	QUEK CHIEW HONG
NRIC No	SXXXX669F

Date Of Birth	21/10/1958
Occupation	Outdoor
Date Of Driving Pass	14/05/1982
Driving experience	39 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98346812
Alt. Phone Number	-
Email Address	phbms@yahoo.com
Address	BLK 805 YISHUN RING ROAD
Address complement	#11-4275
Postcode	760805
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)	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	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

PLS REFER TO THE POICE REPORT:T/20211020/7003

#### 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	SMJ442B
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP2080A
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	QUEK CHIEW HONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE293X
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.

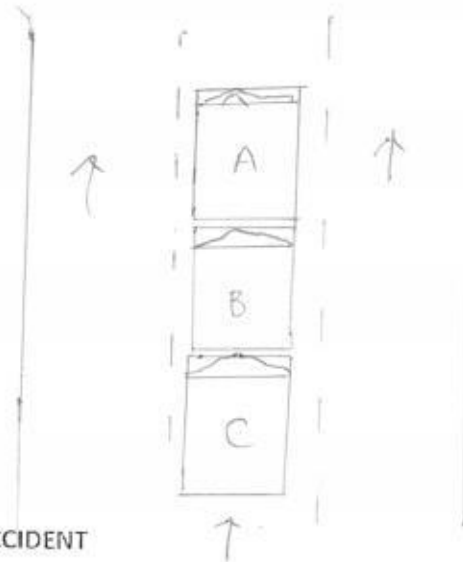


Policyholder's Signature  
Date & Time:

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

 20/10/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Vehicle A : GBE293X  
 Vehicle B : SMJ442B  
 Vehicle C : YP2080A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20211020/7003

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:

shym 20/10/21  
 Reporting Centre Person's Signature  
 Name:  
 NRIC/FIN No:





# SINGAPORE POLICE FORCE



T/20211020/7003

1 of 3

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

Report No, T/20211020/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/10/2021 12:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: QUEK CHIEW HONG			Address: 805 YISHUN RING ROAD #11-4275 SINGAPORE 760805		
ID Type / ID No.: NRIC NO / S1302669F			Contact No.: Home/Office: Mobile: 98346812		
Nationality: SINGAPORE CITIZEN			Email: taylor68@singnet.com.sg		
Sex: Female	Age: 62	Date of Birth: 21/10/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2021 11:40	Type of Location: Straight Road
Location:  PIONEER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE293X	Van	FIAT	DOBLO	Silver	Seriously Damaged	0
SMJ442B	Car					0
YP2080A	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20211020/7003

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

2 of 3

Report No. T/20211020/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE293X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000909 72101	18/08/2021	17/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK CHIEW HONG		ID No. S1302669F
Related Vehicle	GBE293X (Van)		Contact No. 98346812
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	20/10/2021		Date 20/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 19/10/2021@11:40am I was driving along Pioneer road toward pioneer circus, I drive slowly following the traffic toward Pioneer Circle out of sudden a vehicle (SMJ442B) hit on my rear part of my vehicle(GBE293X). When I came out my van and realized it was a 3 vehicle collision





**SINGAPORE  
POLICE FORCE**



T/20211020/7003

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

3 of 3

Report No. T/20211020/7003

**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 / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

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

Date/Time:  
20/10/2021 12:15

Classification Of Case:



Serve all with Love

## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M21000073179

This is to certify that QUEK CHIEW HONG, S1302669F, is granted Outpatient Sick Leave for 3 day(s) from 20-Oct-2021 to 22-Oct-2021.

Remark:

In accordance with the Infectious Disease Act (Chapter 137) under Regulation 2020, patient diagnosed with Acute Respiratory Infection must not leave their place of accommodation within the duration of the medical certificate other than to seek medical attention.

If a swab test is done, patients can leave their place of accommodation once they receive a confirmatory negative result. A negative result on an Antigen Rapid Test (ART) does NOT allow you to leave your place of accommodation. Only the notification of a negative result of a PCR test will do so.

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ang Dun Yong  
MCR: 60984F

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

20/10/2021

Date



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : QUEK CHIEW HONG  
ID No. : S1302669F  
Account No. : O210726174

Receipt No. : 210110419  
Date : 20/10/2021  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20	EA	7.20
DICLOFENAC TAB 50MG	10	EA	3.60
OMEPRazole 20MG CAP	7	EA	7.49
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			80.29
GST @ 7%			5.62
			85.91
Rounding Adjustments			-0.01
Paid:			
CASH BY QUEK CHIEW HONG			85.90
Mode of Payment : CASH			
Reference No. :			

This is a computer generated official receipt, no signature is required.

# ACCIDENT STATEMENT

ACCIDENT DATE: (19/10/21) (DD/MM/YYYY), TIME: (11:40) (HH:MM) <sup>9M</sup>

LOCATION: Pioneer Road to ward Pioneer Circus

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 293 X  
 b) INSURANCE COMPANY: Ching Tai Ping Insurance S'pore Pte LTD  
 c) POLICY NUMBER: DMCVSNW0090972101  
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Fiat DOBLO  
 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: TAYLOR SUPPLY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 52812191W CONTACT: 98346812  
 c) ADDRESS: 200 Jalan Sultan #03-17 S'pore 199018

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

## DRIVER

\* No of passenger  
 (including driver)  
(1)

- a) NAME: QUEK CHIEW Hong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51302669F CONTACT: 98346812  
 c) ADDRESS: BK 805 Yuhang RING Road # 11-4275  
S'pore 760805

\* d) DATE OF BIRTH: (21/10/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 35

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: online

## 8. THIRD PARTY VEHICLE

\* No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: SMJ 442B MODEL: Honda Vezel  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

\* No of passenger  
 (including driver)  
( )

- d) VEHICLE NUMBER: YP 2080 A MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = phbms@yahoo.com

fax = 67476918 67489386

VIDEO =



Motor Commercial

MZ300/C

R SN

BR0120A

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.

DMCVSNW00090972101

Engine No.: 263A50007394446

Cha. No.: ZFA26300006A71159

1. Index Mark and Registration  
Number of Vehicle

GBE293X

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

TAYLOR SUPPLY

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

18/08/2021  
(00:00:00)

Excess Sect I S\$450.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

17/08/2022

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.

HIRE PURCHASE CO.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD.

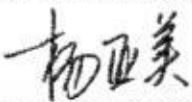
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: ACORN INTERNATIONAL NETWORK PTE  
Authorised Officer

  
Authorised Signatory