

# NATIONAL Assessment Centre Services

Date In: 11/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI/22007647/13	SAs e-filing		
Veh No: GBL10338	E-mail (within 2hrs. Ab. 2hrs)		
D.O.A: 10/08/22 2000	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: QD: 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: GBL6287M	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

NA2202147	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
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) RT : 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:-			
	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 \$0			
Cat 2 / 3:	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 Actual 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	11/08/2022 17:37 (SGT)
Reported by	Driver
Date of Accident	10/08/2022 20:00 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1033S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICH CONSTRUCTION COMPANY PTE. LTD
Company Reg No	2XXXXX715C
Email Address	hoebengauto@gmail.com
Mobile Phone No	(Phone) +65-63902888
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L200 DOUBLE CAB 2.4 AT
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	2442

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00152582100

#### DRIVER

Name of Driver	GOH AH KIANG
NRIC No	SXXXX672C
Date Of Birth	17/06/1960
Occupation	Outdoor

Date Of Driving Pass	04/05/1983
Driving experience	39 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91131981
Alt. Phone Number	-
Email Address	hoebengauto@gmail.com
Address	BLK 571 HOUGANG ST 51
Address complement	#14-113
Postcode	530571
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 on 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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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/20220811/2076

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL6287M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAN CHYE HUAT
NRIC No .....	SXXXX364G
Contact Number .....	(Phone) +65-88153097
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 .....	GOH AH KIANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHEST PAIN & SWOLLEN
Injured person in which vehicle? .....	GBK1033S
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 Actual 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 Traffic Police Department for investigation.**

6. This report will be forwarded by the insurers to 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

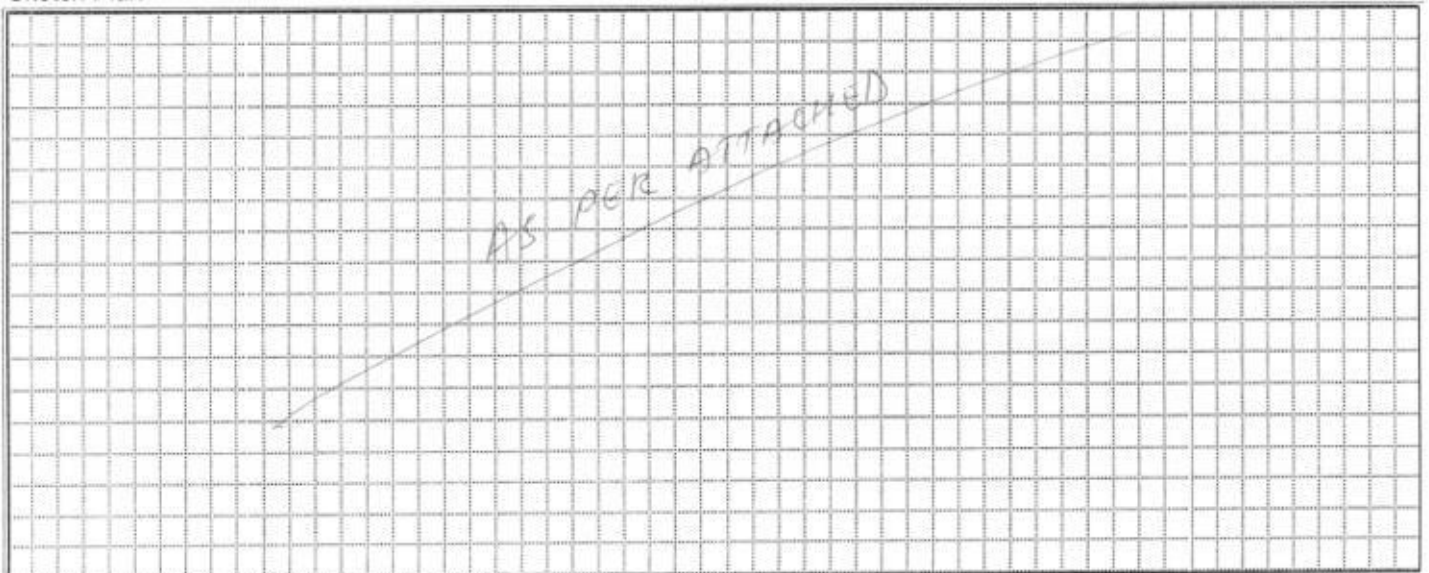
*[Signature]* 11/08/22

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

*[Signature]* 11/08/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan





ECP ← KPE



Temperature Rd.

