

# NATIONAL Assessment Centre Services

Date In: <b>10/01/2022</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CTI 22000303/m4</b>	SAS e-filing		
Veh No: <b>GBH 1818K</b>	E-mail (within 8hrs. AOC 2hrs)		
TOA: <b>08/01/2022 12:35</b>	i-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	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: <b>SGZ 7000J</b>	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

<b>NA2200079</b>	<b>Invoice Preparation Checklist</b>		Amf (\$)	Amf (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claimant against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2/3:	7) NI : 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			
	* N9: TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	10/01/2022 16:20 (SGT)
Date of Accident	08/01/2022 12:35 (SGT)
Exact Location of Accident	Ang Mo Kio Street 42, Singapore
Additional Location Information	BESIDE DEYI SECONDARY SCHOOL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1818K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STAR FAST
Company Reg No	5XXXX306M
Email Address	Kuahedmund@hotmail.com
Mobile Phone No	(Phone) +65-91822221
Alternative Phone No	+65-91822221

#### 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	DMCVSNW00150042101
Cover Note Number	-

#### DRIVER

Name of Driver	KUAH WEE KIAN (KE WEIJIAN)
NRIC No	SXXXX679E

Date Of Birth	25/05/1979
Occupation	Outdoor
Date Of Driving Pass	30/09/1999
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91822221
Alt. Phone Number	-
Email Address	Kuahedmund@hotmail.com
Address	BLK 665C PUNGGOL DRIVE
Address complement	#03-528
Postcode	823665
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE - PROPRIETOR
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	Side Swipe
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 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 POLICE REPORT : T/20220110/7019

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ7000J
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	KUAH WEE KIAN (KE WEIJIAN)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN (SLIGHT)
Injured person in which vehicle?	GBH1818K
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' 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

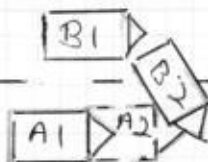
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

DEYI Sec. School.

Ang Mo Kio St 42



(A) GBH 1818 K  
(B) SGZ 7000 J

At along Ang Mo Kio Street 42 beside  
Deji Secondary Sch.

**Describe Circumstances of the Accident**

pls refer 4p report to ✓  
1/20 220 110 / 7019

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

**Declaration**

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

10/01/2022

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220110/7019

1 of 3

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

Report No. T/20220110/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/01/2022 12:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KUAH WEE KIAN			Address: 665C PUNGGOL DRIVE #03-528 SINGAPORE 823665		
ID Type / ID No.: NRIC NO / S7915679E			Contact No.: Home/Office: Mobile: 91822221		
Nationality: SINGAPORE CITIZEN			Email: KUAHEDMUND@HOTMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 25/05/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Transport operations 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: 08/01/2022 12:35	Type of Location: Straight Road
Location:  ANG MO KIO STREET 42				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH1818K	Van					0
SGZ7000J	Car					0

**Details of Person Involved**

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



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220110/7019

**CONTINUATION OF REPORT**

Driver			
Name	KUAH WEE KIAN	ID No.	S7915679E
Related Vehicle	GBH1818K (Van)	Contact No.	91822221
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 08/01/2022 AT ABOUT 1235HRS AT ALONG ANG MO KIO STREET 42 BESIDE DEYI SECONDARY SCHOOL. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND SUDDENLY A VEHICLE (B) ON THE LEFT LANE VEERED ACROSS HIS RIGHT AND INTO MY LANE TO MAKE A U-TURN WITHOUT PROPER LOOKOUT AND HENCE COLLIDED ONTO MY LEFT FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: GBH1818K

VEHICLE B: SGZ7000J





**SINGAPORE  
POLICE FORCE**



T/20220110/7019

3 of 3

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

Report No. T/20220110/7019

**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:  
10/01/2022 12:47

Classification Of Case:

Date of Accident : 8/1/2022 Accident Time: 12:35 ~~12:30~~ (24-HR-Format)  
Accident Place : at along Ang Mo Kio Street 42 Beside  
Vehicle Reg. No. (Car Plate No.) : G8H 1818K DEYI Secondary School.  
Vehicle Make/Model : NISSAN M200 DX -2 1.6 Auto (1597cc)  
Insurance Company : CHINA TAIPING Policy No. DMCUSNW00150062/01  
Owner or Company Name /IC No. : STAR FAST / 53326306m  
Owner or Company Contact No. : 9182 2221 Owner's Hp (KE WEI TIAN) Company Tel  
DRIVER'S Name / IC No. : KUAH WEE KIAN / 57915679Z  
DRIVER'S Date Of Birth : 25-05-1979 DRIVER'S License Pass Date 30-Sep-1999  
Relationship of Owner & Driver : Spouse \ Parents \ Children Others: Sole - Proprietor  
DRIVER'S Address : BLK 665C RINGGOL DRIVE #03-528 S (82366)  
DRIVER'S Contact No./ Alt No. : 1) 9182 2221 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Kuahedmund@hotmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1 person only Driver - back & neck pain  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particular (if any)**

(2) Vehicle Reg. No: S62 7000J  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Motor Commercial

MZ300/C

R SN

AN0381A

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.

DMCVSNW00150042101

Engine No.: HR16102058D

Cha. No.: VM20115948

1. Index Mark and Registration  
Number of Vehicle

GBH1618K

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

STAR FAST

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment23/12/2021  
(00:00:00)Excess Sect I : S\$450.00  
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

22/12/2022

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:

KONG MUN KIN

Authorised Officer



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