

# NATIONAL Assessment Centre Services

Date In: 23/11/21	Jch description	Date & Time Completed	Done by
Ref No: NA/CE 21011896/13	SAS e-filing		
Veh No: PC 2165P	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 22/11/21 1800	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: 01-2hrs 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: GBJ 2519G	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

NA2104495	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
			1st Bill	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):	Q1:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Auditors' Comments :-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat 1:	TP (N11): TP (Non INC) against INC \$20			
Cat 2 / 3:	9) N12: Idac Mobile \$30			
	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	23/11/2021 16:27 (SGT)
Date of Accident	22/11/2021 16:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2165P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LOH CHWEE MOORING SERVICES PRIVATE LIMITED
Company Reg No	1XXXXX178C
Email Address	john-tang@lccmooring.com
Mobile Phone No	(Phone) +65-62786776
Alternative Phone No	+65-97555710

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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	4900

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00009842100
Cover Note Number	-

#### DRIVER

Name of Driver	PHUI ENG HOE
NRIC No	SXXXX749B

Date Of Birth	10/10/1959
Occupation	Outdoor
Date Of Driving Pass	26/08/1981
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97317292
Alt. Phone Number	-
Email Address	phuienghoe@gmail.com
Address	BLK 105 HENDERSON CRESCENT
Address complement	#10-07
Postcode	150105
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	4
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
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	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2519G
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	SJZ2220M
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 3

Vehicle Registration Number	PC5748M
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	PHUI ENG HOE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC2165P
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.

#### 6. 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' law yers/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' law yers/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 law yers/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

A4E

A			
B			
C			
D			

- ① PC 2165 P
- ② GBS 2519G
- ③ STZ 2200M
- ④ PC 5748 M

Describe Circumstances of the Accident

Refer to police report : 7/2021/122/2122

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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



1/20211122/2127

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No: 1/20211122/2127

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 22:12			Vide Report No: J/20211122/0078		Station Diary No: 99
<b>Informant's Particulars</b>					
Name of Informant: PHUI ENG HOE			Address: APT BLK 105 HENDERSON CRESCENT #10-07 SINGAPORE 150105		
ID Type / ID No.: NRIC NO / S1378749B			Contact No.: Home/Office: - Mobile: 97317292		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 10/10/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2021 16:00	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
PC2165P	Bus/Coach/Minibus				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20211122/2127

2 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No: T/20211122/2127

**CONTINUATION OF REPORT**

Driver			
Name	PHUI ENG HOE	ID No.	S1378749B
Related Vehicle	PC2165P (Bus/Coach/Minibus)	Contact No	97317292
Hospital/Clinic	ICARE MEDICAL AND WELLNESS CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	22/11/2021	Date Discharge	22/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 22/11/2021 at about 1600hrs, I was driving my vehicle (PC2165P) along AYE towards Tuas. I was travelling on the extreme left lane of 4 lane road and the traffic flow was slow moving as the traffic volume was heavy. While I was travelling in between Jurong Port Road and Penjuru Road exit, I felt an impact from the rear as such I alighted from my vehicle to make a check.

I then discovered that there are 4 cars collision among one lorry (GBJ2519G), 1 sedan car (SJZ2220M) and one bus (PC5748M). I was the first vehicle in the chain collision. My vehicle left rear bumper was dislodged and both rear door was damaged as well. My side sliding auto door was malfunction due to the accident.

I do not have any passenger in my vehicle and I felt neck ache due to the accident. I had also suffered a small scratch from my spectacles on my right eyebrow area due to the collision impact. Ambulance was at scene however I do not require to be conveyed by ambulance. I then went to seek medical assistance and was given 3 days MC. I was scheduled for X-Ray on 23/11/2021 for further check up.

Traffic Police was at scene to attend to us and I was told by them to lodge a traffic accident report.

My vehicle belongs to my company, Mooring Services Pte Ltd and I have an in-vehicle camera which captured the whole incident.





SINGAPORE  
POLICE FORCE



T/20211122/2127

3 of 3

Police Station Of Origin:  
Orchard N.P.C.  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No: T/20211122/2127

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  
E /  
Sgt 3 YAN LUFENG

Signature Of Informant.

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/11/2021 22:12

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168

VEHICLE NO: PC 2165P

MAKE &amp; MODEL : MITSUBISHI ROSA

AUTO / MANUAL

DATE OF ACCIDENT	20 / 11 / 21	CC 4900
TIME OF ACCIDENT	16.00	AM / <u>PM</u>
LOCATION OF ACCIDENT	AYER RAJAH EXPRESSWAY	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Loh Chwee Chew Mooring Services PTE LTD	
EMAIL	John-tan@Lecmooring.com	Office: 6278 6778 MOBILE: 97555710
NRIC	199503178C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
REFET POLICY	YES / NO ?	
INSURANCE CO	China TAIPING	
DATE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO	DMB1SNW00009842100	
NAME OF DRIVER	AS ABOVE / IF NO: PHU ENG HOE	
DATE OF BIRTH	51378749B	
ANY PASSENGER	10 / 10 / 1959	
NAME OF PASSENGER	YES <u>NO</u>	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	9/26/ Aug / 1981	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 97317292 Office: Home:	
EMAIL	Phuienghoe@gmail.com	
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If <u>yes</u> Who? PHU ENG HOE	
CONTACT NO.		
POLICE REPORT	No / If <u>yes</u> Where?	
POLICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	<u>GBJ 2579G</u> Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	<u>532 2000M</u> Any Passenger:	
VEHICLE D NO.	<u>PC 5748M</u> Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
WERE ACCIDENT PHOTOS TAKEN?	YES / NO	
<b>**WORKSHOP:</b>		
Have you been approach by unknown person soliciting (s) /		
Offering accident claims assistance?		
YES / NO		

Motor Bus

MZ601

N SN

AN0650A

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.	DMB1SNW00009842100	Engine No.: 4M50D72911	
		Cha. No.: BE63DJF10143	
1. Index Mark and Registration Number of Vehicle	PC2165P	AUTOSAFE	*****
2. Name of Policy Holder	LOH CHWEE CHEW MOORING SERVICES PRIVATE LIMITED		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/08/2021 (00:00:00)	Excess Sect. I.	S\$2,000.00
		Excess Sect. II	S\$3,000.00
4. Date of Expiry of Insurance	04/08/2022	EX ON WINDSCREEN	S\$500.00

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.\*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) 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: BELL AUTO PTE LTD  
Authorised Officer

  
Authorised Signatory

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	178C
Vehicle Details	
Vehicle No.:	PC2165P
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Nov 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	ROSA 4.9L MT 2WD 6T TURBO 4DR 24 SEATER
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	4M50D72911
Chassis No.:	BE63DJF10143
Maximum Power Output:	-
Open Market Value:	\$92,920.00
Original Registration Date:	23 Dec 2013
First Registration Date:	23 Dec 2013
Transfer Count:	2
Actual ARF Paid:	\$4,646.00
Original PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Dec 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$51,112.00
COE Rebate Amount:	\$18,964.00
<b>Total Rebate Amount:</b>	<b>\$18,964.00</b>

The information contained herein is correct as at 23 Nov 2021

OK