A-GBK10345

B-GBL6287M

Yup Motor Co.

67450138 - 67460138

Describe Circumstance of the Accident


P/s refer to the police report: T/20220811/2076

Declaration


I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 11/08/22

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

 11/08/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20220811/2076

1 of 3

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

Report No. T/20220811/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/08/2022 15:53	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GOH AH KIANG			Address: APT BLK 571 HOUGANG STREET 51 #14-113 SINGAPORE 530571	
ID Type / ID No.: NRIC NO / S1410672C			Contact No.: Home/Office:	Mobile: 91131981
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 17/06/1960	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Other car and light goods vehicle drivers			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2022 20:00	Type of Location: X-Junction
Location:  TAMPINES ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK1033S	Lorry				Seriously Damaged	0
GBL6287M	Van				Totally Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220811/2076

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

2 of 3

Report No. T/20220811/2076

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	GOH AH KIANG		ID No.	S1410672C
Related Vehicle	NIL		Contact No.	91131981
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	TAN CHYE HUAT		ID No.	S7306364G
Related Vehicle	NIL		Contact No.	88153097
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS STATIONARY AT THE TRAFFIC LIGHT X JUNCTION WAITING FOR MY TURN TO DO A RIGHT TURN ENTER KPE TWDS TPE. SO WHILE I WAS WAITING FOR THE GREEN ARROW TO APPEAR, THERE WAS AN ALSO 2 UNKNOWN MALAYSIAN BIKES INFRONT OF ME, SUDDENLY AN STATED VAN FROM THE KPE>TPE SLIP ROAD INTO TAMPINES RD CRASH INTO MY FRONT OF MY VEHICLE AND THE 2 UNKNOWN MALAYSIAN BIKES MANAGED TO SWERVED AWAY. AFTER THE VAN CRASH ONTO MY VEHICLE, THE STATED VAN GOT CAUGHT ON FIRE AFTER A FEW MINUTES LATER.

I JUST TOOK AN MC TODAY (11/08/22) FOR 5 DAYS DUE TO I FELT A PAIN ON MY LEFT SIDE CHEST AND I CAN FEEL THAT IS ABIT SWOLLEN.

THAT IS ALL.



SINGAPORE  
POLICE FORCE



T/20220811/2076

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

3 of 3

Report No. T/20220811/2076

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:  
TP /  
SC2 MUHAMMAD ISKANDAR  
BIN DJUANDA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:  
11/08/2022 15:53

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

# ACCIDENT STATEMENT

ACCIDENT DATE: 10/08/22 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: TAMPINES ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK10335  
 b) INSURANCE COMPANY: CHINA TAIPING  
 c) POLICY NUMBER: DMCNSW00152582100  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Ind 2300 AUTO / MANUAL  
 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: 63902888  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: GOH AH KIANG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S14106726 CONTACT: 91131981  
 c) ADDRESS: BLK 571 HOUGANG ST 51  
A14-113 (S30571)  
 \* d) DATE OF BIRTH: 17/06/1960 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 04/05/1983

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: GRL6287M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: TAN CHAY HUAT  
 c) NRIC/FIN/PASSPORT: S73063646 CONTACT: 88153097

## 9. THIRD PARTY VEHICLE

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

Email = hoebangauto@gmail.com

fax = \_\_\_\_\_

video = yes, with workshop

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

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

BR0072A

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, 1953 (Malaysia)

CERTIFICATE No.

DMCVSNW00152582100

Engine No.: 4N15UDX4933

Chs. No.: MMCJYKL10KH018474

1. Index Mark and Registration  
Number of Vehicle

GBK1033S

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

RICH CONSTRUCTION COMPANY PTE LTD

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

12/12/2021  
(00:00:00)

Excess Sect I. S\$500.00  
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

11/12/2022

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.

\* 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: OCW INSURANCE BROKERS PTE LTD  
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